PUBLIC HEALTH | HIV/STD/TB SECTION | HIV/STD PREVENTION & SURVEILLANCE
STD PROGRAM ELEMENT 10 FUNDING DECISION FORM
(JANUARY 1, 2022 – DECEMBER 31, 2022)

Local Public Health Authority: _____

Local Public Health Authority Administrator: _____

Program Manager or other management point of contact for this award (if different than the LPHA Administrator): _____

Proposed 2022 Program Element 10 (STD) award $ _____

Does the LPHA accept this award to be used to cover staffing costs for STD/HIV Disease Intervention Specialist position(s) as outlined in Program Element 10? (*please select one*)

☐ Yes, the LPHA accepts ALL of this award for associated work as outlined in PE10.

☐ Yes, the LPHA accepts a PART OF this award in the amount below, for associated work as outlined in PE10.

$_____

☐ The LPHA accepts, either ALL or a PART OF this award for associated work as outlined in PE10 but will combine funding with additional LPHA(s) to hire for regional position(s).

Name(s) of LPHA the county intends to partner (please ensure all identified LPHA agree):

_____

Which LPHA will act as the lead fiscal agency for this funding (please ensure all identified LPHA agree):

_____

Amount of funding to allocate to regional work: $_____

☐ No, the LPHA declines to accept the funds assigned. The LPHA understands that by declining funds OHA will work with the LPHA to identify other ways to ensure STD/HIV Disease Intervention services are available in the community.

Administrator or Authorizing Official: _____

Date: _____

Signature: _____

Due by:
Funding Decision Forms submitted after this date will not be accepted.

E-mail form or send via fax to:
Josh Ferrer: joshua.s.ferrer@dhsoha.state.or.us
Fax: 971-673-0178

QUESTIONS?

Contact:
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HIV/STD Prevention & Surveillance Manager
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