



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

MEMORANDUM

Date: February 11, 2013

To: Prospective Regional Healthcare Preparedness Applicants

From: Steve Wagner, Acting Chief
Division of Prevention and Health Promotion
Ohio Department of Health

Subject: Notice of Availability of Funds –State Fiscal Year 14
Regional Healthcare Preparedness

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DHPP), Bureau of Health Preparedness (BHP) announces the availability of grant funds to provide seven Regional Healthcare Preparedness grant initiatives. Funds will be available to maintain and support regional healthcare coalitions and provide oversight for the completion of all Healthcare Preparedness Program (HPP)/Center for Disease Control (CDC) Healthcare System Preparedness Capabilities and Performance Measures. The funding provided through the HPP is for activities that include, but are not limited to maintaining, refining, and to the extent achievable, enhance the capacities and capabilities of the healthcare entities and regional healthcare coalitions and for exercising and improving all-hazards preparedness plans, including for pandemic influenza.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, click on “Funding Opportunities”;
3. From the next page, click on “ODH Grants”;
4. Next click “Grant Request for Proposals,” this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the Regional Healthcare Preparedness RFP and click “Submit.” This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

In the application packet you will find:

1. Request for Proposals (RFP) – This document outlines 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.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than February 25, 2013 to be eligible for these funds. NOIAF's not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
2. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of April 8, 2013. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

1. Create a grant application project number for your organization. This project number 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 GMIS 2.0.
2. ODH will assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the project number for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

All potential applicants are encouraged to participate in a Bidders Conference that will be held Tuesday, February 19, 2013 from 10:00am-12:00pm. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Nichole Robinson, Program Consultant, 614-466-8527 or nichole.robinson@odh.ohio.gov to register and for conference call dial-in information.

All applications and attachments are due Monday, April 8, 2013. Electronic applications received after Monday April 8, 2013 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. If your organization has not been trained, complete and return the GMIS 2.0 training form by February 25, 2013.

If you have questions regarding this application, please contact Steve Meese, Program Administrator, 614-752-4484 at steve.meese@odh.ohio.gov.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Health Preparedness

Healthcare Preparedness Program
ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

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

Type of Applicant Agency (Check One) County Agency Hospital Local Schools
 City Agency Higher Education Not-for Profit

Applicant Agency/Organization Agency Head _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Agency Head Signature _____

Employees needing access to this grant other than Agency Head (Agency Head will be granted access):

Does your agency have at least one staff person who has been trained in and currently has access to the ODH GMIS 2.0 system? YES NO

If NO, someone from your agency is REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form and check the box stating that your agency is applying for an ODH grant for the first time and training is needed in order to submit your grant proposal. **The training form must be attached to the Notice of Intent to Apply for Funding.**

If YES, above, you have verified that your agency already has access to the ODH GMIS 2.0 system. **Are you satisfied with the level of GMIS training of your staff?** YES NO

If YES – No further action is needed.

If NO – Use the attached training request form to request to be scheduled for GMIS 2.0 training. While we will try to schedule you for training as soon as possible, agencies which do not have access to the ODH GMIS 2.0 system will have first priority for training.

Mail, E-mail or Fax to: Steve Meese, Program Administrator

Ohio Department of Health – Healthcare Preparedness Program

246 North High Street - 7th floor, 35 E. Chestnut Ave.

Columbus, OH 43215

E-mail: steve.meese@odh.ohio.gov

Fax: 614/728-3556

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY February 25, 2013.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Prevention and Health Promotion

BUREAU OF
Health Preparedness

Regional Healthcare Preparedness Program
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2014
(07/01/13 – 06/30/14)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and 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 by the due date indicated in sections I, D, and G 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 the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Sub-grantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.

B. Application Name: Regional Healthcare Preparedness Program (HPP).

C. Purpose: Funding is intended to help awardees demonstrate measurable and sustainable progress toward achieving the public health and healthcare preparedness capabilities outlined in this guidance and other activities that promote safer and more resilient communities. Awardees will maintain and support regional healthcare coalitions and provide oversight for the completion of all Healthcare Preparedness Program (HPP)/Center for Disease Control (CDC) Healthcare System Preparedness Capabilities and Performance Measures. The funding provided through the Healthcare Preparedness Program (HPP) is for activities that include, but are not limited to maintaining, refining, and to the extent achievable, enhance the capacities and capabilities of the healthcare entities and regional healthcare coalitions and for exercising and improving all-hazards preparedness plans, including for pandemic influenza.

Applicant will work to meet the federal HPP Capabilities as found at:
<http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx>

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Eligible applicants must meet the following criteria:

1. Applicant agencies must attend or document in writing prior to attendance at GMIS 2.0 Training and must have the capacity to accept an electronic funds transfer (EFT).
2. 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.

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

1. Applicant doesn't owe funds in excess of \$1,000 to the ODH.
2. Applicant isn't certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on **Monday, April 8, 2013**.

E. Service Area: Applicants must conduct activities within and for the Ohio Homeland Security Planning Region in which they are located. (**Appendix C**)

F. Number of Grants and Funds Available: Federal funds are provided through the Department of Health and Human Services through the Assistant Secretary for Preparedness and Response (ASPR) as authorized by section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417). A total of up to \$8,964,997 will be awarded for seven Regional Healthcare Coordination grants. One grant will be awarded for each of the following Homeland Security regions: Northwest, Northeast, Northeast Central, West Central, Southwest, Central, and Southeast.

A total of \$1,774,997 has been allocated for funding.

A table of funding available to each region is provided in **Appendix D**. The funding formula includes a base amount, the number of hospitals, and a population base.

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

G. Due Date: All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on **Monday, April 8, 2013**. Applications and required attachments received late will not be considered for review.

Contact Steve Meese, Program Administrator, at (614) 752-4484, by e-mail at steve.meese@odh.ohio.gov or by fax at (614) 728-3556 with any questions regarding this RFP.

H. Authorization: Authorization of funds for this purpose by sections 319C-1 and 319C-2 of the Public Health Services (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006.

I. Goals: The HPP Program has identified the following eight HPP capabilities as the

basis for healthcare system, healthcare coalitions, and healthcare organization preparedness:

1. **Healthcare System Preparedness:** Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith based partners, state, local, and territorial governments to do the following:
 - Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community
 - Provide timely monitoring and management of resources
 - Coordinate the allocation of emergency medical care resources
 - Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

2. **Healthcare System Recovery:** Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.
3. **Emergency Operations Coordination:** Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

4. **Fatality Management:** Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.
5. **Information Sharing:** Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.
6. **Medical Surge:** The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.
7. **Responder Safety and Health:** The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.
8. **Volunteer Management:** Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Additional guidance regarding these capabilities can be found at:

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

and

http://www.cdc.gov/phpr/documents/cdc-rfa-tp12-1201_4_17_12_FINAL.pdf

and,

<http://www.phe.gov/Preparedness/planning/evaluation/Documents/fy2012-hpp->

[082212.pdf](#)

Additionally, funding for this grant will support Ohio's Healthcare Preparedness Program to meet the HPP Performance Measures which must be achieved by June 30, 2017.

- J. Program Period and Budget Period:** *The program period will begin July 1, 2013 and end on June 30, 2017. The budget period for this application is July 1, 2013 through June 30, 2014.*
- K. Public Health Accreditation Board (PHAB) Standard(s):** The PHAB standards are available at the following website:

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

This grant 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” and Standard 3701-36-04-04 – “Urgent public health messages are received and communicated quickly and clearly and actions are documented.”; Goal 3701-36-06: 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 Website <http://www.odh.ohio.gov>. (Click on “Local Health Departments” then “Local Health Districts Improvement Standards,” then click “Local Health District Improvement Goals/Standards/Measures.”)

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

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of 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 PHAB Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that 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.

M. Incorporation of Strategies to Eliminate Health Inequities

For the requirements of the section below, applicant agencies are to submit a brief description in the application narrative section of how the Regional Healthcare Coalition will collaborate and provide assistance to the region to plan for and address the needs of at risk/special needs populations. Provide a brief description of the segments of the population in the region who may experience a disproportionate burden of the effects of a disaster or incident in their community and how the agency will coordinate with members of the Healthcare Coalition to address at risk/special needs populations in relation to preparedness activities.

Additionally, successful applicants will be required to submit the HPP Special Populations Funding Worksheet with the grant application, as well as the midyear and final Program Reports. (**Attachment C**)

The capacity to reach every person in a community is one of the major goals for

emergency preparedness and response. The goal of emergency health communication is to rapidly get the right information to the entire population so that they are able to make the right choices for their health and safety. To do this, a community must know what subgroups make up its population, where the people in these groups live and work, and how they best receive information. To maintain consistency with the Pandemic and All-Hazards Preparedness Act (PAHPA), the term “at-risk populations” to describe individuals or groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response, and recovery efforts. These groups include people who are physically or mentally disabled (e.g., blind, deaf, hard-of-hearing, have learning disabilities, mental illness or mobility limitations), people with limited English language skills, geographically or culturally isolated people, homeless people, senior citizens, and children.

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

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

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

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

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio’s poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people,

*live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

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

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The Sub-grantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact Steve Meese, Program Administrator, at (614) 752-4484 or steve.meese@odh.ohio.gov with any questions regarding this RFP.
- Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. 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, April 8, 2013**.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt

from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit, 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 applications and required application attachments received late will not be considered for review.**

- R. 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.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the RFP;
 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;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

All grant applications for the Regional Healthcare Preparedness Program grant will be scored using the HPP Grant Application Review Form (**Appendix B**). Agencies failing to meet a minimum score of 70% will not be approved for funding.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given RFPs.

There will be no appeal of the Department's decision.

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34CFR Part 5 for funds from the U.S. Department of Education; or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. Select only the appropriate reference.

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Preparedness, Regional Healthcare Preparedness Program and as a sub-award of a grant issued by CDC/ASPR under the Healthcare Preparedness Program grant, grant award number 1U90TP000541-01 and CFDA number 93.889.

- W. Reporting Requirements:** Successful applicants are required to submit Sub-grantee program and expenditure reports. Reports must adhere to the ODH 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 future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Sub-grantees Program Reports must be completed and submitted via the Grants Management Information System (GMIS) by the following dates: January 15, 2014 (Mid-Year Report) and July 15, 2014 (End of Year Report including Performance Measures). 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 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 ODH's (GMIS or SPES) indicates acceptance of the ODH GAPP.

2. **Periodic Expenditure Reports:** Sub-grantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Expenditure Report Due Date	Report Timeframe
October 15, 2013	July 1, 2013 to September 30, 2013
January 15, 2014	October 1, 2013 to December 31, 2013
April 15, 2014	January 1, 2014 to March 31, 2014
July 15, 2014	April 1, 2014 to June 30, 2014
August 15, 2014	July 1, 2013 to June 30, 2014

3. **Final Expenditure Reports:** A Sub-grantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 15, 2014. 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 an invoice to return unused funds.

Submission of the periodic and final Sub-grantee expenditure reports via the GMIS system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the Sub-grantee Final Expenditure 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.

- X. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 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.

Y. 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 fees 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://obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule.)
17. 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;
22. Purchase of radio communications that are not MARCS compliant and approved by ODH.
23. Purchase of vehicles;
24. 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
25. Fit testing of N95 masks by outside contractors
26. Testing costs to evaluate employees who do not pass fit testing
27. Medication for patient treatment or patient prophylaxis unless specifically waived by ODH on a case by case basis
28. Ante rooms that do not have a negative air pressure system attached

29. Construction or major renovations
30. The purchase of antivirals for prophylaxis
31. Critical Infrastructure Protection activities at the individual facility level without prior approval from ODH
34. New staff positions, unless justified and approved by ODH;
35. Advertising, other than for recruitment and/or procurement;
36. Out of Country travel;

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

- Z. Audit:** Sub-grantees currently receiving funding from the ODH 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.

Sub-grantees that 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 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 Services Unit, Central Master Files address within 30 days. Reference: GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AA. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).

- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 30 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
--

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. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. 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).**)
10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof**)

of current liability coverage and thereafter at each renewal period.)

13. Evidence of Non-Profit Status (**Non-Profit organizations only**)

14. Attachments as required by Program:

- a. Match Letter
- b. HPP Capabilities Budget Worksheet
- c. HPP Special Populations Funding Worksheet
- d. HPP Performance Measure Status Report
- e. HPP Program Plan
- f. Additional Objectives (optional)
- g. Letter(s) of Support from 60% of ASPR participating hospitals in the region
- h. Letter(s) of Support from at least one local health department member of the Regional Healthcare Coalition
- i. Letter(s) of Support from at least one local emergency management agency member of the Regional Healthcare Coalition

One copy of the following documents must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

**Complete
Copy &
E-mail or**

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

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

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

**Complete
Copy &
Mail To**

1. An original and (Required Number) copies of **Attachments** (non-Internet compatible) as required by program: None

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

One copy of the following documents must be attached in GMIS with the grant application and original mailed to the address listed below

**Complete
Copy &
Attach in
GMIS and**

1. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (Required by ALL Non-Governmental Applicant Agencies)
**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of ODH GAPP. Submission of the application signifies authorization by an agency official and constitutes 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. 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.

A match of 10% is required by this program. A copy of the Match Documentation letter must be completed and submitted with the application (**Attachment A**). Additional Guidance for providing Match can be found on **Appendix I**.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative 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. **As character space is limited in GMIS 2.0, applicant agencies must submit the budget narrative as an attachment. Applicant agencies are strongly encouraged to use the Budget Justification example provided in Appendix F.**

All proposed projects and activities must be directly tied to the HPP capabilities.

The budget justification must include specific detail as to which HPP capability, function and/or data element is being supported for each proposed activity, equipment purchase, and contract.

Agencies are strongly encouraged to utilize the National Guidance for Healthcare System Preparedness, January 2012 which can be found at: <http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf> and the Hospital Preparedness Program (HPP) Performance Measure Manual Guidance for Using the New HPP Performance Measures July 1, 2012-June 30, 2013 Version 1.0 which can be found at: <http://www.phe.gov/Preparedness/planning/evaluation/Documents/fy2012-hpp-082212.pdf>.

Additionally, further guidance can be found in the CDC-RFA-TP12-1201 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements, which can be found at: http://www.cdc.gov/phpr/documents/cdc-rfa-tp12-1201_4_17_12_FINAL.pdf

In addition to the budget justification, agencies must submit the HPP Capabilities Budget Worksheet (**Attachment B**) with the budget justification and the Special Populations Funding Worksheet (**Attachment C**).

- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period **July 1, 2013 to June 30, 2014.**

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

The applicant shall 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 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

The applicant shall itemize all equipment (**minimum \$300 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 and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each Sub-grantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the Sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1. Executive Summary:** Describe the geographic region, services and programs to be offered and what agency or agencies will provide those services.
 - 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.
 - 3. Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and .or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Describe the current status of the Healthcare Coalition in the region. Include a description of gaps and proposed activities to address those gaps. Applicants should use the results of their most current state, regional, and/or community-based HVAs and exercise After Action Reports (AARs) and Improvement Plans (IPs) to help determine their gaps within each of the healthcare capabilities.

Describe the most recent Hazard Vulnerability Assessment (HVAs) which identifies potential hazards that may impact the region. Describe how these potential hazards may impact the community as they relate to the public health, medical, and mental/behavioral systems and the functional needs of at-risk individuals. The narrative should include a description of the hazard and vulnerability assessments conducted by emergency management and healthcare organizations as well as community and regional partners. For more information, refer to the Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (HPP), National Guidance for Healthcare System Preparedness, January 2012

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

and the Public Health Workbook To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency at

http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf

Include a brief description regarding your agency's coordination of response plans with local health departments and local EMA in your region as it relates to regional healthcare coalition development and/or sustainment.

- 4. Methodology:** Specific objectives (Functions) associated with the HPP Capabilities have been selected by ODH to be addressed during this project period. These objectives (Functions) state what is to be achieved and cover the range of desired outcomes to achieve a goal.

Applicant agencies are to complete the Regional Healthcare Preparedness Program Plan (**Attachment E**) and submit the document with the application through GMIS 2.0.

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

- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**

FFATA was signed on September 26, 2006. FFATA requires ODH to report all Sub-grants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

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

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

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and attach in GMIS. **(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 Services Unit, 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 copy of each.

- I. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS 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 PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS 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. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) questionnaire:** The DMA is a questionnaire that must be completed by all non-governmental 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](#) is required)) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:
- <http://www.publicsafety.ohio.gov/links/HLS0038.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. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 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 Services Unit, Central Master Files address by 4:00 p.m. on or before **April 8, 2013**. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS.

III. APPENDICES

- A.** GMIS Training Form
- B.** Application Review Form
- C.** Ohio Regional Healthcare Preparedness Map
- D.** Funding Formula Chart
- E.** ASPR Eligible Hospitals
- F.** GSU Budget Justification Example
- G.** Subcontractor Spending Plan Template
- H.** Regional Healthcare Preparedness Program Grant Requirements
- I.** Match Overview
- J.** HPP Subgrant Accountability Guidance Document
- K.** ODH Exercise Memo
- L.** HPP Requirements for ASPR Participating Hospitals

IV. ATTACHMENTS

- A. Match Documentation Letter**
- B. HPP Capabilities Funding Worksheet**
- C. HPP Special Populations Funding Worksheet**
- D. HPP Performance Measure Status Report**
- E. HPP Program Plan**
- F. Additional Objectives (Optional)**
- G. ODH MARCS Radio Contact Information Sheet**

Applicant Agency:

Project Number:

ATTACHMENT A

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Match Documentation Letter

Required to be submitted with the FY14 HPP Application

EXAMPLE

Mr. John Smith
Buckeye Hospital Association
123 Main Street
Anytown, Ohio 43215

Dear Mr. Wagner:

As a subgrantee, we are required to contribute a total of \$91,500 matching funds to the ASPR grant for the period of July 1, 2013 – June 30, 2014. This is 10% of our total grant award. The table below outlines the source and amount of the funds. These matching funds are not used for other match requirements nor are they federal funds. The funds come from our general revenue from our hospitals. These matching funds reflect work and activities that enhance and support our hospital preparedness efforts in our region. If you have any questions about this, please contact Ann Brown of my staff.

Sincerely,

Fiscal Agent or Association Representative (Signature Required)

Entity	Description of Match	Amount of Match
Hospital 1	Personnel: 25% of the safety officer's salary	\$12,000
Hospital 2	Personnel: 25% of the safety officer's salary	\$12,000
Hospital 3	Personnel: 25% of the safety officer's salary	\$10,000
Hospital 4	Personnel: 25% of the safety officer's salary	\$11,000
Hospital 5	Personnel: 25% of the safety officer's salary	\$10,500
Hospital 6	Personnel: 25% of the safety officer's salary	\$12,000
Hospital 7	Personnel: 25% of the safety officer's salary	\$12,000
Hospital 8	Personnel: 25% of the safety officer's salary	\$10,000
Regional Hospital Association	Donated space: Rent for office of the Hospital Coordinator for a year (\$500 a month)	\$500
Regional Hospital Association	Loaned Equipment: Computer and printer use for Hospital Coordinator. Computer = \$800 and Printer = \$200.	\$1,000
Regional Hospital Association	Donated space: Supplying the room facility for quarterly regional hospital association meetings. 4 meetings x \$250 each meeting.	\$1,000
TOTAL Match Requirement		\$91,500

ATTACHMENT B

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
 HPP Capabilities Budget Worksheet

Applicant Agency:

Project Number:

HPP CAPABILITIES	
<i>Provide the total amount budgeted in the application for each of the capabilities below. The total amount must equal the amount of the grant award.</i>	
HPP CAPABILITY	Budget Proposal
Healthcare System Preparedness (Includes all ASPR participating hospital contracts, storage costs, maintenance and license fees, personnel)	\$
Healthcare System Recovery	\$
Emergency Operations Coordination	\$
Responders Safety and Health	\$
Volunteer Management	\$
Fatality Management	\$
Information Sharing (Includes fees for system licensing and administration, website hosting, HAvBED fees, MARCS costs)	\$
Medical Surge	\$
TOTAL (Must equal total grant award)	\$

ATTACHMENT C

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
 HPP Special Populations Funding Worksheet

Applicant Agency:

Project Number:

SPECIAL POPLUATION	Brief Description of activities	Budgeted Amount
At-risk individuals		\$
Mental/behavioral healthcare facilities and providers		\$
Emergency Medical Services		\$
Trauma centers		\$
Burn care centers		\$
Community health centers		\$
Long term care facilities		\$
Pediatrics		\$
Radiologic/nuclear preparedness programs		\$
Poison control centers		\$
TOTAL		\$

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
HPP PERFORMANCE MEASURE STATUS REPORT
 Submit with Application and End of Year Report

Applicant Agency:

Project Number:

HPP 1.1: Healthcare System Preparedness		
<u>Capability 1.1 (Form 3.1.1): HPP Healthcare System Preparedness</u>		
<p><u>Performance Measure:</u> Percent of healthcare coalitions (HCCs) that have established formalized agreements and demonstrate their ability to function and execute the capabilities for healthcare preparedness, response, and recovery as defined in Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness</p> <p style="text-align: center;"><u>Performance Target:</u> 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4--3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p>"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.1.1.1 Are there formal documents such as: Memoranda of Understanding (MOUs), Mutual Aid Agreements (MAAs), Interagency Agreement (IAAs), articles of incorporation, letters of agreement, contracts, charters, or other supporting formal documents that define:		
3.1.1.1.1 The member organizations of the HCC?		
3.1.1.1.2 Formal agreement to aid coalition members and to share resources and information?		
3.1.1.1.3 A process to allow representation of subject matter experts (SMEs) to the HCC?		

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
HPP PERFORMANCE MEASURE STATUS REPORT
 Submit with Application and End of Year Report

HPP 1.1: Healthcare System Preparedness		
Data Element	Score	Description
3.1.1.1.4 Joint or cooperative activities with non-healthcare constituencies?		
3.1.1.1.5 Formal agreements to prepare to respond as part of the HCC?		
3.1.1.2 Has the HCC established a formal self-governance structure (e.g., By-laws for the board of directors and a charter that is multidisciplinary and representative of all members of the coalition)?		
3.1.1.3 Does the HCC include emergency management and public health as integral partners?		
3.1.1.4 Has the HCC and its members participated in at least one HSEEP-compliant exercise to test State, regional and facility-level healthcare disaster plans considering scenarios identified by a Hazard Vulnerability Assessment (HVA) within the past year?		
3.1.1.5 In the past year, did the HCC achieve its established exercise participation goals for its member organizations engagement in exercises or real events to test regional State, regional and facility-level healthcare disaster plan?		
3.1.1.6 In the past year, did the exercises or real events to test regional, State, and facility-level healthcare disaster plans demonstrate the HCC capabilities to function as a coordinated entity?		
3.1.1.7 Has the HCC successfully implemented ““lessons learned”” and corrective actions from an exercise or event within the past year?		

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
HPP PERFORMANCE MEASURE STATUS REPORT
 Submit with Application and End of Year Report

HPP 2.1: Healthcare System Recovery		
Capability 2.1 (Form 3.2.1): HPP Healthcare System Recovery		
<p>Performance Measure: Percent of healthcare coalitions (HCCs) that have developed processes for short-term recovery of healthcare service delivery and continuity of business operations</p> <p style="text-align: center;">Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4--3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p>"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.2.1.1 Has a risk-based regional or jurisdictional Hazard Vulnerability Analysis (HVA) been conducted within the past 3 years that identifies events and incidents that may impact the ability of HCC member hospitals and other healthcare organizations (HCOs) to deliver healthcare?		
3.2.1.1.1 Within the past 3 years?		
3.2.1.1.2 That identifies events and incidents that may impact the ability of an HCC’s hospitals and other healthcare organizations (HCOs) to deliver healthcare?		
3.2.1.1.3 That assessed identified events or incidents as to their potential impacts on the hospital and other HCC members, such as power outages, water outages, road outages and supply chain disruptions?		

Regional Healthcare Preparedness Program
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HPP PERFORMANCE MEASURE STATUS REPORT
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HPP 2.1: Healthcare System Recovery		
Data Element	Score	Description
3.2.1.1.4 That identified healthcare recovery needs and prioritized them based on those potential impacts?		
3.2.1.2 Does the HCC ensure that its hospitals and other HCOs are integrated in the jurisdiction’s Emergency Operations Plan that is intended to meet prioritized essential health care recovery needs?		
3.2.1.3 Has the HCC, its hospitals, and other HCO members implemented AND tested plans and processes for continuing and sustaining operations (e.g., hardening facilities) within the past three years?		
3.2.1.4 Does the HCC coordinate with each of its member hospitals and other HCOs to enhance member support in planning for continuity of operations plans?		
3.2.1.5 Has the HCC coordinated with the State and with its HCOs to develop a regional recovery and continuity of operations plan?		
3.2.1.6 Does the HCC coordinate its hospitals’ and other HCOs’ use of Electronic Medical Records, and link their use in their continuity of operations plans?		
3.2.1.7 Do HCC hospitals and other HCOs incorporate guidance on messaging to their workforce into their continuity of operations plans?		
3.2.1.8 Can HCC hospitals and other HCOs maintain essential functions (e.g. continue to bill for payment with healthcare insurers) to sustain revenues to operate during and after an emergency?		
3.2.1.9 Has the HCC successfully tested processes for short-term recovery of healthcare service delivery and continuity of business operations in an exercise or event?		
3.2.1.9.1 Within the past year?		

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HPP 2.1: Healthcare System Recovery		
Data Element	Score	Description
3.2.1.10 Has the HCC successfully implemented “lessons learned” and corrective actions from this exercise or event?		

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CAPABILITY: Emergency Operations Coordination		
Capability 3.1 (Form 3.3.1): HPP Emergency Operations Coordination		
<p><u>Performance Measure:</u> Percent of healthcare coalitions (HCCs) that use an integrated Incident Command Structure (ICS) to coordinate operations and sharing of critical resources among HCC organizations (including emergency management and public health) during disasters</p> <p style="text-align: center;"><u>Performance Target:</u> 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4---3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p>"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.3.1.1 Has the HCC and its members successfully exercised protocols for notifying non-partner support agencies to activate mutual aid agreements for resource support within the last year?		
3.3.1.2 Has the HCC planned with partner hospitals and other HCOs to identify each hospital and other HCO's maximum patient capacity to establish its baseline as a coalition?		
3.3.1.3 Has the HCC coordinated healthcare response operations with appropriate patient transport operations within the community, in an exercise or event, within the past year?		
3.3.1.4 In the past year, which of the following functions were successfully demonstrated by the HCC's hospitals and other HCOs in the exercise or event in which the HCC participated?		
3.3.1.4.1 Triage		

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CAPABILITY: Emergency Operations Coordination		
Data Element	Score	Description
3.3.1.4.2 Treatment		
3.3.1.4.3 Transport		
3.3.1.4.4 Tracking of patients		
3.3.1.4.5 Documentation of care		
3.3.1.4.6 Off-loading		
3.3.1.5 Has the HCC successfully exercised notification protocols for its hospitals and other HCOs within the last year?		
3.3.1.6 Are HCC members integrated into an HCC incident command structure such that the members are included in HCC Regional Plans?		

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CAPABILITY: Fatality Management		
Capability 5.1 (Form 3.5.1): HPP Fatality Management		
<p><u>Performance Measure:</u> Percent of healthcare coalitions (HCCs) that have systems and processes in place to manage mass fatalities consistent with their defined roles and responsibilities.</p> <p style="text-align: center;"><u>Performance Target:</u> 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4--3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p style="text-align: center;">"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.5.1.1 Has the HCC identified the roles and responsibilities of member organizations and other key partners for managing mass fatalities, including but not limited to the following:		
3.5.1.1.1 Identifying response actions of HCC members, including local health departments, local emergency management, hospitals, other HCOs, and other key partners (e.g., funeral directors, coroners, medical examiners).		
3.5.1.1.2 Identifying who is responsible for each of the Fatality Management functions.		
3.5.1.1.3 Identifying legal and/or regulatory authority of member organizations and key partners that govern fatality management in the local jurisdiction, including any necessary waivers (e.g. determining cause of death, identification and storage of remains, family notification, burial permits and vital records, etc.).		

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CAPABILITY: Fatality Management		
Data Element	Score	Description
3.5.1.2 Has the HCC established systems and processes to manage mass fatalities consistent with its defined roles and responsibilities, including but not limited to the following:		
3.5.1.2.1 Ensuring that systems and processes are aligned with the local jurisdictional EOP or fatality management plan.		
3.5.1.2.2 Identifying critical pathways or trigger points for response actions.		
3.5.1.2.3 Providing training on fatality management coordination.		
3.5.1.2.4 Establishing communication systems among members and key partners, including mental and behavioral health professionals.		
3.5.1.2.5 Developing concepts of operations and standard operating procedures.		
3.5.1.3 Has the HCC established systems and processes to manage a surge of concerned citizens requesting information about missing family members, including how to contact the responsible agency for family support, and protocols to ensure its HCOs can connect with family assistance and/or family reception centers?		
3.5.1.4 Has the HCC successfully tested its systems and processes for managing mass fatalities during an exercise or event?		
3.5.1.4.1 Has this taken place within the past year?		
3.5.1.5 Has the HCC successfully implemented “lessons learned” and corrective action from this exercise or event within the past year?		

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CAPABILITY: Information Sharing		
Capability 6.1 (Form 3.6.1): HPP Information Sharing		
<p><u>Performance Measure:</u> Percent of healthcare coalitions (HCCs) that can continuously monitor Essential Elements of Information (EEIs) and demonstrate the ability to electronically send data to and receive data from coalition members to inform a Common Operating Picture</p> <p style="text-align: center;"><u>Performance Target:</u> 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4---3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p style="text-align: center;">"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.6.1.1 Has the HCC identified essential elements of information (EEIs) that the HCC members must report for specific types of events to inform the common operating procedure? Examples of EEI data include: Facility operating status Facility structural integrity Status of evacuations or shelter in place operations Critical medical services (e.g., critical care, trauma) Critical service status (e.g., electric, water, sanitation, heating, ventilation, air conditioning) Critical healthcare delivery status (e.g., surge status, bed status, deaths, medical and pharmaceutical supply and medical equipment) Staffing status Emergency Medical Services status involving patient transport, tracking and availability Electronic patient tracking Electronic bed tracking		

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CAPABILITY: Information Sharing		
Data Element	Score	Description
3.6.1.2 Has the HCC defined data usage and access policies for the EEI data?		
3.6.1.3 Does the HCC have redundant systems and processes in place to electronically send and receive the EEI data?		
3.6.1.4 Can the HCC share basic epidemiological and/or clinical data with relevant local health departments?		
3.6.1.5 Are the HCC members able to report the identified EEIs electronically within the timeframe requested as evidenced by performance during exercises or events?		
3.6.1.6 Is the HCC able to receive and quickly process the EEI data to provide timely, relevant, and actionable healthcare information to the common operating picture as evidenced by performance during exercises or events?		
3.6.1.7 Has the HCC's members successfully implemented "lessons learned" and corrective action from this exercise or event within the past year?		

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CAPABILITY: Medical Surge		
Capability 10.1 (Form 3.10.1): HPP Medical Surge		
<p>Performance Measure: Percent of healthcare coalitions (HCCs) that have a coordinated mechanism established that supports their members’ ability both to deliver appropriate levels of care to all patients (including pre-existing patients [both inpatient and outpatient], non-disaster-related patients, and disaster-specific patients), as well as to provide no less than 20% bed availability of staffed members’ beds, within 4 hours of a disaster</p> <p style="text-align: center;">Performance Target: 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4--3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p style="text-align: center;">"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.10.1.1 Do the surge plans of the HCC hospitals and other HCC members include written clinical practice guidelines for Crisis Standards of Care for use in an incident, including triggers that delineate shifts in the continuum of care from conventional to crisis standards of care?		
3.10.1.2 Has the HCC successfully tested its coordinated mechanism to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate availability of staffed members’ beds, within 4 hours of a disaster?		
3.10.1.3 Has the HCC successfully implemented “lessons learned” and corrective action from this exercise or event within the past year?		

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CAPABILITY: Medical Surge		
Data Element	Score	Description
3.10.1.4 Has the HCC demonstrated the ability to communicate regional healthcare surge status in an exercise or event within the past year?		
3.10.1.5 Does the HCC have the ability to expand its coalition-wide surge capacity according to the scope and magnitude of the incident?		
3.10.1.6 Does the HCC have the ability to communicate and coordinate support to its member organizations so that members can perform surge functions and coordinate distribution of resources to support those functions?		

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CAPABILITY: Responder Safety and Health		
Capability 14.1 (Form 3.14.1): HPP Responder Safety and Health		
<p><u>Performance Measure:</u> Percent of healthcare coalitions (HCCs) that have systems and processes in place to preserve healthcare system functions and to protect all of the coalition member employees (including healthcare and non-healthcare employees)</p> <p style="text-align: center;"><u>Performance Target:</u> 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4--3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p style="text-align: center;">"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.14.1.1 Has the HCC implemented an occupational safety and health plan to protect employees of the organizations within the HCC and their families, based on a Hazard Vulnerability Analysis (HVA) conducted within the last 3 years?		
3.14.1.2 Do HCC member organizations have access to the elements of an occupational safety and health plan that includes:		
3.14.1.2.1 Pharmaceutical caches		
3.14.1.2.2 PPE		
3.14.1.2.3 Medical countermeasures		
3.14.1.2.4 Risk communications		

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CAPABILITY: Responder Safety and Health		
Data Element	Score	Description
3.14.1.2.5 Family member protections and considerations		
3.14.1.2.6 Social distancing protocols		
3.14.1.2.7 Behavioral health		
3.14.1.2.8 Security		
3.14.1.3 Has the HCC successfully tested its systems and processes to preserve healthcare system functions and to enhance support of all HCC member employees (including healthcare and non-healthcare employees) in an exercise or event?		
3.14.1.3.1 Has this taken place within the past year?		
3.14.1.4 Has the HCC successfully implemented “lessons learned” and corrective actions from the exercise or event within the past year?		

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CAPABILITY: Volunteer Management		
<u>Capability 15.1 (Form 3.15.1): HPP Volunteer Management</u>		
<p><u>Performance Measure:</u> Percent of healthcare coalitions (HCCs) that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident.</p> <p style="text-align: center;"><u>Performance Target:</u> 100% by the end of the project period (Year 1 data will be used to establish baselines)</p> <p><u>In the Status column below, please enter the scoring criteria described below for each of the data elements:</u></p> <ul style="list-style-type: none"> • "1" -- This element has been completely implemented consistent with national expectations • "2"-- This element is partially implemented • "3" -- There IS a plan to start implementing this element within the next grant year • "4" -- There is NO plan to implement this element within the next grant year <p><u>NOTE: Only for 3.1.1.4--3.1.1.7, which are exercise- or event-related data elements, there is one additional scoring criteria:</u></p> <p style="text-align: center;">"5" -- There was no opportunity to implement this element within this grant year</p>		
Data Element	Score	Description
3.15.1.1 Does the HCC have procedures for identifying the type and quantity of volunteers needed to support healthcare response?		
3.15.1.2 Does the HCC have or have access to an electronic registration system for recording and managing volunteer information that is compliant with the current guidelines of the US Department of Health & Human Services (HHS) ESAR-VHP program?		
3.15.1.3 Has the HCC coordinated with the State and its HCC members to develop plans, processes and procedures to manage volunteers that address the following areas:		
3.15.1.3.1 Receiving volunteers		
3.15.1.3.2 Determining volunteer affiliation, including procedures for integrating or referring non-registered or spontaneous volunteers		

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CAPABILITY: Volunteer Management		
Data Element	Score	Description
3.15.1.3.3 Confirming volunteer credentials		
3.15.1.3.4 Assigning roles and responsibilities to volunteers		
3.15.1.3.5 Providing “just in time” training for volunteers		
3.15.1.3.6 Tracking volunteers		
3.15.1.3.7 Out-processing volunteers		
3.15.1.4 Has the HCC successfully tested its plans, processes and procedures for managing volunteers during an exercise or event within the past year?		
3.15.1.4.1 Has this taken place within the past year?		
3.15.1.5 Has the HCC successfully implemented “lessons learned” and corrective action from this exercise or event within the past year?		

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Regional Healthcare Preparedness Program Plan Instructions

Objective	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p><i>The objectives/Functions are provided by ODH guidance.</i></p> <p><i>The applicant must address all of the objectives (Functions) listed on the Program Plan.</i></p>	<p><i>List the specific Activities proposed that will be done to implement each Objective (Function). Number each activity.</i></p>	<p><i>List the staff that will be responsible for implementing the specific Activities</i></p>	<p><i>Indicate the date the Activities will be completed or accomplished.</i></p> <p><i>It is not acceptable to list “ongoing” or “at end of grant period” for all Activities.</i></p>	<p><i>The Benchmarks/Evaluation Measures describe the resource elements including the Plans (P), Equipment (E), and Skills (S) associated with the Function that should be addressed during the project period.</i></p> <p><i>The agency must indicate which activities will be undertaken to ensure that the resource elements are addressed. If the listed resource element has been addressed, that must be indicated on the Program Plan. Failure to address or respond to each of the listed elements will result in a special condition applied to the application.</i></p>	<p><i>The Progress/Accomplishments column on the program plan is not due at the time of the grant submission.</i></p> <p><i>A description of the Progress/Accomplishments is due with the mid-year and Annual Progress Reports.</i></p> <p><i>The reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period.</i></p> <p><i>It is not acceptable to state “in progress”.</i></p>

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Agency Name:

Program Grant Number:

Healthcare Preparedness Program Plan

Initial Program Plan **Midyear Program Report** **End of the Year Report**

Capability: Healthcare System Preparedness

Outcome: Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith based partners, state, local, and territorial governments to do the following:

- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community
- Provide timely monitoring and management of resources
- Coordinate the allocation of emergency medical care resources
- Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders

Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Healthcare System Preparedness

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
Applicant completes this section					
<p>Function 1: Develop, refine, or sustain Healthcare Coalitions</p>				<p>P1: Healthcare Coalition regional boundaries are established P2: Healthcare Coalition primary members are identified P3: Healthcare Coalition essential partner memberships are established P4: Additional Healthcare Coalition Partnerships/memberships are established P5: Healthcare Coalition organization and structure is established</p> <p>Ohio Note: The agency submits a written document by June 30, 2014 which establishes a formal agreement between the Regional Healthcare Coalition and establishes a formal self- governance structure as identified in the HPP Performance Measure Manual Guidance for Using the New HPP Performance Measures and the Hospital preparedness Program Performance Manual Guidance for Using the New HPP Performance Measures.</p>	

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Healthcare System Preparedness

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p>Function 3: Identify and prioritize essential healthcare assets and services</p>				<p>P1: Identify and prioritize critical healthcare assets and essential services P2: Priority healthcare assets and essential services planning is conducted E1: Equipment to assist healthcare organizations with the provision of critical services is available</p> <p>Ohio Note: Agency submits sign in sheets and meeting minutes to ODH within 45 days of class completion to demonstrate that 100% of ASPR participating hospitals are trained on the awareness, request, and handling of medical material from the State during the project period. Documentation must include the names of the facilities who participated in the training.</p> <p>The agency submits written assurance to ODH from 100% of ASPR participating hospitals that ensures their Emergency Operations Plans (EOP) was updated to include the process for requesting medical material from the State by June 30, 2014.</p>	

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Healthcare System Preparedness

				<p>The agency submits a minimum of one AAR/IP following HSEEP methodologies to ODH by June 1, 2014 which documents that 100% of ASPR participating hospitals have participated in an exercise to test the processes for the request of medical material from the State</p> <p>A Corrective Action Plan is submitted with the AAR/IP which identifies deficiencies for each participating facility.</p> <p>The agency must demonstrate that planning and budgeting occurs for the maintenance and storage of the state ventilators distributed to the region during FY07 in accordance with the ventilator management plan approved by ODH.</p>	
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Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Healthcare System Preparedness

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p>Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation</p>				<p>P1: Exercise plans are developed, refined, and sustained P2: Exercise implementation and coordination is achieved P3: Evaluation and improvement plans are developed P4: Best practice and lessons learned sharing is documented S1: Exercise and evaluation training is coordinated and conducted</p> <p>Ohio Note: The subgrantee will submit an updated Training and Exercise Plan (TEP) to ODH by July 31, 2013 via email to HPP Program staff. A TEP template will be distributed to agencies by July 1, 2013 and must be used for the TEP.</p>	

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Healthcare System Preparedness

				<p>The subgrantee will submit an AAR/IP to ODH HPP staff within 60 days of each exercise conducted in the region which tested the HPP capabilities as defined in the HPP and PHEP Cooperative Agreement for July 1, 2012 through June 30, 2014 and the HPP Performance Measure Manual Guidance for Using the New HPP Performance Measures.</p> <p>The subgrantee submits an AAR/IP is submitted to ODH Program staff via email within 60 days of each exercise conducted to test the HPP capabilities.</p> <p>Agencies will be responsible for the collection of exercise data according to HPP End of Year report requirements. Information regarding the HPP End of Year Report will be communicated to agencies once it is received by ODH.</p>	
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Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Capability: Emergency Operations Coordination

Outcome: Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Emergency Operations Coordination

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p>Function 2: Assess and notify stakeholders of healthcare delivery status</p>				<p>P1: Healthcare organization resource needs assessment is conducted</p>	

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Capability: Information Sharing

Outcome: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Information Sharing

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p>Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture</p>				<p>P2: Healthcare essential elements of information are identified E1: Healthcare information systems P5: Bed Tracking E2: Bed Tracking system</p> <p>Ohio Note: Agency submits documentation to ODH HPP staff within 30 days of completion of each drill that demonstrates that bed drills were conducted using SurgeNet at least once per quarter with ASPR participating hospitals in the region.</p>	
<p>Function 2: Develop, refine, and sustain redundant, interoperable communication systems</p>				<p>P1: Interoperable communications plans are developed, refined, and sustained E1: Interoperable communication system is established S1: Communication training is provided</p> <p>Ohio Note: Agency will conduct OPHCS drills at least once per quarter with non ASPR hospital facilities who are listed as regional partners in the OPHCS system. Documentation of each drill must be maintained for ODH review.</p>	

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Capability: Responder Safety and Health

Outcome: The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Responder Safety and Health

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p>Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers</p>				<p>P1: Pharmaceutical needs assessment is conducted P2: Pharmaceutical cache storage, rotation, replacement, and distribution P3: Medical Countermeasure dispensing E1: Pharmaceutical cache protection S1: Pharmaceutical cache training</p>	
<p>Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response</p>				<p>P1: Personal protective equipment needs assessment P2: Personal protective equipment caches P3: Personal protective equipment supply and dispensing E1: Personal Protective Equipment for healthcare workers S1: Personal protective equipment training</p>	

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Capability: Volunteer Management

Outcome: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Capability: Volunteer Management

Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
<p>Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</p>				<p>P1: Volunteer needs assessment for healthcare organizations response</p> <p>Ohio Note: Agency works with public health partners and submits a Volunteer Needs Assessment to ODH Program Staff via email by June 30, 2014 which addresses elements identified in the Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness, January 2012.</p>	

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

Applicant Agency:

Project Number:

ADDITIONAL OBJECTIVES FOR REGIONAL HEALTHCARE PREPAREDNESS

Instructions: Copy and paste one sheet for each additional project/activity being proposed by the applicant agency that is for any of the HPP capabilities not included on the HPP Program Plan above. All proposed projects must be justified on the budget narrative. Activities must support the stated Objective. Number each Activity and the corresponding information for each. All objectives must be SMART (Specific, Measurable, Achievable, Realistic, and Time -specific. (See the following link for additional guidance on SMART objectives: <http://www.cdc.gov/HealthyYouth/evaluation/pdf/brief3b.pdf> Timelines must be specific to the Activities. It is not acceptable to list July 1, 2013 to June 30, 2014 on all activities as the timeline. Be concise in determining which activities need to be accomplished to support the objective.

Agencies must identify which Function is being supported by the proposed objectives. Copy and paste the table below for as many additional objectives as needed.

Capability:					
Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
Objective 1:					

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

ADDITIONAL OBJECTIVES FOR REGIONAL HEALTHCARE PREPAREDNESS

Applicant Agency:

Project Number:

Capability:					
Objective (Function)	Activities	Person Responsible	Timeline	Benchmarks/ Evaluation Measures	Progress/Accomplishments
Objective 2:					

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014
MARCS Radio contact information sheet

For each ASPR participating medical facility, contractor, and surge facility within your region who has an ASPR funded MARCS radio, please identify the MARCS contact person (copy and paste tables as many times as needed):

Contact	MARCS Primary
Facility/Agency Name	
Name:	
Address:	
Office:	
Fax:	
Cell:	
Pager:	
E-mail:	

Ohio Department of Health
GMIS TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE FROM
YOUR AGENCY WHO WILL ATTEND A GMIS 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 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: Evelyn Suarez
Grants Services Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: evelyn.suarez@odh.ohio.gov Fax: 614-752-9783

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

Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

GRANT APPLICATION REVIEW FORM

TOTAL SCORE: _____/142 Total points

TOTAL PERCENTAGE: _____

Bureau of Health Preparedness
Regional Healthcare Preparedness
Grant Application Review Form (FY 2014)

AGENCY: _____ **REGION:** _____

REVIEWER NAME: _____ **DATE REVIEW COMPLETED** _____

SECTION 1

GMIS BUDGET INFORMATION (20 points total)	SCORE	COMMENTS
GMIS Budget: Personnel, Other Direct Costs, Equipment, Contracts		
Applicant provides a detailed narrative budget justification that: 1. Thoroughly describes each line item (Other Directs Costs, Personnel, Equipment, and Contracts) and provides justification relative to the HPP capabilities and functions, including total amount allocated. (20 pts.)		

Regional Healthcare Preparedness Grant
Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

SECTION 2

PAST PERFORMANCE (9 points total)	SCORE	COMMENTS
Past Performance (Not applicable if new agency with no prior experience)		
1. All program reports submitted on time (or received an approved extension according to GAPP) for FY12 (3 pts.) 2. All special conditions are replied to on time for FY12 (3 pts.) 3. All expenditure reports are submitted on time (or received an approved extension according to GAPP) (3 pts.)		

SECTION 3

PROGRAM NARRATIVE (25 points total)	SCORE	COMMENTS
Executive Summary (5 pts.)		
Description of Applicant Agency/Documentation of Eligibility/Personnel (5 pts.)		
Problem/Need (5 pts.)		
Methodology (5pts.)		
Describes how the Regional Healthcare Coalition will collaborate and provide assistance to the region to plan for and address the needs of at risk/special needs populations (5 pts.)		

Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

SECTION 4

HPP PROGRAM PLAN <i>Agency provided complete detail and activities are listed addressing each benchmark on the Program Plan for each of the following objectives (Functions):</i>	(30 points total)	
	SCORE	COMMENTS
Healthcare System Preparedness	(5 pts.)	
Emergency Operations Coordination	(5 pts.)	
Information Sharing	(5 pts.)	
Responder Safety and Health	(5 pts.)	
Volunteer Management	(5 pts.)	

Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

SECTION 4

HPP PROGRAM PLAN (30 points total) <i>Agency provided complete detail and activities are listed addressing each benchmark on the Program Plan for each of the following objectives (Functions):</i>	SCORE	COMMENTS
Additional Program Objectives (Optional) (5 pts.- if applicable)		
Objectives are included for any additional proposed activities which are not already included on the Program Plan.		
Objectives follow the SMART format		
Activities are provided for each objective		
Person(s) responsible is provided for each activity		
A Timeline is provided for each activity		
Benchmarks are provided for each objective		

Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

SECTION 5

ADDITIONAL PROGRAM ATTACHMENTS (18 points)	SCORE	COMMENTS
<ol style="list-style-type: none"> 1. Match Letter (3pts.) 2. HPP Capabilities Budget Worksheet (3 pts.) 3. HPP Special Populations Funding Worksheet (3 pts.) 4. Letter(s) of Support from 60% of ASPR participating hospitals in the region (3 pts.) 5. Letter(s) of Support from at least one local health department Homeland Security Region where the agency is located (3 pts.) 6. Letter(s) of Support from at least one local EMA member Homeland Security Region where the agency is located (3 pts.) 		

Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

SECTION 6

HPP PERFORMANCE MEASURE STATUS REPORT (40 Points)		
HPP Capability	Score	Comments
Healthcare System Preparedness (5 pts.)		
Healthcare System Recovery (5 pts.)		
Emergency Operations Coordination (5 pts.)		
Fatality Management (5 pts.)		

Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

SECTION 6

HPP PERFORMANCE MEASURE STATUS REPORT (40 Points)		
HPP Capability	Score	Comments
Information Sharing (5 pts.)		
Medical Surge (5 pts.)		
Responder Safety and Health (5 pts.)		
Volunteer Management (5 pts.)		

Regional Healthcare Preparedness Grant
Grant Period: July 1, 2013 - June 30, 2014

Grant Application Review Form (FY 2014)

AGENCY: _____

Strengths:

Weaknesses

REVIEW RECOMMENDED ACTION:

- Approval**
 - Approval with Modifications:** _____
-
-

Disapproval -The following criteria constitute grounds for disapproval of applications:

- Incomplete grant proposal
- Fraudulent presentation
- Failure to reach adequate score

Regional Healthcare Preparedness Grant

Grant Period: July 1, 2013 - June 30, 2014

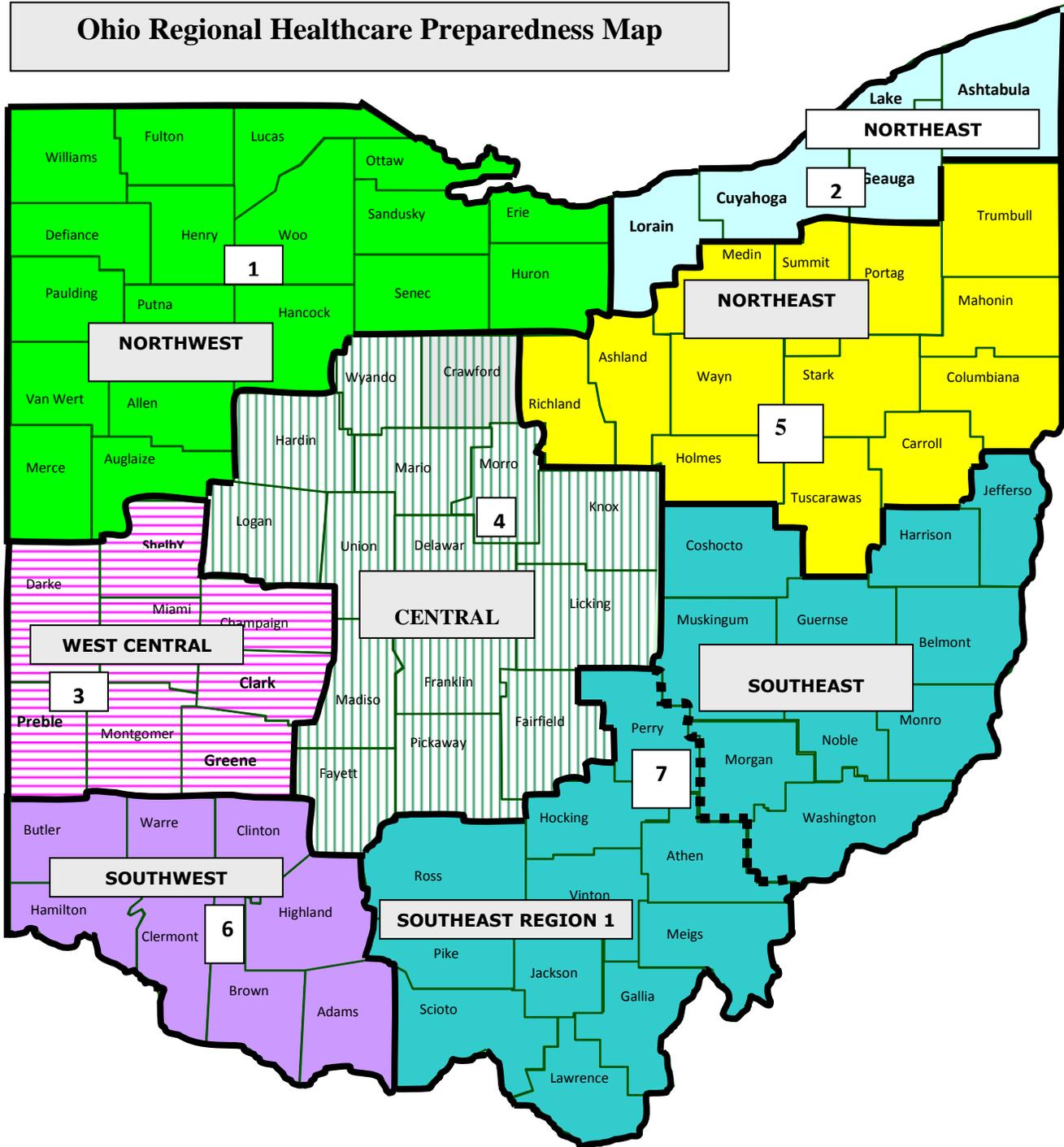
Grant Application Review Form (FY 2014)

Comments:

Signature of Reviewer: _____

Date: _____

Ohio Regional Healthcare Preparedness Map



FUNDING FORMULA CHART
Regional Healthcare Preparedness Grant
 Grant Period: July 1, 2013 - June 30, 2014

**REGIONAL HEALTHCARE PREPAREDNESS GRANT FUNDING
 FORMULA CHART**

Region	Base	2010 Census Population	% of Population	Population Base	# Hospitals	Hospital Base \$10,000 per hospital	Total Region Allocation
NW	\$243,571	1,366,467	12	\$660,000	32	\$320,000	\$1,223,571
WC	\$243,571	1,121,008	10	\$550,000	14	\$140,000	\$933,571
SW	\$263,571	1,740,817	15	\$825,000	21	\$210,000	\$1,298,571
NE	\$263,571	2,000,553	17	\$935,000	27	\$270,000	\$1,468,571
NECO	\$263,571	2,264,913	20	\$1,100,000	30	\$300,000	\$1,663,571
CEN	\$263,571	2,137,409	18	\$990,000	26	\$260,000	\$1,513,571
SE	\$233,571	905,337	8	\$440,000	19	\$190,000	\$863,571
TOTALS	\$1,774,997	11,536,504	100	\$5,500,000	169	\$1,690,000	\$8,964,997

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
1	Berger Health System		600 N Pickaway St	Circleville	Pickaway	C	6410630
2	Bucyrus Community Hospital		629 North Sandusky Ave.	Bucyrus	Crawford	C	6410240
3	Doctors Hospital		5100 W Broad Street	Columbus	Franklin	C	6410952
4	Dublin Methodist Hospital		7500 Hospital Dr.	Dublin	Franklin	C	
5	Fairfield Medical Center		401 N Ewing St	Lancaster	Fairfield	C	6411510
6	Fayette County Memorial Hospital		1430 Columbus Ave.	Washington Ct House	Fayette	C	6412305
7	Galion Community Hospital		269 Portland Way South	Galion	Crawford	C	6411350
8	Grady Memorial Hospital		561 W Central Ave.	Delaware	Delaware	C	6411245
9	Grant Medical Center		111 S Grant Ave.	Columbus	Franklin	C	6411010
10	Hardin Memorial Hospital		921 East Franklin St.	Kenton	Hardin	C	6411470
11	Knox Community Hospital		1330 Coshocton Road	Mount Vernon	Knox	C	6411730
12	Licking Memorial Health Systems		1320 W Main St	Newark	Licking	C	6411800
13	Madison County Hospital		210 North Main St.	London	Madison	C	6411585
14	Marion General Hospital		1000 McKinley Park Dr.	Marion	Marion	C	6411640
15	Mary Rutan Hospital		205 Palmer Ave.	Bellefontaine	Logan	C	6410165
16	Memorial Hospital Of Union County		500 London Ave.	Marysville	Union	C	6411665
17	Morrow County Hospital		651 W Marion Rd	Mount Gilead	Morrow	C	6411725
18	Mt Carmel West Hospital		793 W State St	Columbus	Franklin	C	6411035
19	Mt. Carmel East Hospital		6001 E. Broad Street	Columbus	Franklin	C	6418083
20	Mt. Carmel St Ann's Hospital		500 South Cleveland Ave.	Westerville	Franklin	C	6411060
21	Nationwide Children's Hospital		700 Childrens Drive	Columbus	Franklin	C	6410950
22	Ohio State University Hospital East		1492 East Broad St.	Columbus	Franklin	C	6411070
23	Ohio State University Medical Center		410 W 10th Ave.	Columbus	Franklin	C	6411100
24	Riverside Methodist Hospital		3535 Olentangy River Rd	Columbus	Franklin	C	6411110
25	Wyandot Memorial Hospital		885 N Sandusky Ave.	Upper Sandusky	Wyandot	C	6412225

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
26	Ashtabula County Medical Center		2420 Lake Ave.	Ashtabula	Ashtabula	NE	6410120
27	Cleveland Clinic Foundation		9500 Euclid Ave.	Cleveland	Cuyahoga	NE	6410670
28	EMH Elyria Medical Center		630 East River St.	Elyria	Lorain	NE	6411290
29	Euclid Hospital		18901 Lake Shore Boulevard	Euclid	Cuyahoga	NE	6410695
30	Fairview Hospital		18101 Lorain Ave.	Cleveland	Cuyahoga	NE	6410710
31	Hillcrest Hospital		6780 Mayfield Rd	Mayfield Heights	Cuyahoga	NE	6410945
32	Lakewood Hospital		14519 Detroit Ave.	Lakewood	Cuyahoga	NE	6411490
33	Lutheran Hospital		1730 West 25th St.	Cleveland	Cuyahoga	NE	6410780
34	Marymount Hospital		12300 McCracken Road	Garfield Heights	Cuyahoga	NE	6411375
35	Mercy Allen Hospital	Allen Community Hospital	200 W Lorain St	Oberlin	Lorain	NE	6419015
36	Mercy Regional Medical Center	Community Regional Medical Center Community Health Partners	3700 Kolbe Road	Lorain	Lorain	NE	6410014
37	Metro Health Medical Center		2500 Metrohealth Drive	Cleveland	Cuyahoga	NE	6410655
38	Parma Community General Hospital		7007 Powers Boulevard	Parma	Cuyahoga	NE	6410805
39	South Pointe Hospital		20000 Harvard Road	Warrensville Heights	Cuyahoga	NE	6410018
40	Southwest General Health Center		18697 Bagley Rd	Middleburg Heights	Cuyahoga	NE	6410200
41	St John Medical Center	St. John West Shore	29000 Center Ridge	Westlake	Cuyahoga	NE	6419020
42	St Vincent Charity Medical Center	St. Vincent Charity Hospital	2351 E 22nd St	Cleveland	Cuyahoga	NE	6410027
43	Tri Point Medical Center	Lake East Hospital	7590 Auburn Rd	Concord	Lake	NE	6411870

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
44	UH Ahuja Medical Center		3999 Richmond Road	Beachwood	Cuyahoga	NE	Pending- application is in
45	UH Bedford Medical Center	Bedford Hospital	44 Blaine Street	Bedford	Cuyahoga	NE	6410170
46	UH Case Medical Center	University Hospital of Cleveland	11100 Euclid Ave.	Cleveland	Cuyahoga	NE	6410920
47	UH Conneaut Medical Center	UHHS Brown Hospital	158 W Main Rd	Conneaut	Ashtabula	NE	6411120
48	UH Geauga Medical Center		13207 Ravenna Rd	Chardon	Geauga	NE	6410335
49	UH Geneva Medical Center		870 West Main St	Geneva	Ashtabula	NE	6411376
50	UH Richmond Medical Center	Richmond Heights Hospital	27100 Chardon Road	Richmond Heights	Cuyahoga	NE	6419080
51	University Hospitals Rainbow Babies and Children's Hospital		11100 Euclid Ave.	Cleveland	Cuyahoga	NE	6410920
52	West Medical Center	Lake West Medical Center	36000 Euclid Ave.	Willoughby	Lake	NE	6411840
53	Affinity Medical Center	Doctors of Stark County and Massillon	875 Eighth St. Ne	Massillon	Stark	NEC	6411670
54	Akron Children's Hospital		1 Perkins Square	Akron	Summit	NEC	6410055
55	Akron Children's Hospital Mahoning Valley		6505 Market Street	Youngstown	Mahoning	NEC	
56	Akron City Hospital		525 E. Market St	Akron	Summit	NEC	6410066
57	Akron General Medical Center	Akron General Health System	400 Wabash Ave.	Akron	Summit	NEC	6410010
58	Alliance Community Hospital		200 East State Street	Alliance	Stark	NEC	6410080
59	Aultman Hospital		2600 Sixth St. SW	Canton	Stark	NEC	6410280
60	Barberton Hospital	Barberton Citizens Hospital	155 Fifth St. NE	Barberton	Summit	NEC	6410150
61	Aultman Orrville Hospital	Dunlap Community Hospital	832 South Main St.	Orrville	Wayne	NEC	6411855
62	East Liverpool City Hospital		425 W 5th St.	East Liverpool	Columbiana	NEC	6411280

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
63	Lodi Community Hospital		225 Elyria St	Lodi	Medina	NEC	6411570
64	Medcentral Mansfield Hospital	199 W. Main Street	335 Glessner Ave.	Mansfield	Richland	NEC	6410016
65	Medcentral Shelby Hospital		335 Glessner Ave.	Mansfield	Richland	NEC	6410016
66	Medina Hospital		1000 E Washington St	Medina	Medina	NEC	6411700
67	Mercy Medical Center		1320 Mercy Drive NW	Canton	Stark	NEC	6410290
68	Northside Medical Center		500 Gypsy Lane	Youngstown	Mahoning	NEC	6412455
69	Pomerene Hospital	Joel Pomerene Memorial Hospital	981 Wooster Road	Millersburg	Holmes	NEC	6411720
70	Robinson Memorial Hospital		6847 N Chestnut St	Ravenna	Portage	NEC	6411930
71	Salem Community Hospital		1995 East State St.	Salem	Columbiana	NEC	6411959
72	Samaritan Regional Health System		1025 Center St	Ashland	Ashland	NEC	6410110
73	St Elizabeth Health Center		1044 Belmont Ave.	Youngstown	Mahoning	NEC	6412440
74	St Joseph Health Center		667 Eastland Ave. Se	Warren	Trumbull	NEC	6412270
75	St. Elizabeth Boardman Health Center		8401 Market Street	Boardman	Mahoning	NEC	
76	St. Thomas Hospital		444 N. Main St	Akron	Summit	NEC	6410070
77	Trumbull Memorial Hospital		1350 East Market St.	Warren	Trumbull	NEC	6412290
78	Twin City Hospital		819 North First St.	Dennison	Tuscarawas	NEC	6411250
79	Union Hospital		659 Boulevard	Dover	Tuscarawas	NEC	6411260
80	Wadsworth Rittman Hospital		195 Wadsworth Road	Wadsworth	Medina	NEC	6412250
81	Western Reserve Hospital	Cuyahoga Falls General Hospital	1900 23rd St	Cuyahoga Falls	Summit	NEC	6419115
82	Wooster Community Hospital		1761 Beall Ave.	Wooster	Wayne	NEC	6412370
83	ProMedica Bay Park Hospital		2801 Bay Park Drive	Oregon	Lucas	NW	6410032
84	Blanchard Valley Hospital		1900 South Main St	Findlay	Hancock	NW	6410017
85	Bluffton Hospital		139 Garau St.	Bluffton	Allen	NW	8967105
86	Community Hospitals and Wellness Centers- Bryan		433 West High St.	Bryan	Williams	NW	6410225
87	Community Hospitals and Wellness Centers - Montpelier		909 East Snyder Ave.	Montpelier	Williams	NW	6410049

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
88	Community Memorial Hospital		208 N Columbus St	Hicksville	Defiance	NW	6411435
89	ProMedica Defiance Regional Hospital		1200 Ralston Ave.	Defiance	Defiance	NW	6411230
90	Firelands Regional Medical Center		1111 Hayes Ave.	Sandusky	Erie	NW	6410015
91	Fisher Titus Medical Center		272 Benedict Ave.	Norwalk	Huron	NW	6411830
92	ProMedica Flower Hospital		5200 Harroun Rd	Toledo	Lucas	NW	6412110
93	ProMedica Fostoria Community Hospital		501 Van Buren St	Fostoria	Seneca	NW	6411325
94	Fulton County Health Center		725 S Shoop Ave.	Wauseon	Fulton	NW	6412310
95	Henry County Hospital		11-600 State Rd 424	Napoleon	Henry	NW	6411780
96	Joint Township District Memorial Hospital		200 Saint Clair St.	Saint Marys	Auglaize	NW	6411955
97	Lima Memorial Health System		1001 Bellefontaine Ave.	Lima	Allen	NW	6411540
99	Magruder Hospital	H B Magruder Memorial Hospital	615 Fulton St	Port Clinton	Ottawa	NW	6411900
99	Memorial Hospital		715 South Taft Ave.	Fremont	Sandusky	NW	6411340
100	Mercer County Community Hospital	Mercer County Joint Township Community Hospital	800 West Main St.	Coldwater	Mercer	NW	6410947
101	Mercy Hospital Of Defiance		1404 E Second St	Defiance	Defiance	NW	6410047
102	Mercy St. Anne Hospital	St. Anne Mercy Hospital	3404 W. Sylvania Ave.	Toledo	Lucas	NW	6412150
103	Mercy St. Charles Hospital	St. Charles Mercy Hospital	2600 Navarre Ave.	Oregon	Lucas	NW	6412155
104	Mercy St. Vincent Medical Center	St Vincent's Mercy Medical Center	2213 Cherry St	Toledo	Lucas	NW	6412170
105	Mercy Tiffin Hospital	Mercy Hospital Of Tiffin	45 St. Lawrence Street	Tiffin	Seneca	NW	6412080
106	Mercy Willard Hospital	Mercy Hospital Of Willard	110 E Howard St	Willard	Huron	NW	6412342
107	Paulding County Hospital		1035 W Wayne St.	Paulding	Paulding	NW	6411880

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
108	St Rita's Medical Center		730 West Market St.	Lima	Allen	NW	6411560
109	ProMedica St. Luke's Hospital		5901 Monclova Rd	Maumee	Lucas	NW	6412160
110	The Bellevue Hospital		1400 W. Main St.	Bellevue	Sandusky	NW	6410190
111	ProMedica Toledo Hospital/Toledo Children's Hospital	Toledo Hospital and Toledo Children's	2142 North Cove Boulevard	Toledo	Lucas	NW	6412180
112	University of Toledo Medical Center		3000 Arlington Ave.	Toledo	Lucas	NW	6412130
113	Van Wert County Hospital		1250 S Washington St.	Van Wert	Van Wert	NW	6412240
114	Wood County Hospital		950 W Wooster St	Bowling Green	Wood	NW	6410217
115	Adena Health System	Adena Regional Medical Center	272 Hospital Rd	Chillicothe	Ross	SC	6410340
116	Doctors Hospital of Nelsonville		1950 Mt St Mary Drive	Nelsonville	Athens	SC	6411785
117	Hocking Valley Community Hospital		State Route 664N Box966	Logan	Hocking	SC	6411579
118	Holzer Medical Center		100 Jackson Pike	Gallipolis	Gallia	SC	6411370
119	Holzer Medical Center Jackson		500 Burlington Road	Jackson	Jackson	SC	6410042
120	O' Bleness Memorial Hospital		55 Hospital Drive	Athens	Athens	SC	6410140
121	Adena Pike Medical Center	Pike Community Hospital	100 Dawn Lane	Waverly	Pike	SC	6412313
122	Southern Ohio Medical Center		1805 27th St.	Portsmouth	Scioto	SC	6411905
123	Barnesville Hospital Association		639 West Main St., Po Box 309	Barnesville	Belmont	SE	6410160
124	Belmont Community Hospital		4697 Harrison St.	Bellaire	Belmont	SE	6410180
125	Genesis Healthcare System - Bethesda Hospital		2951 Maple Ave.	Zanesville	Muskingum	SE	6410020
126	Coshocton County Memorial Hospital		1460 Orange St.	Coshocton	Coshocton	SE	6411130
127	East Ohio Regional Hospital		90 North Fourth St.	Martins Ferry	Belmont	SE	6411660
128	Genesis Healthcare System - Good Samaritan Hospital	Select Specialty Hospital	800 Forest Ave.	Zanesville	Muskingum	SE	
129	Harrison Community Hospital		951 East Market St.	Cadiz	Harrison	SE	6410243

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
130	Marietta Memorial Hospital		401 Matthew St.	Marietta	Washington	SE	6411630
131	Selby General Hospital		1106 Colegate Drive	Marietta	Washington	SE	6419165
132	Southeastern Ohio Regional Medical Center		1341 North Clark St.	Cambridge	Guernsey	SE	6410265
133	Trinity Medical Center-West		4000 Johnson Rd	Steubenville	Jefferson	SE	6412075
134	Adams County Regional Medical Center		230 Medical Center Drive	Seaman	Adams	SW	6412315
135	Adena Greenfield Medical Center	Greenfield Area Medical Center	550 Mirabeau St.	Greenfield	Highland	SW	6411385
136	Atrium Medical Center	Middletown Hospital	One Medical Center Drive	Butler	Warren	SW	6411710
137	Bethesda North Hospital		10500 Montgomery Rd	Cincinnati	Hamilton	SW	6410382
138	Southwest Regional Medical Center	Brown County General Hospital	425 Home St.	Georgetown	Brown	SW	6411377
139	Cincinnati Children's Hospital Medical Center		3333 Burnet Ave.	Cincinnati	Hamilton	SW	6410391
140	Clinton Memorial Hospital		610 West Main St.	Wilmington	Clinton	SW	6412345
141	Fort Hamilton Hospital		630 Eaton Ave.	Hamilton	Butler	SW	6411405
142	Good Samaritan Hospital- Cincinnati		375 Dixmyth Ave.	Cincinnati	Hamilton	SW	6410490
143	Highland District Hospital		1275 North High St.	Hillsboro	Highland	SW	6411440
144	McCullough-Hyde Memorial Hospital		110 North Poplar St.	Oxford	Butler	SW	6411858
145	Mercy Health- Anderson Hospital		7500 State Road	Cincinnati	Hamilton	SW	6410580
146	Mercy Health- Clermont Hospital		3000 Hospital Drive	Batavia	Clermont	SW	6410155
147	Mercy Health-Fairfield Hospital		3000 Mack Road	Fairfield	Butler	SW	6410855
148	Mercy Health -Mt Airy Hospital		2446 Kipling Ave.	Cincinnati	Hamilton	SW	6410582
149	Mercy Health- Western Hills Hospital		3131 Queen City Ave.	Cincinnati	Hamilton	SW	6410587
150	Shriners Hospital For Children		3229 Burnet Ave.	Cincinnati	Hamilton	SW	6410622
151	The Christ Hospital		2139 Auburn Ave.	Cincinnati	Hamilton	SW	6410430
152	The Jewish Hospital-Mercy Health		4777 East Galbraith Road	Cincinnati	Hamilton	SW	6419060

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
153	University of Cincinnati Medical Center	University Hospital	234 Goodman St.	Cincinnati	Hamilton	SW	6410435
154	West Chester Hospital	West Chester Medical Center	7700 University Drive	West Chester	Butler	SW	
155	Dayton Children's	Children's Medical Center	One Children's Plaza	Dayton	Montgomery	WC	6411160
156	Good Samaritan Hospital- Dayton		2222 Philadelphia Drive	Dayton	Montgomery	WC	6411180
157	Grandview Medical Center	Grandview Hospital & Medical Center	405 Grand Ave.	Dayton	Montgomery	WC	6411182
158	Greene Memorial Hospital		1141 North Monroe Drive	Xenia	Greene	WC	6412395
159	Kettering Medical Center		3535 Southern Boulevard	Kettering	Montgomery	WC	6411466
160	Mercy Memorial Hospital		904 Scioto St.	Urbana	Champaign	WC	6412235
161	Miami Valley Hospital		One Wyoming St.	Dayton	Montgomery	WC	6411190
162	Miami Valley Hospital South		2400 Miami Valley Drive	Centerville	Montgomery	WC	6411190
163	Indu & Raj Soin Medical Center		3535 Pentagon Boulevard	Beavercreek	Greene	WC	
164	Southview Medical Center	Southview Hospital	1997 Miamisburg Ctrville Rd	Dayton	Montgomery	WC	6411186
165	Springfield Regional Medical Center	Springfield Regional Medical Center – High Street Campus	100 medical center Drive	Springfield	Clark	WC	6412050
166	Sycamore Medical Center		4000 Miamisburg-Centerville Road	Miamisburg	Montgomery	WC	8967187
167	Upper Valley Medical Center		3130 North Dixie Highway	Troy	Miami	WC	6410022
168	Wayne Health Care	Wayne Hospital	835 Sweitzer St.	Greenville	Darke	WC	6411400

**Regional Healthcare Preparedness Program
ASPR Eligible Hospitals (as of 11/30/12)**

APPENDIX E

Grant Period: July 1, 2013 - June 30, 2014

	Hospital Name	Former Names	Address	City	County	Region	AHA
169	Wilson Memorial Hospital		915 West Michigan St.	Sidney	Shelby	WC	6412020

REGION	TOTAL NUMBER OF PARTICIPATING HOSPITALS
Central	25
Northeast	27
Northeast Central	30
Northwest	32
Southeast	19
Southwest	21
West Central	15
Total	169

Applicant Agency:

Project Number:

BUDGET JUSTIFICATION EXAMPLE

PERSONNEL

Salaries \$23,612.99

Grant Coordinator – Jo Ann Crawford (\$452.00) Full-Time Employee

This position serves as a backup for the RCGC Administrative Assistance on a PRN basis, providing administrative and clerical support to all program personnel, including patient contact, scheduling for appointments, managing clinical transcriptions, mailings (90%). Also provides ODH database entry and RCGC database management and data reporting manager (10%).

Nurse – Joyce Brown (\$23,160.99) Part-Time Employee

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

Nurse – Janet Coleman (Travel cost only)

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

Fringe Rate \$53,393.00

Personnel fringes incorporate PERS @ 14%, Workman’s Compensation 3%, as well as Medicare 1.45% and health insurance for family insurance tobacco free at \$14,714 (FTE), family insurance tobacco \$18,585 and single family insurance at \$5,518. Only full-time employees have the option for insurance.

Total Personnel Cost **\$77,005.99**

OTHER DIRECT COST

Audit Fees \$5,063.00

BUDGET JUSTIFICATION EXAMPLE

The agency expends more than \$500,000 in federal awards and must have an A-133 Single Audit. The cost of the 2010 audit was \$6,750. We are estimating the cost to remain the same for 2011. We are allocating 75% of the audit costs to this program because it will be tested as the major program in an A-133 Single Audit.

Liability Insurance

\$5,250.00

The agency's annual insurance cost in 2010 was \$20,000 and we anticipate a 5 percent increase in 2011. The estimated annual cost in 2011 is \$21,000. A cost allocation plan is in place and this grant will be charged 25% of the annual cost.

Lab Fees

\$34,500.00

This includes funds for pap tests, Chlamydia and Gonorrhea testing and other addition lab tests provided to patients. Pap tests are budgeted at \$20,000 for liquid-based pap tests. Historically, 1,042 tests are done annually with a reflex rate of 14%. \$14,000 of this expense will be covered by the Enhancement funds. The other \$6,000 will be covered by the Core services funds. Gonorrhea and Chlamydia tests are run and those costs are covered by the Infertility Prevention Project for patients that meet the CDC guidelines for testing. The additional \$14,500 will be allocated to pay for Chlamydia and Gonorrhea tests for individuals that do not qualify for IPP and other lab tests provided to patients as needed.

Maintenance (Postage machine lease)

\$6,000.00

The agency leases a postage machine. We have estimated the costs based on historical expenses. The WIC program is the only user of this machine.

Media Relations

\$2,100.00

Radio or Print Media will be used to raise awareness to parents and community on effects of <purpose or objective to achieve>. We will be using 156 spots of radio advertisements @ \$16 ea.

Phone Services

\$3,534.96

Our phone usage for the office runs an average of \$227.88/month x 12 months = \$2,734.56/year. This includes our internet & phone usage for the <_____> office. The costs of <organization> owned cell phones is \$66.70/month x 12 months = \$800.40. The Nurses will be issued these phones.

Postage

\$400.00

This cost is for mailing of billings to insurers and patients. It also covers general patient communications for the program. Approximately 76 pieces are mailed each month at \$.44 apiece. Total cost for postage is \$400.

BUDGET JUSTIFICATION EXAMPLE

Rent \$23,000.00

(Rent is an unallowable cost if you own the building.)

This cost is requested to cover the cost of renting space at the Columbus Medical Association Foundation offices for COTS ASPR program staff. The rent is based on a rate of \$17.29 per square foot (from a Grubb & Ellis Columbus Office Market Trends Report) + a pro rata allocation of the building common/ meeting space. Rent cost is \$23,000.

Subscriptions \$146.00

It's essential that staff keep up with the ever-expanding body of genetics and other medical knowledge. Subscriptions to journals and other relevant publications related to clinical genetics will provide access to this vital information and give staff the opportunity to be current in their knowledge. Budget is for renewal of (the journal) "Science".

Supplies \$600.00

Supply Items	Computation	Cost
Office supplies	(\$17/mo. x 12 mo.)	\$200
Medical supplies	(\$33/mo. x 12 mo.)	\$400

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

Medical supplies are needed to service patients of the program such as band aids, alcohol swabs, needles, rubber gloves, paper gowns, hand soap, paper towels, tissue, cleaning supplies, hand sanitizer and cotton balls.

Travel \$3,457.80

In State (\$1,005.00)

Grant Coordinator \$972.40

This person will travel to 5 sites, approximately 6 times each per year, to conduct classroom programming. This travel will include two overnight annual ODH regional meetings (as required in the grant).

Lodging (ODH Annual Training):	\$80/night x 2
Meals (ODH Annual Training):	\$18 (\$12 dinner and \$6 breakfast) x 2

BUDGET JUSTIFICATION EXAMPLE

Meals (ODH Regional Training):	\$9 (Lunch) x 2
Mileage (ODH Annual Training):	193 mi RT x \$0.40/mi = \$77.20
Mileage (ODH Regional Training):	395 mi RT x \$0.40/mi = \$158.00
Mileage (School Presentations):	1308 mi RT x \$0.40/mi = \$523.20

Nurses Mileage \$32.40

Mileage for travel to schools for Nurses is estimated to be 36 visits, 2 miles per trip @ .45/ mile. Our travel reimbursement is \$.51 per mile. We will charge the ODH grant \$.45 and our agency will pay for the \$.06 not covered by the grant.

Out of state (\$2,453)

<Name of Conference> <Location> : <Purpose and objective of Out of state travel> for example, Out of state travel for Nurses to attend required curriculum training (costs not to exceed current state rates).

Mileage to and from Airport 100 miles x \$0.45/mile = \$45

Airport parking \$30/day x 4 days = \$120

Airfare \$300 x 2 people = \$600

Hotel \$155/night x 4 nights x 2 people = \$1240

Per-diem of \$56/day x 4 days x 2 people = \$448

Utilities

\$6,000.00

These include gas, electric, water & sewage and trash removal and costs are based on historical expenses. Utilities are allocated based on actual costs for each location as well as a proportional basis for items that cannot be identified by location.

Total Other Direct Cost

\$90,051.76

EQUIPMENT

File Cabinet

\$350.00

A supply cabinet is needed for the Hospital Incident Liaison in the COTS Emergency Operations Center (EOC). Cabinet will serve as a podium for the Incident Commander (IC) during a disaster as well as central location to maintain Job Action Sheets (JAS), response and resources manuals, as well as activation and communication plans.

BUDGET JUSTIFICATION EXAMPLE

Laptop Computer \$3,000.00

Requesting 2 tablet computers to support the Hospital Incident Liaison operations (HIL) on a 24/7/365 basis. The tablets would enhance the ability of the HIL to set up the COTS Incident Command from a virtual location in the event it is not feasible or prudent to travel. The exact amount of the tablet is undetermined at this point but based on advertised pricing, \$1,500 each is a reasonable estimate.

Total Equipment Cost **\$3,350.00**

CONTRACTS

(Note: Your sub-contractors are required to abide by the same rules and regulations as that of an ODH Subgrantee.)

Clinic (Barix) \$5,000.00

As required we are requesting to provide funding to a free-standing hospital who elects to serve on a 24/7/365 basis as Alternative Care Center in a disaster or emergency situation. The funding shall be used to purchase disaster preparedness supplies, equipment and/ or training to enhance their Emergency Preparedness efforts.

Speaker \$3,000.00

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

Total Contract Cost **\$8,000.00**

Budget Justification Note: When writing your budget justifications use the GMIS budget as a guideline. Each line in your budget must be detailed in the budget justification.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014
Subcontractor Spending Plan Template

APPENDIX G

**Ohio Regional Healthcare System Preparedness Program (HPP)
Subcontractor Spending Plan Template**

July 1, 2013- June 30, 2014

Region

Name of healthcare facility/Contractor

Subgrantee Name

Healthcare facility/Contractor address

STREET

CITY

ZIP

PERSON COMPLETING FORM

DATE SUBMITTED TO RHC

Approved By:

Signature

APPENDIX G

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
 Subcontractor Spending Plan Template

Regional Healthcare Preparedness Program July 1, 2013- June 30, 2014	
Summary Spending	
Do Not Complete - Sums Automatically	
Healthcare System Preparedness	
Preparedness	\$0.00
Healthcare System Recovery	
Recovery	\$0.00
Emergency Operations Coordination	
Emergency Operations Coordination	\$0.00
Fatality Management	
Fatality Management	\$0.00
Information Sharing	
Information Sharing	\$0.00
Medical Surge Support	
Medical Surge Support	\$0.00
Worker Safety and Health	
Worker Safety and Health	\$0.00
Pharmaceutical Cache	
Pharmaceutical Cache	\$0.00
Volunteer Management	
Volunteer Management	\$0.00
TOTAL REQUESTED	\$0.00

Regional Healthcare Preparedness Program Subgrantee Requirements

1. Participate in at least 75% of ODH monthly meetings, both face to face and conference calls, and attend at least 75% of the Statewide Regional Coordinators meetings unless otherwise noted. If the designated RHC is unable to attend, an appropriate delegate must attend.
2. Provide data and information as requested by ODH to assist with the completion of local, state, and federal reports, public information inquiries, and other queries as applicable. Applicant agencies will be responsible for collecting the data and performance measures as identified in the FY13 End-Of-Year HPP Reporting Template. This information will be provided to Awardees once it is available to ODH. Additional data requests will be communicated with subgrantees as it becomes available from HPP/CDC.
3. As directed by ODH, the subgrantee must demonstrate a willingness to collaborate with any vendor under contract with the Ohio Department of Health's Bureau of Health Preparedness, for the conduct of any regional and statewide initiatives under the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Grant.
4. The subgrantee will coordinate with the Ohio Department of Health's Communications Unit for the provision of the Ohio Public Health communication System (OPHCS) and the ODH Multi Agency Radio Communications System (MARCS) trainings for identified ASPR participating hospital personnel within the region, to include tracking of participants and site location.
5. The subgrantee will maintain at least two trained OPHCS Administrators to provide OPHCS administration to hospital users in the funded region. Administration includes but is not limited to adding new users, recycling old users, and password resets.
6. The subgrantee will conduct drills at least once per quarter with all region specific Planning Partners in OPHCS.
7. The subgrantee will submit a copy of meeting minutes from regional Hospital Steering Committee meetings (or the equivalent) to the ODH Program Consultant within 45 days after each meeting.
8. The subgrantee will coordinate with the Ohio Department of Health Healthcare Preparedness Program staff to conduct one announced and one unannounced statewide bed tracking drill using Surgenet during the grant period.
9. The subgrantee will provide hospital representation /guidance/assistance as needed with local, regional and state planning partners for the purpose of developing and supporting local and regional partnerships and coalitions.
10. The subgrantee will update hospital/facility information in the Ohio Public Health Access Network (OPHAN) at least once per quarter during the project period.
11. The subgrantee must conduct at least one announced and one unannounced bed drill with all participating hospitals in the region. AAR/IPs must be submitted to ODH HPP staff

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

- within 30 days of completion of each drill that demonstrates that bed drills were conducted with ASPR participating hospitals in the region. The AAR must indicate which hospitals participated in the drills.
12. The subgrantee will provide a sufficient number of training /training updates to ensure that 100% of ASPR participating hospitals are trained on the awareness, request, and handling of medical material from the State during the project period. Sign in sheets and meeting minutes must be submitted to ODH HPP staff within 30 days of completion of the trainings that identifies which medical facilities received the training.
 13. The subgrantee must submit a signed statement from each of the participating hospitals that confirms that the facility EOP has been updated to include the processes for requesting medical material from the State
 14. The subgrantee will maintain documentation to reflect that 100% of ASPR participating hospitals have updated their Emergency Operations Plans (EOP) by October 1, 2014 to include the process for requesting medical material from the State.
 15. Commit at least a .5 fulltime equivalent (FTE) to project coordination and designate an individual as the Regional Healthcare Coordinator (RHC) to serve as a Point of Contact for ODH.
 16. Ensure that all subcontractors receiving HPP funds complete the HPP Spending Plan template (**Appendix G**).The HPP Spending Plan template must be maintained on file for review by ODH and made available upon request. An Excel copy of the document will be sent via email to successful applicants by July 15, 2013
 17. Include the information in **Appendix M** in all contract agreements made with ASPR participating hospitals
 18. Submit contact information for all ASPR MARCS radio point of contacts for each ASPR participating hospital with the midyear Program Report (**Appendix L**).
 19. Submit the Performance Measure Status Report, (Attachment D) with the application, mid- year and final Program Report.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

Match Requirement for Subgrantees

For fiscal year 2014 (07/1/2013 – 06/30/2014) the Regional Healthcare Coordination subgrantees are required to contribute 10% of their award towards Matching Funds. Each subgrantee is required to submit the “Match Documentation” sheet with their FY14 grant application.

Match Background

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Preparedness and Response
Office of Preparedness and Emergency Operations
Division of National Healthcare Preparedness Programs
Regional Healthcare Preparedness Program
Funding Opportunity Announcement

3.2 Cost Sharing or Matching

Healthcare Preparedness Program (HPP) New Cooperative Agreement (CA) funding must be matched by nonfederal contributions beginning with the distribution of FY09 funds. Nonfederal contributions (match) may be provided directly or through donations from public or private entities and may be in cash or in-kind donations, fairly evaluated, including plant, equipment, or services. Amounts provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of such nonfederal contributions. Awardees will be required to provide matching funds as described:

- For FY09, not less than 5% of such costs (\$1 for each \$20 of federal funds provided in the CA); and
- For any subsequent fiscal year of such CA, not less than 10% of such costs (\$1 for each \$10 of federal funds provided in the CA).

Please refer to 45 CFR § 92.24 for match requirements, including descriptions of acceptable match resources. Documentation of match (including methods and sources) must be included in the FY13 application for funds, follow procedures for generally accepted accounting practices and meet audit requirements. Beginning with FY09, the HHS Secretary may not make an award to an entity eligible for HPP funds unless the eligible entity agrees to make available nonfederal contributions in full as described above.

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

FY 2014 (7/01/2012 – 6/30/2013), Ohio will be required to match 10% of its total ASPR award. ODH will match 10% of its budget and subgrantees will be required to provide 10% of their award amount in matching funds.

FY 2014 (7/01/2013 – 6/30/2014)

Subgrantee	Expected Award Amount	Expected 10% Match Contribution
Northwest	\$1,223,571	\$122,357
Northeast	\$1,468,571	\$146,857
NECO	\$1,663,571	\$166,357
Central	\$1,513,571	\$151,357
West Central	\$933,571	\$93,357
Southwest	\$1,298,571	\$129,857
Southeast	\$863,571	\$86,357
TOTALS	\$8,964,997	\$896,499

Match Source of Funds

ASPR cooperative agreement funding must be matched by nonfederal contributions provided directly to subgrantees or through donations from public or private entities. The nonfederal contributions can be cash dollars or in-kind donations, such as equipment or services. There are specific penalties associated with the match requirement. Subgrantees who cannot meet the matching funds requirement will not be eligible to receive ASPR funding awards. Match is a condition of eligibility – you must meet the match requirement to be funded. Match is not a strictly cash requirement. It can be met 100% through in-kind contributions that are documented.

- Nonfederal contributions may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services.
- Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of such nonfederal contributions.
- Fully document, the specific costs or contributions proposed to meet the matching requirement, the source of funding or contribution, and how the valuation was determined.

Administrative Requirement

Subgrantees must be able to separately account for stewardship of the HPP funds and for any required matching; it is subject to monitoring, oversight, and audit. Matching is calculated on the basis of the subgrantee award amount and is comprised of subgrantee

contributions proposed to support anticipated costs of the project during a specific budget period.

Source Documentation

Subgrantees must be able to fully document the specific costs or contributions proposed to meet the matching requirement, the source of funding or contribution, and how the valuation was determined. Appropriate source documentation does not need to be submitted with the application, but will need to be in place and available for review during an audit and/or monitoring visit. Examples of appropriate source documentation include the General Ledger and may also include the following expenditures in detail:

- Personnel and fringe benefits, certifications, personnel activity reports/time sheets, payroll journals
- Travel – expense reports with receipts, travel log with point to point mileage
- Equipment, reference contract, inventory listing
- Other supplies: invoices, bills, cancelled checks
- Volunteer contributed time: time and activity reports, time sheets, sign in sheets
- Letters of assurance from partners specifying the expenditures

Validation

Subgrantees will be required to submit a validation statement with their End Of year Report specifying how the Match was accounted for and if there was any changes to the Match sources as proposed in the grant application.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

HPP Subgrant Accountability Guidance Document

The Ohio Department of Health requires that successful applicants comply with administrative, fiscal, and programmatic requirements. Subgrantees must demonstrate adherence to all HPP application and reporting deadlines. Failure to submit required HPP program data and reports by ODH deadlines will constitute funding penalties. A failure to submit timely key program and fiscal data hinders ODH's ability to analyze data and submit accountability reports as required to the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR). This affects ODH's ability to accurately reflect Ohio HPP program achievements and barriers to success. The ODH will withhold funding from entities that fail to achieve these requirements. This document provides additional clarification and specification that applies to the HPP program.

Application Scoring

The 2013-2014 grant year application will be competitive. All eligible applications will be scored. Refer to Appendix B.

2013-2014 Grant Funding Withholding

Successful subgrantees are responsible for meeting all program and fiscal standards and deliverables. If a subgrantee does not meet program or fiscal requirements, funding withholding penalties will be applied. Funds withheld from a subgrantee may be awarded to other subgrantees and will not be released later to the subgrantee from whom the funds are withheld. The table in this attachment provides specific examples of penalties.

2014-2015 and Future Funding Withholding

Future funding awards (2014-2015 and beyond) will be based on performance during 2013-2014. Subgrantees that do not meet program standards, fiscal standards, administrative requirements, or performance measures will be subject to withholding of future grant dollars

- **Performance Measure Withholding Benchmarks:** Subgrantees will be required to submit Performance Measure data. The data will be used to determine minimum performance measure standards and benchmarks. Currently, HPP has not identified specific Performance Measures that may subject States to Withholding for HPP funds. However, this may change upon federal notification and the information will be shared with subgrantees.
- **Fiscal Withholding Benchmarks:** Subgrantees are required to submit Fiscal reports on time and according to GAPP standards. Not meeting these benchmarks will jeopardize funding.
 - Quarterly and Final Expenditure Reports not submitted by due date
 - Quarterly and Final Expenditure Reports not submitted according to GAPP standards
 - Late return of unspent funds

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

HPP Subgrant Accountability Guidance Document

- **Program Withholding Benchmarks:** Subgrantees are required to submit Fiscal reports on time and according to GAPP standards. Not meeting these benchmarks will jeopardize funding.
 - Mid-Year Program Progress Reports not submitted by due date
 - Mid-Year Program Progress Reports not submitted according to program standards. The mid-year program reports will be used as part of the “application score” in future year funding decisions.

Funding Penalties

If a subgrantee demonstrates poor performance or lack of compliance with fiscal or program standards and reporting deadlines, the ODH will make the following decisions as detailed in the accountability grid:

- Hold quarterly payment until problem is remedied
- Reduce quarterly payment
- Cut subsequent year’s grant award by 1% (per infraction, can be cumulative up to 10%)
- Not fund subsequent year
- Identify subgrantee as ineligible for any supplemental funds
 - All unspent funds are returned on time (as evidenced by not being certified to the Attorney General during the FY 10 and FY11 grant years).

Application Scoring Results:

- 80-100 percent: No Risk: Subgrantees will be funded. Subgrantees will be required to comply with all special conditions; and comply with all programmatic and fiscal reporting requirements.
- 70-80 percent: At Risk: Subgrantees will be funded. Subgrantees will be required to submit an improvement plan to address low scored items. A corrective action plan will be developed in conjunction with the subgrantee. Subgrantee will need to remedy the concerns or quarterly payments will be held. A “high risk” monitoring visit will be conducted by ODH within the first half of the grant year.
- 0-70 percent: Subgrantees will not be funded.

Plan Regarding Unfunded County

If there is no successful applicant in a region – the ODH will consider these options:

- Re-bid or re-open the RFP so surrounding health jurisdictions or regional coordinating subgrantees can apply to address HPP deliverables for that region. Unsuccessful applicants will be ineligible to participate in the re-bidding process.
- ODH contracts with local EMA to complete some of the planning activities
- ODH contracts with a vendor (at the state level) to provide some of the planning activities

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014

HPP Subgrant Accountability Guidance Document

2013-2014 Grant Funding Withholding

Successful subgrantees are responsible for meeting all program and fiscal standards and deliverables. If a subgrantee does not meet program or fiscal requirements, funding withholding penalties will be applied. The table in this attachment provides specific examples of penalties. Funds withheld from a subgrantee may be awarded to other subgrantees and will not be re-released to the subgrantee from whom the funds were withheld.

Withholding Penalties for 2013-2014

Withholding Penalty	Withholding Benchmark
1%	Not submitting Performance Measure Data on time to ODH. (due with EOY program report 7/15/13)
1%	Not submitting End of Year Progress Report on time to ODH (due 7/15/13)
1%	Not submitting the Fourth Quarter Expenditure Report on time to ODH (due 7/15/13)
1%	Not submitting the Final Expenditure Report on time to ODH (due 8/15/13)

** Withholding Penalties are cumulative; subgrantees may be subjected to a total 4% cut in their grant award*

** Subgrantees may request extensions (up to 10 days). Requests must be submitted before the report due date.*

Requests will be reviewed/approved on an individual basis.

2014-2015 and Future Funding Withholding

Future funding awards (2014-2015 and beyond) will be based on performance during 2013-2014. Subgrantees that do not meet program standards, fiscal standards, administrative requirements, or performance measures will be subject to withholding of future grant dollars

- **Performance Measure Withholding Benchmarks:** Subgrantees will be required to submit Performance Measure data with their end of year report in 2013. These data will be used to determine minimum performance measure standards and benchmarks. Not meeting these performance measure benchmarks will jeopardize future funding (TBA) when the CDC/HPP develops minimum benchmark requirements.
- **Fiscal Withholding Benchmarks:** Subgrantees are required to submit Fiscal reports on time and according to GAPP standards. Not meeting these benchmarks will jeopardize funding.
 - Quarterly and Final Expenditure Reports not submitted by due date
 - Quarterly and Final Expenditure Reports not submitted according to GAPP standards

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

HPP Subgrant Accountability Guidance Document

- Late return of unspent funds
- **Program Withholding Benchmarks:** Subgrantees are required to submit Fiscal reports on time and according to GAPP standards. Not meeting these benchmarks will jeopardize funding.
 - Mid-Year Program Progress Reports not submitted by due date
 - Mid-Year Program Progress Reports not submitted according to program standards. The mid-year program reports will be used as part of the “application score” in future year funding decisions.

Possible Funding Penalties

If a subgrantee demonstrates poor performance or lack of compliance with fiscal or program standards and reporting deadlines, the ODH will make the following decisions (Detailed in the accountability grid):

- Hold quarterly payment until problem is remedied
- Reduce quarterly payment
- Cut subsequent year’s grant award by 1% (per infraction, can be cumulative up to 10%)
- Not fund subsequent year
- Identify subgrantees ineligible for any supplemental funds

APPENDIX J

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
 SubGrant Accountability Grid

Issue	Result/Consequence									
	Courtesy Call from ODH Program Consultant	Technical Assistance Call from ODH Program Consultant	ODH documents conversation in GMIS	ODH Program Consultant sends email to subgrantee Project Director	ODH HPP Supervisor sends email to subgrantee Agency Head	Special Condition is placed on subgrantee	Quarterly Payment is withheld	Supplemental (if applicable) is not received	Future funding is cut by 10%	Future funding is cut – no funding is awarded in subsequent year
Poor Program Performance (minor)	--	X	X	X	--	--	--	--	--	--
Poor Program Performance (major)	--	X	X	X	1 st	--	--	--	--	--
Not submitting Performance Measure data on time	X	X	X	X	X	--	1 st	--	--	--
Not meeting standards for Performance Measures (once established)	X	X	X	X	X	--	1 st	--	2 nd	3 rd
Not submitting program reports (special requests from ODH)	X	X	X	X	1 st	2 nd	--	--	--	--
Not submitting required program reports (MY & EOY) on time	X	X	X	X	X	1 st	2 nd	--	--	--

APPENDIX J

Regional Healthcare Preparedness Program
 Grant Period: July 1, 2013 - June 30, 2014
 SubGrant Accountability Grid

Result/Consequence										
Issue	Courtesy Call from ODH Program Consultant	Technical Assistance Call from ODH Program Consultant	ODH documents conversation in GMIS	ODH Program Consultant sends email to subgrantee Project Director	ODH HPP Supervisor sends email to subgrantee Agency Head	Special Condition is placed on subgrantee	Quarterly Payment is withheld	Supplemental (if applicable) is not received	Future funding is cut by 10%	Future funding is cut – no funding is awarded in subsequent year
Not submitting quarterly expenditure reports on time	X	--	X	X	X	--	1 st	1 st	--	--
Not submitting fiscal reports according to GAPP & ODH standards	X	--	X	X	X	--	1 st	1 st	2 nd	--
Not submitting final expenditure report on time	X	X	X	X	X	--	1 st	1 st	2 nd	3 rd
Not returning unspent dollars by due date	X	X	X	X	X	--	1 st	1 st	1 st	2 nd
Not responding to Special Conditions timely	X	X	X	X	X	--	1 st	1 st	--	--

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

ODH Exercise Guidance

By June 30, 2014, the subgrantee will conduct at least one functional or full scale exercise that tests capabilities as defined in the 2012-2013 ASPR grant guidance. This information may be updated with the 2013-2014 Federal Funding Opportunity Announcement.

Evaluation Measures:

- At least one functional or full scale exercise AAR/IP is submitted to ODH by July 15, 2014 which meets the following criteria:
 - Exercise includes capabilities as defined in the “Healthcare Preparedness Capabilities” document training and exercise schedule. Not all capabilities must be tested in the same exercise.
 - The AAR/IP is HSEEP compliant
 - The AAR/IP documents which hospitals participated in the exercise
 - An AAR/IP is submitted which documents the names of at least two Tier 2 partners and the length of time sustained two-way communication capability was tested by ASPR participating hospitals in the region

The phrase “...that tests capabilities as defined in the 2012-2013 ASPR grant guidance” clarification can be found in the HPP/PHEP Cooperative Agreement Funding Opportunity Announcement for BP1, Appendix 11 (page 231). The FOA defines the following required capabilities:

- Information Sharing
- Emergency Operations Coordination
- One additional HPP capability

Subgrantees are encouraged to develop joint exercises to meet multiple requirements from agencies receiving federal funds for preparedness exercises, and meet multiple requirements from the HPP to minimize the burden on exercise planners and participants.

The key pieces: 1) All HPP hospitals participate in at least one state level or sub-state regional functional or full scale exercise during the project period; 2) All HPP Capabilities are tested in a functional or full scale exercise in each region during the project period; 3) One functional or full scale exercise that tests the required HPP Capabilities is conducted in each region during July 1, 2013 – June 30, 2014. Exercises conducted in the 2012-2013 project period will count towards these requirements.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

ODH Exercise Guidance

Questions and Answers:

Q1. Can we conduct a functional OR Full Scale Exercise? Is a functional exercise the minimum requirement?

A1. Either a functional or full scale exercise will meet the requirement.

Q2. Do we technically only have to conduct one exercise within the five year period as long as it meets the objectives?

A2. No. Each subgrantee must demonstrate (by submitting and AAR/IP) that a functional or full scale exercise involving hospital(s) was conducted in FY14 (July 1, 2013 – June 30, 2014).

Q3. The period referenced starts with FY13 and goes until FY17. Must all regional hospitals participate in one of these exercises every five years? Is there a minimum requirement on how many hospitals have to participate in each exercise?

A3. The project period is July 1, 2013 – June 30, 2017. The subgrantee must demonstrate that all HPP participating hospitals participate in at least one regional functional or full-scale exercise during the five year project period. There is no minimum requirement for the number of hospitals that participate in each exercise. Exercises conducted in 2012-2013 will count towards this requirement.

Q4. Does our region have to test ALL of the healthcare preparedness capabilities as long as they are all covered with the state, within the project period? Is the responsibility to “implement rotation strategies across the five budget periods...” the states, not ours?

A4. During the project period, all regions are to test all healthcare preparedness capabilities with a functional or full scale exercise. There is no minimum requirement for the number of hospitals that must participate in one exercise. The rotation strategy and planning must be done on the regional/level.

Regional Healthcare Preparedness Program

Grant Period: July 1, 2013 - June 30, 2014

Q5. Does the exercise in our region have to include Capability 6, Capability 4 and one other capability of our choice?

A5. Yes. Your region must conduct a functional or full scale exercise in July 1 2013-June 30, 2014 that tests Information Sharing, Emergency Operations Coordination, and one additional HPP capability.

Q6. In our region, one of our Local EMA's is taking the lead to do a LEPC exercise. The players (so far) include 2 local hospitals, 2 local health departments, and local public safety agencies. The functional exercise is scheduled for November 14, 2013. They will be testing the following capabilities: 1) Communications; 2) Information Sharing; 3) Emergency Operations Coordination; 4) and Fatality Management. The LEMA is the lead for the exercise, but the two hospitals will be exercise players. The AAR/IP should be finished and submitted to ODH by February 2013. Can this meet our functional/full scale requirement for FY14?

Q6. Yes.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

HPP Requirements for ASPR Participating Hospitals

1. The participating hospital is registered under Ohio Revised Code 3701.07 as a general, specialty heart, pediatric, or specialty pediatric burns hospital
2. A previously funded ASPR hospital that has participated actively in regional planning activities, as evidenced by attending not less than 75% of the regional hospital planning meetings, during FY13. This does not apply to a hospital that previously was not an ASPR hospital.
3. The ASPR participating hospital has completed a self-assessment for disaster preparedness that is Joint Commission compliant (or the equivalent)
4. The ASPR participating hospital has designated a 24/7 point of contact for disaster preparedness/emergency management
5. The ASPR participating hospital must function under an Incident Command System (ICS) with the Hospital Incident Command System (HICS) being the preference.
6. The ASPR participating hospital agrees to maintain existing MARCS radios purchased with ASPR funds and to ensure they are operational with the Ohio Department of Health MARCS system. Any newly added hospital to the APSR program must order and budget for MARCS equipment that will be programmed to be fully functional with the Ohio Department of Health MARCS system. Procedures for the servicing of the ODH MARCS equipment will be provided at the beginning of the project period to participating hospitals through the RHC.
7. The ASPR participating hospital agrees to maintain a current point of contact for the ODH MARCS equipment and communicates this information to the ODH Communications Unit staff.
8. The ASPR hospital agrees to maintain existing ODH equipment purchased with ASPR funding for the purpose of meeting previously established ASPR critical benchmarks.
9. The ASPR hospital is willing and able to participate in all designated statewide tracking systems as identified by ODH. This would include but is not limited to Surgenet.org, OHTrac and the statewide resource tracking system, and participate in scheduled trainings and drills for the designated systems as applicable. ASPR funds may be utilized to ensure hospital participation, training, and exercising on any of the local, regional and statewide systems.
10. The ASPR hospital is willing and able to participate in all designated statewide interoperable communications systems according to their facility level and/or regional hospital response plans. This would include systems such as the MARCS and the Ohio Public Health Communications System (OPHCS). The hospital agrees to participate in scheduled trainings and exercises for these systems as applicable. ASPR funds may be utilized to ensure hospital participation, training, and exercising on any of the local, regional and statewide systems.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

HPP Requirements for ASPR Participating Hospitals

11. The ASPR hospital agrees to participate in OPHCS by maintaining at least one individual to fulfill the established directory roles (PIO, Infection Control Practitioner and Preparedness).
12. The ASPR hospital agrees that all trained OPHCS users demonstrate the ability to verify their profile (resave) and change their password by logging onto OPHCS every 60 days.
13. The ASPR hospital agrees to maintain at least two licensed users. All users must confirm receipt of all OPHCS high alerts within 60 minutes, medium alerts within 24 hours, and low level alerts within 72 hours as per CDC guidelines as evidenced by ODH data management reports. Additionally, all three roles must be filled.
14. The ASPR hospital agrees to maintain a minimum 75% response rate according to ODH scheduled MARCS radio checks.
15. The ASPR hospital agrees to provide summary information regarding the number and type of exercises that the hospital has participated in on a county, regional and state level during 2012/13 if applicable and agree to provide future updates regarding exercise participation at the county, regional, and state level during the funded year.
16. The ASPR hospital agrees to provide a written statement ensuring that the hospital is NIMS compliant to the best of its knowledge base on the eleven NIMS elements as defined by ASPR. This statement must be maintained by the subgrantee and made available upon request by ODH. The ASPR hospital must be able to track facility compliance with NIMS activities and report on the activities. Information regarding the status of NIMS compliance for each of the 11 elements for each ASPR participating hospital will be gathered for the HPP End of Year Report.
17. The ASPR hospital agrees to provide representation to participate in planning, training, and exercise activities of the Regional Healthcare Coalition.

Any hospital that is not NIMS compliant at the time of the application must receive written approval from ODH prior to the expenditure of any funds to that hospital. If the hospital is not NIMS compliant, a timeline and action steps to be taken to ensure compliance by June 30, 2014 must be submitted ODH prior to the distribution of funds to that facility. The timeline and action steps must be maintained by the subgrantee and made available upon the request of ODH. It is not necessary to submit the timeline and action steps with the application.

Regional Healthcare Preparedness Program
Grant Period: July 1, 2013 - June 30, 2014

HPP Requirements for ASPR Participating Hospitals

No contractual agreements may be made with, nor funding provided to, a healthcare facility that does not agree to:

1. Provide representation to participate in planning, training, and exercise activities of the Regional Healthcare Coalition
2. Participate in regional MARCS drills if the facility possesses and ASPR funded MARCS radio and maintain a 75% response rate for the project period for drills conducted at the regional level
3. Provide written assurance that the facility is working towards NIMS compliance.
4. Maintains documentation for HPP funded purchases and activities
5. Submits the HPP Program Spending template to the RHC
6. Provide representation to assist the Regional Healthcare Coalition for planning and response activities.