

Program Element #09: Public Health Emergency Preparedness Program (PHEP)
Ebola Supplement 2

1. Description and Purpose.

- a. Funds provided under this Agreement to Local Public Health Authorities (LPHA) for Program Element (PE) 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2 may only be used in accordance with, and subject to, the requirements and limitations set forth in this PE 09.
- b. PHEP Ebola Supplement 2 funding is targeted to address one or more of the following Public Health Preparedness Capabilities:
 - (1) Community Preparedness (Capability 1),
 - (2) Public Health Surveillance and Epidemiological Investigation (Capability 12),
 - (3) Public Health Laboratory Testing (Capability 13),
 - (4) Non-Pharmaceutical Interventions (Capability 11),
 - (5) Responder (Worker) Safety and Health (Capability 14),
 - (6) Emergency Public Information and Warning (Capability 4),
 - (7) Information Sharing (Capability 6), and
 - (8) Medical Surge (Capability 10).

2. Definitions Relevant to PHEP and Ebola Supplement 2.

- a. Budget Period: Budget Period is defined as the intervals of time into which a multi-year project period is divided for budgetary/funding purposes. For purposes of this Program Element, Budget Period is July 1, 2015 through June 30, 2016. The funding period for the PHEP Ebola Supplement is 18 months. (Fiscal Year (FY) 2015 (04/15-06/15), FY 2016 (07/15-06/16), and FY 2017 (07/16-09/16)).
- b. CDC: the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- c. CDC Public Health Capabilities: as described online at:
<http://www.cdc.gov/phpr/capabilities/>
- d. Health Security, Preparedness and Response (HSPR): A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American tribes to develop plans and procedures to prepare Oregon to respond to, mitigate, and recover from public health emergencies.
- e. Public Health Emergency Preparedness (PHEP): local public health systems designed to better prepare Oregon to respond to, mitigate, and recover from, public health emergencies.

- 3. General Requirements.** All of LPHA's PHEP Ebola Supplement 2 services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:

- a. Non-Supplantation. Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
- b. Use of Funds. Funds awarded to LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities (Community Preparedness, Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing, Non-Pharmaceutical Interventions, Responder Safety and Health, Emergency Public Information and Warning/Information Sharing, and Medical Surge) in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element Description. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the HSPR liaison and receive final approval by OHA HSPR.
- c. Conflict between Documents. In the event of any conflict or inconsistency between the provisions of the PHEP Ebola Supplement 2 work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
- d. Work Plan. LPHA shall implement its Ebola Supplemental Fund activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1

4. Work Plan. PHEP work plans must be written with clear and measurable objectives with timelines and include:

- a. At least three broad program goals that address gaps and guide work plan activities. These can be the same as those outlined in Program Element (PE) #12 “Public Health Emergency Preparedness (PHEP)” as related to Ebola.
- b. Any of the following:
 - i. Planning activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - ii. Training and Education in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - iii. Exercises in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - iv. Community Education and Outreach and Partner Collaboration in support of any of the 8 CDC PHP Capabilities listed in 1(b).
 - v. Administrative and Fiscal activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).

5. Budget and Expense Reporting.

- a. Proposed Budget for Award Period (July 1, 2015 – June 30, 2016). Using the Proposed Budget Template set forth as Attachment 1, Part 1 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 1, 2015**, a budget, based on actual award amounts, detailing

LPHA's expected costs to operate its PHEP Ebola Supplement 2 program during the FY 16 award period.

- b.** Actual Expense to Budget for FY 16 Award Period. Using the Actual Expense to Budget Template set forth as Attachment 1, Part 2 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 15, 2016** the actual expenses for operation of its PHEP Ebola Supplement 2 program during the FY 16 award period.
- c.** Formats other than the proposed budget and expense to budget templates set forth in Attachment 1 to this PE will not satisfy the reporting requirements of this Program Element Description.
- d.** All capital equipment purchases of \$5,000 or more using PHEP Ebola Supplemental 2 funds will be identified under the "Capital Equipment" line item category.

ATTACHMENT 1
TO PROGRAM ELEMENT #09 - PART 1: PROPOSED BUDGET TEMPLATE
PE 09 Preparedness Program Ebola Supplement 2 FY 2016

_____ County

July 1, 2015 - June 30, 2016

	Proposed		Actual	12 Mos Total
PERSONNEL			Subtotal	\$0.00
	Annual Salary	% FTE		
<i>(Position Title and Name)</i>	\$0	0.00%		\$0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
	\$0	0.00%		\$0
	\$0	0.00%		\$0
Fringe Benefits @ ()% of describe rate or method				\$0
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	\$0			\$0
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			\$0
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)				\$0
				\$0
				\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)				\$0
	\$0			\$0
	\$0			\$0
CONTRACTUAL (list each Contract separately and provide a brief description)				\$0
				\$0
				\$0
OTHER				\$0
	\$0			\$0
	\$0			\$0
	\$0			\$0
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ ____% of Direct Expenses:	\$0			\$0
TOTAL BUDGET:				\$0

Date, Name and phone number of person who prepared budget

ATTACHMENT 1
TO PROGRAM ELEMENT #09 - PART 2: ACTUAL EXPENSE TO BUDGET TEMPLATE
PE 09 Preparedness Program Ebola Supplement 2 FY 2016

_____ County

Period of the Report July 1, 2015-June 30, 2016)

	Budget	Expense to date	Variance
PERSONNEL			
Salary (Administrative & Support Staff)	\$0		\$0
Fringe Benefits	\$0		\$0
TRAVEL			
In-State Travel:	\$0		\$0
Out-of-State Travel:	\$0		\$0
CAPITAL EQUIPMENT	\$0		\$0
SUPPLIES	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT	\$0		\$0
TOTAL:	\$0	\$0	\$0

Date, name and phone number of person who prepared expense to budget report

Notes:

ATTACHMENT 2
TO PROGRAM ELEMENT #09

Part 1 - Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

For grant cycle: July 1, 2015 – June 30, 2016

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your PHEP liaison.

WORKPLAN CATEGORIES: Only complete those categories that you plan to address with the Ebola Supplemental Funds

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed. These can be the same as the PE12 goals in relation to Ebola.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.

COLUMN DESCRIPTION EXAMPLE:

CDC Cap. #s	Planning Objective	Planned Activity	Date Completed	Actual Outcome	Notes
12	By October 15, 2015, LPHA increases CD health capacity by increasing the Health Officer's hours in order to capture subject matter expertise and leadership around ID.	Build staffing plan and increase hours for Health Officer around CD duties and ID planning.	10/15/15	Increased by 5 hours a month, subject matter expertise around CD and ID planning efforts as well as increased ability to respond to ID and CD events.	

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the FY16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

Part 2 - Work Plan Template

Oregon HSPR Public Health Emergency Preparedness Program

_____ Public Health Preparedness Program
Ebola Supplemental 2

Goal 1:
Goal 2:
Goal 3:

Ongoing and Goal Related Ebola Supplemental 2 Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
CDC Cap. #s	PLANNING	Due Date	Notes
CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes

CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes