

**Program Element #32: Public Health Emergency Preparedness Program (PHEP)**  
**Tribal Ebola Supplement 2**

**1. Description and Purpose.**

- a. Funds provided under this Agreement to Tribe for Program Element (PE) 32 Public Health Emergency Preparedness Program (PHEP) Tribal Ebola Supplement 2 may only be used in accordance with, and subject to, the requirements and limitations set forth in this PE 32.
- b. PHEP Tribal Ebola Supplement 2 funding is targeted to address Public Health Preparedness Capabilities including but not limited to:
  - (1) Community Preparedness,
  - (2) Public Health Surveillance and Epidemiological Investigation,
  - (3) Public Health Laboratory Testing,
  - (4) Non-Pharmaceutical Interventions,
  - (5) Responder (Worker) Safety and Health,
  - (6) Emergency Public Information,
  - (7) Warning/Information Sharing, and
  - (8) Medical Surge.

**2. Definitions Relevant to PHEP and Tribal 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 1st through June 30<sup>th</sup> (FY 2017).
- 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. Deadlines: If a due date falls on a weekend or holiday, the due date will be the next business day following.
- e. Health Security, Preparedness and Response (HSPR): A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and TRIBES to develop plans and procedures to prepare Oregon to respond to, mitigate, and recover from public health emergencies.
- f. 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 Tribe's PHEP Tribal 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 Tribe 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.

- c. Conflict between Documents. In the event of any conflict or inconsistency between the provisions of the PHEP Tribal 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.

**4. Budget and Expense Reporting.**

- a. Proposed Budget for Award Period (July 1, 2016 – June 30, 2017). Using the Proposed Budget Template set forth as Attachment 1, Part 1 to this PE 32 (also available through the HSPR Tribal Liaison) and incorporated herein by this reference, Tribe shall provide to OHA by September 15, 2016, a budget, based on actual award amounts, detailing Tribe's expected costs to operate its PHEP Tribal Ebola Supplement 2 program during the award period.
- b. Actual Expense to Budget for Award Period. Using the Actual Expense to Budget Template (available through the HSPR Tribal Liaison). Tribe shall provide to OHA by September 15, 2017 the actual expenses for operation of its PHEP Tribal Ebola Supplement 2 program during the 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.

Updated 2015-2017

**ATTACHMENT 1**  
**TO PROGRAM ELEMENT #32**  
**BUDGET TEMPLATE**  
**Preparedness Program Ebola Supp 2 Budget for Tribe**  
**TRIBE**  
**July 1, 201\_ - June 30, 201\_**

|  |                          |                          | <b>Total</b> |
|--|--------------------------|--------------------------|--------------|
| <b>PERSONNEL</b>   |                          | <b>Subtotal</b>          | <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

**Date, Name and Phone Number of person who prepared budget.**