

## **Program Element #12: Public Health Emergency Preparedness (PHEP) Program**

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below to deliver the Public Health Emergency Preparedness (PHEP) Program.

The PHEP Program shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.

Emergency Preparedness and Response is one of the seven foundational capabilities described in the Oregon Public Health Modernization Manual. The foundational capabilities are needed for governmental public health to meet its charge to improve the health of everyone in Oregon. The vision for this foundational capability is as follows: A healthy community is a resilient community that is prepared and able to respond to and recover from public health threats and emergencies.<sup>1</sup>

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

### **2. Definitions Relevant to PHEP Programs Specific to Public Health Emergency Preparedness.**

- a. **Access and Functional Needs:** Access and Functional Needs Populations are defined as those whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities,<sup>2</sup> live in institutionalized settings, are elderly, are children, are from diverse cultures, have limited English proficiency or are non-English speaking, or are transportation disadvantaged.
- b. **Base Plan:** A plan that is maintained by LPHA, describing fundamental roles, responsibilities and activities performed during preparedness, mitigation, response and recovery phases. This plan may be titled as the Emergency Support Function #8, an annex to the County Emergency Operations Plan, Public Health All-Hazards Plan, or other title that fits into the standardized county emergency preparedness nomenclature.
- c. **Budget Period:** The intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, Budget Period is July 1 through June 30.
- d. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- e. **CDC Public Health Emergency Preparedness and Response Capabilities:** The 15 capabilities developed by the CDC to serve as national public health preparedness standards for state and local planning.<sup>3</sup>
- f. **Due Date:** If a Due Date falls on a weekend or holiday, the Due Date will be the next business day following.
- g. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency, 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local HAN administrators.

- h. **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 (Tribes) to develop public health systems to prepare for and respond to major threats, acute threats, and emergencies that impact the health of people in Oregon.
- i. **Health Care Coalition (HCC):** A health care coalition (HCC) as a coordinating body that incentivizes diverse and often competitive health care organizations and other community partners with differing priorities and objectives and reach to community members to work together to prepare for, respond to, and recover from emergencies and other incidents that impact the public’s health.
- j. **Medical Countermeasures (MCM):** Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS material. SNS program support includes vendor managed inventory (VMI) and Federal Medical Stations.
- k. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity.<sup>5</sup>
- l. **Public Information Officers (PIOs):** The communications coordinators or spokespersons for governmental organizations.
- m. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of tribal, state, local and territorial public health departments.<sup>6</sup>
- n. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from emergencies with public health impacts.
- o. **Public Health Preparedness Capability Surveys:** A series of surveys sponsored by HSPR for capturing information from LPHAs for HSPR to report to CDC.

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in Oregon’s Public Health Modernization Manual,<sup>1</sup> ([http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\\_health\\_modernization\\_manual.pdf](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)) as well as with public health accountability outcome and process metrics (if applicable) as follows:

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

				Population Health	Direct services							
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>						<i>X = Foundational capabilities that align with each component</i>						
<i>X = Other applicable foundational programs</i>												
Planning	X	X	X	X		X	X	X	X	X	X	X
Partnerships and MOUs	X	X	X	X		X	X	X	X	X	X	X
Surveillance and Assessment	X	X	X	X		X	X	X	X	X	X	X
Response and Exercises	X	X	X	X		X	X	X	X	X	X	X
Training and Education	X	X	X	X		X	X	X	X	X	X	X

**Note: Emergency preparedness crosses over all foundational programs.**

- b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:** Not applicable
- c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:** Not applicable

**4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a.** Engage in activities as described in its approved PHEP workplan and multi-year training and exercise plan (MYTEP), which are due to OHA HSPR on or before August 15 and which has been approved by OHA HSPR by September 15. LPHA must use the PHEP Work Plan Template Instructions and Guidance which is set forth in Attachment 1, incorporated herein with this reference.
- b.** Use funds for this Program Element in accordance with its approved PHEP budget, which is due to OHA HSPR on or before August 15 and which has been approved by OHA HSPR by September 15. LPHA must use the PHEP Budget Template which is set forth in Attachment 2, incorporated herein with this reference. Modifications to the budget exceeding \$5,000 require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.

(1) **Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

(2) **Non-Supplantation.** Funds provided under this Agreement for this Program Element must not be used to supplant state, local, other non-federal, or other federal funds.

(3) **Public Health Preparedness Staffing.** LPHA must identify a PHEP Coordinator who is

directly funded from PHEP grant. LPHA staff who receive PHEP funds must have planned activities identified within the approved PHEP workplan. The PHEP Coordinator will be the OHA's chief point of contact related to program issues. LPHA must implement its PHEP activities in accordance with its approved PHEP workplan.

- (4) **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Emergency Preparedness and Response Capabilities in accordance with an approved PHEP budget using the template set forth as Attachment 2 to this Program Element. Modifications to the budget exceeding \$5,000 require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.
- (5) **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the approved PHEP Work Plan or PHEP Budget and the provisions of this Agreement, this Agreement shall control.

**c. Statewide and Regional Coordination:** LPHA must coordinate and participate with state, regional, and local partners as follows:

- (1) Attendance by LPHA leadership, PHEP coordinator, or other staff involved in preparedness activities is strongly encouraged at one of the HSPR co-sponsored preparedness conferences, which includes the Oregon Epidemiologists' Meeting (OR-Epi) and the Oregon Prepared Conference.
- (2) Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.
- (3) Participation in a minimum of 75% of the regional or local HCC meetings.<sup>7</sup>
- (4) Participation and planning at the local level in all required statewide exercises, including the Statewide MCM Dispensing and Distribution full scale exercises.<sup>10</sup>
- (5) Participation in a minimum of 75% of statewide HSPR-hosted monthly conference calls for LPHAs and Tribes.
- (6) Participation in activities associated with local, regional, or statewide emerging threats or incidents as identified by HSPR or LPHA that includes timely assessment and sharing of essential elements of information for identification and investigation of an incident with public health impact, <sup>9, 18, 21</sup> as agreed upon by HSPR and the CLHO Emergency Preparedness and Response subcommittee.
- (7) Work to develop and maintain a portfolio of community partnerships to support preparedness, mitigation, response and recovery efforts.<sup>1, 14</sup> Portfolio must include viable contact information from community sectors as defined by the CDC: business; community leadership; cultural and faith-based groups and organizations; emergency management; healthcare; human services; housing and sheltering; media; mental/behavioral health; office of aging or its equivalent; education and childcare settings.<sup>12</sup>

**d. Public Health Preparedness Capability Survey:** LPHA must complete all applicable Public Health Preparedness Capability Survey(s) sponsored by HSPR by December 1 each year or applicable Due Date based on CDC requirements.<sup>1, 8</sup>

**e. PHEP Work Plan:** PHEP Work Plans must be written with clear and measurable objectives in support of the CDC Public Health Emergency Preparedness and Response Capabilities with timelines and include:

- (1) At least three broad program goals that address gaps, operationalize plans, and guide PHEP work plan activities.

- (a) Planning
  - (b) Training and education
  - (c) Exercises.
  - (d) Community Education and Outreach and Partner Collaboration.
  - (e) Administrative and Fiscal activities.
- (2) Activities will include or address persons with Access and Functional Needs.
- (3) Local public health leadership will review and approve PHEP workplans.
- f. PHEP Workplan Performance:** LPHA must complete activities in their HSPR approved PHEP workplans by June 30 each year. If LPHA completes fewer than 75% of the non-fiscal and non-administrative planned activities in its PHEP Work Plan for two consecutive years, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Work completed in response to a HSPR-required exercise, a response to an uncommon disease outbreak, or other uncommon event of significance that requires an LPHA response and is tied to the CDC Public Health Emergency Preparedness and Response Capabilities may, upon HSPR approval, be used to replace PHEP Work Plan activities interrupted or delayed.
- g. 24/7/365 Emergency Contact Capability.**
  - (1) LPHA must establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area. [9](#), [15](#), [16](#)
  - (2) The contact number must be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites and social media pages. It is acceptable for the publicly listed phone number to provide after-hours contact information by means of a recorded message. LPHA must list and maintain both the switchboard number and the 24/7/365 numbers on the HAN. [1](#), [9](#), [15](#), [16](#)
  - (3) The telephone number must be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven-digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their 911 system in this process, but the eleven-digit telephone number of the local 911 operators must be available for callers from outside the locality. [1](#), [9](#), [15](#), [16](#)
  - (4) The LPHA telephone number described above must be answered by a knowledgeable person with the ability to properly route the call to a local public health administrator or designee.
  - (5) An LPHA official must respond within 60 minutes, to calls received on 24/7/365 telephone number, during statewide communication drills and quarterly tests. [13](#)
  - (6) Quarterly test calls to the 24/7/365 telephone line will be conducted by HSPR program staff.
- h. HAN**
  - (1) A HAN Administrator must be appointed for LPHA and this person's name and contact information must be provided to the HSPR liaison and the State HAN Coordinator. [1](#), [9](#), [15](#)
  - (2) The HAN Administrator must:
    - (a) Agree to the HAN Security Agreement and State of Oregon Terms and Conditions.

- (b) Complete appropriate HAN training for their role.
- (c) Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
- (d) Act as a single point of contact for all LPHA HAN issues, user groups, and training.
- (e) Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).
- (f) Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
- (g) Ensure participation in OHA Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA HAN system roles via alert confirmation for: Health Officer, Communicable Disease (CD) Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour. [13](#)
- (h) If LPHA population is greater than 10,000, initiate at least one local HAN call down exercise/ drill for LPHA staff annually. If LPHA population is less than 10,000, demonstrate through written procedures how public health staff and responding partners are notified during emergencies.
- (i) Perform general administration for all local implementation of the HAN system in their respective organizations.
- (j) Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
- (k) Facilitate in the development of the HAN accounts for new LPHA users.
- (l) Participate in HAN/HOSCAP Administrator conference calls as appropriate.

**i. Multi-Year Training and Exercise Plan (MYTEP):** LPHA must annually submit to HSPR on or before August 15, an updated MYTEP as part of their annual workplan update. [1](#), [7](#), [8](#), [10](#), [15](#) The MYTEP must meet the following conditions:

- (1) Demonstrate continuous improvement and progress toward increased capability to perform functions and tasks associated with the CDC Public Health Emergency Preparedness and Response Capabilities.
- (2) Include priorities that address lessons learned from previous exercises events, or incidents as described in the LPHA's After Action Reports (AAR)/ Improvement Plans (IP).
- (3) LPHA must work with Emergency Management, local health care partners and other community partners to integrate exercises and align MYTEPs, as appropriate.
- (4) Identify at least two exercises per year if LPHA's population is greater than 10,000 and one exercise per year if LPHA's population is less than 10,000.
- (5) Identify a cycle of exercises that increase in complexity over a three-year period, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full-scale exercises); exercises of similar complexity are permissible within any given year of the plan.
- (6) A HSPR-required exercise, a response to an uncommon disease outbreak, or other uncommon event of significance that requires an LPHA response and is tied to the CDC Public Health Emergency Preparedness and Response Capabilities may, upon HSPR



approval, be used to satisfy exercise requirements.

- (7) For an exercise or incident to qualify, under this requirement the exercise or incident must:
- (a) **Exercise:**  
LPHA must:
- Submit to HSPR Liaison 30 days in advance of each exercise an exercise notification that includes a description of the exercise, exercise objectives, CDC Public Health Emergency Preparedness and Response Capabilities addressed, a list of invited participants, and a list of exercise planning team members.
  - Involve two or more participants in the planning process.
  - Involve two or more public health staff and/ or related partners as active participants.
  - Submit to HSPR Liaison an After Action Report/ Improvement Plan within 60 days of every exercise completed.
- (b) **Incident:**  
During an incident LPHA must:
- Submit LPHA incident objectives or Incident Action Plan to HSPR Liaison within 48 hours of receiving notification of an incident that requires an LPHA response.
  - Submit to HSPR Liaison an After Action Report/Improvement Plan within 60 days of every incident or public health response completed.
- (8) LPHA must coordinate exercise design and planning with local Emergency Management and other partners for community engagement,<sup>1</sup> as appropriate.
- (9) Staff responsible for emergency planning and response roles must be trained for their respective roles consistent with their local emergency plans and according to CDC Public Health Emergency Preparedness and Response Capabilities,<sup>13</sup> the Public Health Accreditation Board, and the National Incident Management System.<sup>5</sup> The training portion of the plan must:
- (a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law.
- (b) Identify and train appropriate LPHA staff<sup>17</sup> to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- j. Maintaining Training Records:** LPHA must maintain training records that demonstrate NIMS compliance for all local public health staff with emergency response roles .<sup>11</sup>
- k. Plans:** LPHA must maintain and execute emergency preparedness procedures and plans as a component of its jurisdictional Emergency Operations Plan.
- (1) LPHA must establish and maintain at a minimum the following plans:<sup>22, 25</sup>:
- (a) Base Plan.
- (b) Medical Countermeasure Dispensing and Distribution (MCMDD) plan.<sup>1, 8, 10, 15, 19, 20, 25</sup>

- (c) Continuity of Operations Plan (COOP)<sup>1, 4, 15</sup>
  - (d) Communications and Information Plan.<sup>16</sup>
- (2) All plans, annexes, and appendices must:
- (a) Be updated whenever an After Action Report improvement item is identified as requiring a change or biennially at a minimum,
  - (b) Address, as appropriate, the CDC Public Health Emergency Preparedness and Response Capabilities based on the local identified hazards,
  - (c) Be functional and operational by June 30, 2022,<sup>8, 10, 24</sup>
  - (d) Comply with the NIMS,<sup>5, 23</sup>
  - (e) Include a record of changes that includes a brief description, the date, and the author of the change made, and
  - (f) Include planning considerations for persons with Access and Functional Needs.

## I. COVID-19

- (1) LPHA must:
- (a) Submit a budget plan and narrative within 30 days of receiving award. Refer to PE 12-02 budget guidance document for terms and conditions.
  - (b) OHA will send “Budget Narrative Template”; “Budget Guidance” and any other applicable documents that OHA may identify.
  - (c) By June 30, 2020, LPHA will submit a community intervention implementation plan that describes how the LPHA will achieve the response’s three mitigation goals:
    - a. Slow transmission of disease,
    - b. Minimize morbidity and mortality, and
    - c. Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts. The plan should address how the LPHA will:
      - i. Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities.
      - ii. Plan and adapt for disruption caused by community spread and implement interventions to prevent further spread.
      - iii. Ensure healthcare system response is an integrated part of community interventions.
      - iv. Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.
  - (d) OHA will send “Community Intervention Implementation Plan” template to complete (c) above.
  - (e) Partner with COVID-19 regional planning to conduct virtual infection control assessments in congregate care settings within their jurisdiction.
  - (f) Participate in local and regional planning efforts related to hospital transfers.
  - (g) Conduct intensive case and contact investigations as community transmission declines within the jurisdiction.



5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA 30 days following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12-month period).
6. **Reporting Requirements.**
  - a. **PHEP Work Plan.** LPHA must implement its PHEP activities in accordance with its HSPR approved PHEP workplan using the template set forth in Attachment 1 to this Program Element. Dependent upon extenuating circumstances, modifications to this PHEP workplan may only be made with HSPR agreement and approval. Proposed PHEP workplan will be due on or before August 15. Final approved PHEP workplan will be due on or before September 15.
  - b. **Mid-year and end of year PHEP Workplan reviews.** LPHA must complete PHEP workplan updates in coordination with their HSPR liaison on at least a minimum of a semi-annual basis and by August 15 and February 15.
  - c. **Triennial Review.** This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of the State Public Health Director. This Agreement will be integrated into the Triennial Review Process.
  - d. **Multi-Year Training and Exercise Plan (MYTEP).** LPHA must annually submit a MYTEP to HSPR Liaison on or before August 15. Final approved MYTEP will be due on or before September 15.
  - e. **Exercise Notification.** LPHA must submit to HSPR Liaison 30 days in advance of each exercise an exercise notification that includes a description of the exercise, exercise objectives, CDC Public Health Emergency Preparedness and Response Capabilities addressed, a list of invited participants, and a list of exercise planning team members.
  - f. **Response Documentation.** LPHA must submit LPHA incident objectives or Incident Action Plan to HSPR Liaison within 48 hours of receiving notification of an incident that requires an LPHA response
  - g. **After Action Report / Improvement Plan.** LPHA must submit to HSPR Liaison an After Action Report/Improvement Plan within 60 days of every exercise, incident, or public health response completed.
7. **Performance Measures:** LPHA will progress local emergency preparedness planning efforts in a manner designed to achieve the 15 CDC National Standards for State and Local Planning for Public Health Emergency Preparedness and is evaluated by Mid-year, End of Year and Triennial Reviews.<sup>3</sup>

**ATTACHMENT 1**  
**PHEP Work Plan Template Instructions and Guidance**  
**Oregon HSPR Public Health Emergency Preparedness Program**

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For grant cycle: July 1, 2019 – June 30, 2020

**DUE DATE**

Proposed PHEP workplan will be due on or before August 15. Final approved PHEP workplan will be due on or before September 15.

**REVIEW PROCESS**

Your approved PHEP workplan will be reviewed with your PHEP liaison by February 15 and August 15.

**GENERAL STRATEGIES TO DEVELOP YOUR WORKPLAN**

Refer to Section 4.e of this Program Element for more information.

**WORKPLAN CATEGORIES**

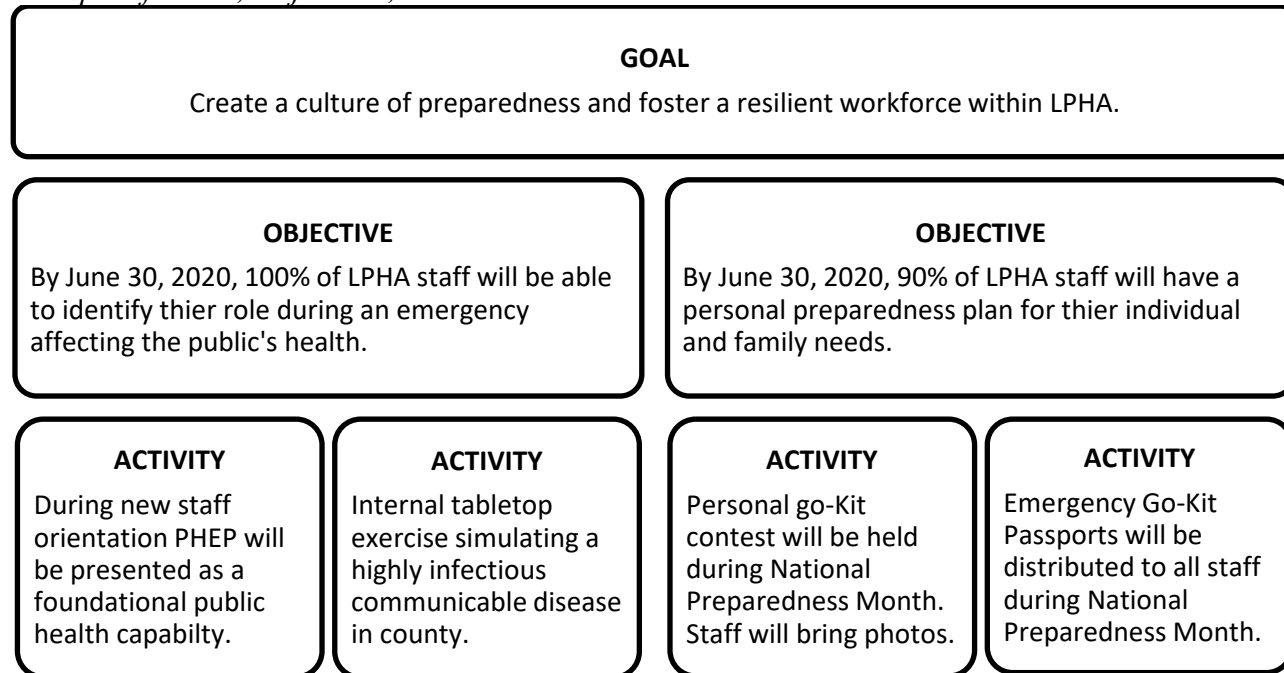
CDC Capability: Identify which CDC Capability your program goals will address.

PROGRAM GOALS: Establish at least three broad program goals that address gaps, operationalize plans, and guide workplan activities. Goals are big picture outcomes you want to achieve from your workplan activities and must support a CDC Capability.

OBJECTIVES: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year. Objectives support goals. They are what you plan to accomplish.

ACTIVITIES: Activities are how you plan to accomplish your goals.

*Example of Goals, Objectives, and Activities*



TRAINING AND EDUCATION: List planned preparedness trainings, workshops attended by staff.

DRILLS and EXERCISES: List all drills and exercises you plan to conduct or significantly participate in and identify annual exercises in accordance with your approved MYTEP and as required in Section 4.i. of this Program Element. You may use this section of the workplan to qualify as your MYTEP, or you may use a format that best meets your LPHA's needs.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted in accordance with your planning cycle or any other planning activities that will be conducted this year. You should also review all After Action Reports/Improvement Plans completed during the previous grant year to identify planning activities

that should be conducted this year.

**PARTNER COLLABORATION:** List all meetings regularly attended or led by public health preparedness program staff and any special collaborations you will be conducting this year.

**COMMUNITY EDUCATION AND MEDIA OUTREACH:** List any activities you plan to conduct that enhance community preparedness or resiliency including community events, public presentations, and social or traditional media campaigns.

**INCIDENTS AND RESPONSE ACTIVITIES:** List incidents and response activities that occurred during the current 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:** List activities or events that were not included when workplan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

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

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

**NOTES:** For additional explanation, such as After Action Report/ Improvement Plan references.

<b>CDC Cap. #s</b>					
	Goal 1:				
	Goal 2:				
	Goal 3:				
<b>Training and Education</b>					
Goal #	Objectives (What you want to accomplish)	Planned Activities (How you plan to accomplish the objective.)	Date Completed	Progress/Actual Outcomes (What you actually accomplished)	Notes (AAR references, carryover explanations, etc.)
Unplanned Training and Education					
<b>Drills and Exercises</b>					
Goal #	Objectives	Planned Activities	Date Completed	Progress/Actual Outcomes	Notes
Unplanned Drills and Exercises					
<b>Planning</b>					
Goal #	Objectives	Planned Activities	Date Completed	Progress/Actual Outcomes	Notes
Unplanned Planning					
<b>Partner Collaboration</b>					
Goal #	Objectives	Planned Activities	Date Completed	Progress/Actual Outcomes	Notes
Unplanned Partner Collaborations					
<b>Community Education and Media Outreach</b>					
Goal #	Objectives	Planned Activities	Date Completed	Progress/Actual Outcomes	Notes
Unplanned Community Education					
<b>Incident and Response Activities</b>					
CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes	

**ATTACHMENT 2  
PHEP Program Budget Template**

**Preparedness Program Annual Budget**

**County**

**July 1, 2019 - June 30, 2020**

			<b>Total</b>
<b>PERSONNEL</b>		Subtotal	<b>\$0</b>
	List as an Annual Salary	% FTE based on 12 months	0
<i>(Position Title and Name)</i>			0
Brief description of activities, for example, This position has primary responsibility for ____ County PHEP activities.			
			0
			0
			0
<b>Fringe Benefits @ ( ) % of describe rate or method</b>			0
<b>TRAVEL</b>			<b>\$0</b>
<b>Total In-State Travel:</b> (describe travel to include meals, registration, lodging and mileage)		\$0	
<b>Hotel Costs:</b> <b>Per Diem Costs:</b> <b>Mileage or Car Rental Costs:</b> <b>Registration Costs:</b> <b>Misc. Costs:</b>			
<b>Out-of-State Travel:</b> (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)		\$0	
<b>Air Travel Costs:</b> <b>Hotel Costs:</b> <b>Per Diem Costs:</b> <b>Mileage or Car Rental Costs:</b> <b>Registration Costs:</b> <b>Misc. Costs:</b>			
<b>CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)</b>		\$0	<b>\$0</b>
<b>SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)</b>		\$0	<b>\$0</b>

<b>CONTRACTUAL (list each Contract separately and provide a brief description)</b>	\$0		<b>\$0</b>
<i>Contract with ( ) Company for \$____, for (____) services.</i>			
<i>Contract with ( ) Company for \$____, for (____) services.</i>			
<i>Contract with ( ) Company for \$____, for (____) services.</i>			
<b>OTHER</b>	\$0		<b>\$0</b>
<b>TOTAL DIRECT CHARGES</b>			<b>\$0</b>
<b>TOTAL INDIRECT CHARGES @ _____% of Direct Expenses or describe method</b>			<b>\$0</b>
<b>TOTAL BUDGET:</b>			<b>\$0</b>
Date, Name and phone number of person who prepared budget			
NOTES: Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of \$62,500 (annual salary) which would compute to the sub-total column as \$50,000 % of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 * 12 / 2080 = .29$ FTE			



### Attachment 3 Bibliography

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