

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

Description. Funds provided under this Agreement to Local Public Health Authorities (LPHA) for a 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 below. The PHEP Ebola Supplement 2 funding is targeted to address Public Health Preparedness Capabilities including but not limited to: Community Preparedness, Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing, Non-Pharmaceutical Interventions, Responder (Worker) Safety and Health Emergency Public Information and Warning/Information Sharing and Medical Surge.

I. Definitions Relevant to PHEP Programs.

- 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 April 1st through June 30th.
- b. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- c. **CDC Public Health Capabilities:** <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 the 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.

II. 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 the 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 the 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. **Budget and Expense Reporting:** Using the Budget Template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein by this reference, LPHA shall provide to OHA by April 15, a budget using actual award amounts, detailing LPHA's expected costs to operate its PHEP Ebola Supplement 2 program during the period of April 1, through June 30 of FY15 . The LPHA shall provide to the OHA by September 15 the actual expense-to-budget report for the period of April 1, through June 30. The budget and expense to budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use PHEP Ebola Supplemental 2 funds will be identified in this budget report form under Capital Equipment tab.

ATTACHMENT 1
TO PROGRAM ELEMENT #XX BUDGET TEMPLATE

PE 09 Preparedness Program Ebola Supplement 2 (3 Mos Budget Report) FY 2015

County

April 1, 2015 - June 30, 2015

	Proposed		Actual	3 Mos Total
PERSONNEL			Subtotal	\$0.00
	Annual Salary	% FTE		
(Position Title and Name)	\$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
	\$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

PE 09 Preparedness Program Ebola Supplement 2 (3 Mos Budget Report) FY 2015

_____ County

Period of the Report April 1, 2015-June 30, 2015)

	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