Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

Indiana State Department of Health

An Equal Opportunity Employer

July 14, 2006

Ms. Angela Webb
Grants Management Specialist
Acquisition & Assistance Branch VI
Procurement & Grants Office
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Road,
Atlanta, Georgia 30341-4146

Re: Cooperative Agreement U90/CCU517024-07, Public Health Preparedness and Response for Bioterrorism cooperative agreement, ending 08/31/2007.

Dear Ms. Webb:

Attached please find a copy of our continuation application for the Public Health Preparedness & Emergency Response for Bioterrorism cooperative agreement. Please note that this application is being submitted via the Management Information System as required by the Year 7 funding guidance. Included in this package are the following documents:

- MIS generated copy of the Budget & Budget Justification
- MIS Generated copy of the Work plan
- APPENDIX A – Pandemic Influenza Phase 2 Funds Letter of Intent
- APPENDIX B – 2006/2007 Exercise Schedule
- APPENDIX C – NIMS Statement of Adoption
- APPENDIX D – NIMS Statement of Compliance: 2005 Requirements Certification
- APPENDIX E – SF 424
- APPENDIX F - SF 424 A
- APPENDIX G - Signed PHS 5161, Certifications & Assurances
- APPENDIX H – ICS Organizational Chart
- APPENDIX I - Current Indirect Cost Agreement
- APPENDIX J – District Map

- APPENDIX K – Regenstrief Institute (Contract): PHESS 2006-2007 Budget
- APPENDIX L – University of Illinois, CADE (Contract): LMS draft Maintenance Agreement with Budget
- APPENDIX M – 2005/2006 Mid-Year Financial Status Report

Thank you in advance for your favorable review. If you have any questions or concerns regarding this application, please contact Mr. Michael Hurst at (317) 234-3545 or Ms. Carolyn M. Dawson at (317) 233-7396. Fiscal management questions should be directed to Mr. Kenneth Mayfield at (317) 233-7328.

Sincerely,

Michael A. Hurst
Executive Director
Public Health Preparedness &
Emergency Response

Linda L. Brown
Director, Finance Division

Enclosures

Cc: Keesler King, CDC, OTPER Project Officer
Carolyn M. Dawson, ISDH, PHPER
Kenneth Mayfield, ISDH, Finance

IN Budget Change Request (Application)

2006Budget (Version 0)
Report Date: 7/15/2006

Request Overview

Request Details	
Status:	Completed
Description:	Indiana 2006 Application & Review
Justification:	
Created/Last Modified:	2006-06-05/ 2006-06-05
Request Modified By:	SYSTEM PERFORMS
Unique Serial #:	S776

Request Summary		
	$ Requested	**$ Approved**
Funds Added	$0	$0
Funds Suspended	$0	-$19,094
Funds Redirected	$0	$0

Summary of Approved Funding Changes	
	Total Funding $
Before Requested Change	$14,347,617
Carryover Added	
After Requested Change	$14,347,617

Base Funding Source

Object Class Changes

Object Class	Before Change	After Change	Difference
FA - Personnel	$3,613,178	$3,613,178	$0
FA - Fringe	$1,335,835	$1,335,835	$0
FA - Travel	$257,809	$257,809	$0
FA - Equipment	$664	$664	$0
FA - Supplies	$236,511	$236,511	$0
FA - Contractual	$4,805,329	$4,805,329	$0
FA - Consultant	$494,440	$494,440	$0
FA - Other	$1,993,866	$1,993,866	$0
Indirect	$912,138	$912,138	$0
DA - Personnel	$27,203	$27,203	$0
DA - Other	$5,935	$5,935	$0

Financial Assistance : Personnel							Total: $1,335,835	Total: $4,949,013
Org ID	**Type**	**Position Title & Name**	**Annual**	**Time**	**Months**	**Fringe**	**Total Change**	
10027953	Original Allocation	**PCN 10027953: ADMV AST 3/EXECUTIVE ADMINISTRATIVE ASSISTANT:: : (PAM AYRES)** Provides administrative support in the daily job function for the Executive Director and staff. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$35,610	100%	12	$11,033	$46,643	
	Original Allocation	**PCN 10027978: PROG DIR 2/NEWSLETTER EDITOR::: (ERIC DECKERS)** The Newsletter Editor is responsible for the agency newsletter, which contains at least one article per issue about bioterrorism or public emergency response. The Newsletter Editor will also assist with media relations, and, as such, will provide surge capacity during a public health emergency. The Newsletter Editor will also assist in help. The balance of the salary/fringe support for this position will come from state funds which is monitored via our Personnel activity and coding system. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$33,376	25%	12	$4,207	$12,551	
	Original Allocation	**PCN 10027980: PROG DIR 1/MARKETING DIRECTOR::: (JENNIFER DUNLAP)** The Marketing Director will assist the Director with all Focus Area F work efforts and will be responsible for meeting several of the critical capacities. The balance of the salary/fringe support for this position will come from state funds, which is monitored via our Personnel activity and coding system. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$38,691	25%	12	$2,865	$12,538	
	Original Allocation	**PCN 10028088: PROG DIR 1/SNS COORDINATOR::: (ROBERT CLIFFORD)** This program director will be primarily responsible for completing and maintaining ISDH's emergency plans, the State Smallpox Plan, and the Strategic National Stockpile Plan; Will ensure that LHD plans for smallpox and the SNS integrate with State Planning; and will assist in the coordination	$37,359	100%	12	$7,270	$44,629	

	efforts of other state and local agencies for consistency in preparedness and response plans. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10028437: ST PROG DIR E4/CLINICAL SPECIALIST::: (TBD)** This position will act as the Deputy ISDH Laboratory Director for Technical Affairs and will be responsible for coordinating the emergency preparedness functions of the laboratory with the routine functions. This position will serve as back up to the Laboratory Director and provide an additional layer of preparedness. This position will have the expertise to provide guidance with new method development. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$97,000	100%	3	$6,973	$31,223
Original Allocation	**PCN 10052775: INFO DIR 2/MEDIA RELATIONS DIRECTOR::: (TBD)** The Information Dissemination & Media Relations Director is in charge of all bioterrorism and public health emergency response media relations. He is also responsible for oversight and management of various portions of the CDC cooperative agreement funds and acts as the senior advisor/subject matter expert to the PHPER Executive Director & other senior management staff at ISDH. This individual is responsible for training, and supervising the five District Public Information Officers, and ensures that the district PIOs work with Local Public Health staff to develop Risk communication plans, and effectively communicate with the media, and the public during a Public Health Emergency. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$33,376	100%	12	$16,496	$49,872
Original Allocation	**PCN 10052776:INFO SPEC 3/DISTRICTS 1 & 4 PUBLIC INFORMATION OFFICER::: (KEVIN THOMKINS)** The Districts 1 & 4 (District Map attached as “Appendix J”) Public Information Officer (PIO) supports 17 local health departments. The PIO is responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications and spokesperson training to local health	$29,764	100%	12	$9,545	$39,309

	department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. The PIO must be proficient in fostering community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIO is expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIO also is available as surge capacity during a major crisis anywhere in the state. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052786: PROG DIR E7/GRANTS MANAGER::: (CYNTHIA GRANDIA)** The Grants Manager oversees the progress and state implementation of the grants/contracts with Local Health Departments and other organizations, coordinates contract/grant writing, prepares subsidiary contracts/grants, and provides appropriate managerial information to the Executive Director. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$47,698	100%	12	$13,026	$60,724
Original Allocation	**PCN 10052787: PB HLTH ADMR2/DISTRICT 5 PH ADMINISTRATOR::: (LLOYD FLOWERS)** Works as the administrator in the health District 5 (District Map attached as “Appendix J”). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that	$33,383	100%	12	$10,226	$43,609

	each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052788: PB HLTH ADMR2/DISTRICT 3 PH ADMINISTRATOR::: (M. JOE HILT)** Works as the administrator in the health district 3 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$34,635	100%	12	$17,919	$52,554
Original Allocation	**PCN 10052789: PB HLTH ADMR2/DISTRICT 2 PH ADMINISTRATOR::: (DEB FULK)** Works as the administrator in the health district 2 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$34,635	100%	12	$6,203	$40,838
Original Allocation	**PCN 10052790: PB HLTH ADMR2/DISTRICT 4 PH ADMINISTRATOR::: (CATHERINE WENT)** Works as the administrator in the health district 4 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health,	$34,635	100%	12	$11,230	$45,865

	Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052791: PB HLTH ADMR2/DISTRICT 9 PH ADMINISTRATOR::: (REBECCA LAIR)** Works as the administrator in the health district 9 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. Please note, this position was hired at a higher salary rate than the other Public Health Administrators because the incumbent possessed a greater amount of experience, higher level of education, and/or years of service within this field. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$46,286	100%	12	$12,567	$58,853
Original Allocation	**PCN 10052792: PB HLTH ADMR2/DISTRICT 1 PH ADMINISTRATOR:: : (SHAWN GEORGE)** Works as the administrator in the health district 1 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$34,635	100%	12	$18,309	$52,944
Original Allocation	**PCN 10052793: PB HLTH ADMR2/DISTRICT 10 PH ADMINISTRATOR::: (TBD)** Works as the administrator in the health district 10 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary	$33,376	100%	12	$16,496	$49,872

	responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052794: PB HLTH ADMR2/DISTRICT 8 PH ADMINISTRATOR::: (JUDITH GILLILAND)** Works as the administrator in the health district 8 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. Please note, this position was hired at a higher salary rate than the other Public Health Administrators because the incumbent possessed a greater amount of experience, higher level of education, and/or years of service within this field. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$39,606	100%	12	$11,687	$51,293
Original Allocation	**PCN 10052795: PB HLTH ADMR2/DISTRICT 6 PH ADMINISTRATOR::: (DEB HOPSEKER)** Works as the administrator in the health district 6 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. Please note, this position was hired at a higher salary rate than the other Public Health Administrators because the incumbent possessed a greater amount of experience, higher level of education, and/or years of service within this field. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after	$48,434	100%	12	$13,309	$61,743

	01/01/06).					
Original Allocation	**PCN 10052796: PB HLTH ADMR2/DISTRICT 7 PH ADMINISTRATOR::: (STEPHEN CRADDICK)** Works as the administrator in the health district 7 (District Map attached as "Appendix J"). Develops working relationships within the local health communities, contributing to the development of public health preparedness goals for the district, and assigns tasks to meet these goals. The primary responsibility for the coordinator is to assist local health departments and Districts in mass prophylaxis planning, exercising these plans, and preparing for the distribution of the SNS materials. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$34,635	100%	12	$18,137	$52,772
Original Allocation	**PCN 10052797: UNCLASS E5/DIRECTOR SURVEILLANCE & INVESTIGATION::: (PAMELA PONTONES)** This position acts as the Director of the Surveillance/Investigation Unit of the Epidemiology Resource Center, and provides direction and oversight of all infectious disease surveillance and investigation activities. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$54,220	100%	12	$9,711	$63,931
Original Allocation	**PCN 10052798: EPIDEM E6/BIOSTATISTICIAN::: (TRACY POWELL)** This position acts within the Epidemiology Resource Center as the primary resource for all data analysis activities, and provide specialized expertise in modeling of thresholds for outbreak detection and management. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$44,219	100%	12	$18,556	$62,775
Original Allocation	**PCN 10052799: EPIDEM E7/RESPIRATORY DISEASE EPIDEMIOLOGIST::: (SHAWN RICHARDS)** This position acts within the Epidemiology Resource Center as the primary resource for respiratory disease epidemiology, surveillance, and investigation, and also as the key developer of pandemic influenza response plans. For	$42,509	100%	12	$19,665	$62,174

	vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052800: EPIDEM E7/SYNDROMIC SURVEILLANCE EPIDEMIOLOGIST::: (MICHAEL WADE)** This position acts within the Epidemiology Resource Center as the primary resource for all syndromic surveillance activities, and has the primary responsibility of maintaining and monitoring inputs for aberrations and events that need to be investigated. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$41,117	100%	12	$7,364	$48,481
Original Allocation	**PCN 10052801: EPIDEM E7/DISTRICT 3 FIELD EPIDEMIOLOGIST::: (BRAD BEARD)** This position is based out of Public Health Preparedness District 3 (District Map attached as “Appendix J”), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$42,509	100%	12	$19,584	$62,093
Original Allocation	**PCN 10052802: EPIDEM E7/DISTRICT 5 FIELD EPIDEMIOLOGIST::: (SANDRA GORSUCH)** This position is based out of Public Health Preparedness District 5 (District Map attached as “Appendix J”), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$48,155	100%	12	$13,629	$61,784
Original Allocation	**PCN 10052803: EPIDEM E7/QUALITY ASSURANCE EPIDEMIOLOGIST::: (TBD)**	$41,117	100%	12	$17,882	$58,999

	The QA epidemiologist is responsible for assessing and evaluating the timeliness, completeness, and accuracy of our surveillance systems and outbreak investigations. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052804: EPIDEM E7/DISTRICT 7 & 8 FIELD EPIDEMIOLGIST::: (ROBERT ALLEN)** This position is based out of Public Health Preparedness District 8 (District Map attached as “Appendix J”), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$42,509	100%	12	$12,258	$54,767
Original Allocation	**PCN 10052805: EPIDEM E7/DISTRICT 2 EPIDEMIOLOGIST::: (M. LINDA WENGER)** This position is based out of Public Health Preparedness District 2 (District Map attached as “Appendix J”), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$41,117	100%	12	$7,364	$48,481
Original Allocation	**PCN 10052806: EPIDEM E7/DISTRICT 4 EPIDEMIOLOGIST::: (JENNIFER WYATT)** This position is based out of Public Health Preparedness District 4 (District Map attached as “Appendix J”), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$41,117	100%	12	$10,669	$51,786

Original Allocation	**PCN 10052807: EPIDEM E7/DISTRICT 6 FIELD EPIDEMOLOGIST::: (STEPHANIE ENGLISH)** This position is based out of Public Health Preparedness District 6 (District Map attached as "Appendix J"), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$42,509	100%	12	$18,948	$61,457
Original Allocation	**PCN 10052808: EPIDEM E7/DISTRICT 9 FIELD EPIDEMIOLOGIST::: (STEPHEN ALLEN)** This position is based out of Public Health Preparedness District 9 (District Map attached as "Appendix J"), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$42,509	100%	12	$19,658	$62,167
Original Allocation	**PCN 10052809: EPIDEM E7/DISTRICT 1 FIELD EPIDEMIOLOGIST::: (DONNA ALLEN)** This position is based out of Public Health Preparedness District 1 (District Map attached as "Appendix J"), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$45,551	100%	12	$9,120	$54,671
Original Allocation	**PCN 10052810: EPIDEM E7/DISTRICT 10 FIELD EPIDEMIOLOGIST::: (KAREN GORDON)** This position is based out of Public Health Preparedness District 10 (District Map attached as "Appendix J"), and provides general epidemiologic, surveillance and investigation support to the local health departments in that district and to the ISDH. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual	$42,509	100%	12	$12,203	$54,712

	carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052811: APPLICATIONS SYSTEMS ANALYST/PROGRAMMER - SUPERVISOR/GIS SOFTWARE SPECIALIST::: (EDWARD LUTZ)** This position acts within the Epidemiology Resource Center as the primary resource for GIS related activities and projects, and will responsible for designing and implementing GIS applications of the surveillance and investigation data collected. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$79,868	100%	12	$25,992	$105,860
Original Allocation	**PCN 10052812: ADMV ASST 5/ADMINISTRATIVE ASSISTANT::: (PATRICIA MANUAL)** This position provides needed administrative support to the Epidemiology Resource Center, especially the network of field epidemiologists. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$27,756	100%	12	$17,044	$44,800
Original Allocation	**PCN 10052813: DATA PROC OP 4/DATA ENTRY SPECIALIST::: (NINA SMITH)** This position will provide needed data entry services to the greatly expanded Epidemiology Resource Center. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$33,164	100%	12	$15,431	$48,595
Original Allocation	**PCN 10052814: PROGRAM DIR E7/ASSISTANT BT LAB COORDINATOR::: (TBD)** This person's responsibilities include communication and coordination between ISDH, sentinel labs and first responders; and to assist and represent, as necessary, the Laboratory Bioterrorism Project Director. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment	$41,117	100%	12	$17,882	$58,999

	period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052815: MICROBIOLOGIST 2::: (VERONICA ERWIN)** The Microbiologists will be utilized to provide emergency (surge capacity) backup to current clinical microbiological analyses, but will be the primary analysts for validating and performing the official Level B and C tests at the ISDH Labs. They will also be available to assist the Project Leader in presenting training workshops, preparing quality assurance samples, and any other lab-related tasks. In addition, staff will be responsible for supporting pandemic influenza testing. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$48,235	100%	12	$13,126	$61,361
Original Allocation	**PCN 10052816: MICROBIOLOGIST 2::: (MARK GLAZIER)** The Microbiologists will be utilized to provide emergency (surge capacity) backup to current clinical microbiological analyses, but will be the primary analysts for validating and performing the official Level B and C tests at the ISDH Labs. They will also be available to assist the Project Leader in presenting training workshops, preparing quality assurance samples, and any other lab-related tasks. In addition, staff will be responsible for supporting pandemic influenza testing. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$39,984	100%	12	$19,217	$59,201
Original Allocation	**PCN 10052817: MICROBIOLOGIST 2::: (CHI BICH NGUYEN)** The Microbiologists will be utilized to provide emergency (surge capacity) backup to current clinical microbiological analyses, but will be the primary analysts for validating and performing the official Level B and C tests at the ISDH Labs. They will also be available to assist the Project Leader in presenting training workshops, preparing quality assurance samples, and any other lab-related tasks. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$39,467	100%	12	$11,200	$50,667
Original Allocation	**PCN 10052818: MICROBIOLOGIST 2::: (MARY HYNDMAN)** The Microbiologists will be utilized to provide emergency (surge capacity)	$39,467	100%	12	$18,769	$58,236

	backup to current clinical microbiological analyses, but will be the primary analysts for validating and performing the official Level B and C tests at the ISDH Labs. They will also be available to assist the Project Leader in presenting training workshops, preparing quality assurance samples, and any other lab-related tasks. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10052819: PUB HLTH ADM 1/FOOD AND ENVIRONMENTAL SCIENTIST::: (TRAVIS GOODMAN)** This position provides the Food Protection Program needed staff to create protocols for needs and risk assessments for food and water supplies, and then to implement those protocols. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$38,691	100%	12	$18,761	$57,452
Original Allocation	**PCN 10052820: PUB HLTH ADM 1/FOOD AND ENVIRONMENTAL SCIENTIST::: (MARK MATTOX)** This position provides the Food Protection Program needed staff to create protocols for needs and risk assessments for food and water supplies, and then to implement those protocols. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$38,691	100%	12	$19,034	$57,725
Original Allocation	**PCN 10053988: APPLICATIONS SYSTEMS ANALYST/PROGRAMMER - SENIOR:/LAB IT SPECIALIST:: (TBD)** An Applications System Analyst is needed as an HL7 messaging developer for web based lab reporting as well as a resource for the selection, implementation, and maintenance of the ISDH LIMS system. This individual will work to maintain the current individual database applications of the ISDH lab until they are incorporated into LIMS and will work with the Sr. Applications System Analyst/LIMS Specialists on LIMS activities. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began	$54,186	100%	12	$20,223	$74,409

	on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054053: ATTORNEY E7/PHPER ATTORNEY::: (JENNIFER (BRUNER) GERNAND)** Assesses, comments on, and proposes new rules, laws, and policies resulting from preparedness planning efforts, SNS implementation, mass prophylaxis planning, and smallpox vaccination planning. Addresses preparedness related issues including: liability concerns, quarantine issues, and other relevant issues from preparedness activities. This position will also facilitate the process for MOA negotiation among local counties and jurisdictions for emergency response activities. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$42,509	100%	12	$19,314	$61,823
Original Allocation	**PCN 10054142: PROG COOR 3/PROCUREMENT COOORDINATOR::: (TBD)** The Administrative Assistant helps staff with numerous risk communication-related tasks. This individual is responsible for all risk communication-related procurement activities. This position also maintains and updates all contact lists for the ISDH Communications Kit and monitors statewide media coverage for the agency. The Administrative Assistant would also be responsible for various support functions during a Public Health Emergency, such as disseminating messages to partners/stakeholders and monitoring media coverage. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$29,782	100%	10	$15,845	$40,663
Original Allocation	**PCN 10054419: UNCLASSIFIED E3/EXECUTIVE DIRECTOR::: (MICHAEL HURST)** This position is Principal Investigator for the CDC grant. Organizationally, this position serves the agency as Executive Director (ED) for the Public Health Preparedness and Emergency Response Division (PHPER). The ED serves as the senior advisor to the State Health Officer on public health preparedness, acts as public health liaison to the state homeland security agency, and works with other federal, local and state partners on state wide preparedness planning and response efforts. Duties include public health emergency preparedness planning and implementation; supervision of PHPER Division staff including setting performance standards and approving staff activities; and developing policies and procedures for successful completion of performance goals and outcomes established by federal guidelines, agency	$84,640	100%	12	$26,789	$111,429

	goals and legislative mandates. The PHPER Division includes the personnel that make up the management team responsible for and funded by the CDC public health preparedness grant, as well as the personnel that make up the management team responsible for and funded by the HRSA hospital preparedness grant (including the principal investigator for the HRSA grant). By including both programs within a single division, the ISDH can ensure consistency and collaboration between the programs. However, while providing agency organizational span of control for the hospital preparedness staff, the ED does not perform any programmatic activities that are supported by the HRSA hospital preparedness grant. For that reason, the ED is not funded by any part of the HRSA grant, just as the ED's supervisors and the State Health Commissioner are not funded by any part of the CDC grant because the ED falls within their span of control. Fringe is calculated for positions currently filled based on the percentage consistent with the benefits package that each individual carried as of the last state open enrollment period which began on 01/01/06.					
Original Allocation	**PCN 10054420: ST PROG DIR E5/PUBLIC HEALTH PREPAREDNESS DIRECTOR::: (GARY COUCH)** Administers the over-all direction of the State's distribution of the Strategic National Stockpile (SNS) including Mass Prophylaxis, both are major statewide programs. Supervises the District Public Health Administrators, the Program Director for the SNS, and the Staff responsible for the planning and execution of any necessary Mass Prophylaxis activities. Serves as a liaison with ISDH partners and volunteers during bioterrorism practice exercises and in actual events. Acts as primary consultant to the Director of the Public Health Preparedness and Emergency Response Division and serves as a liaison between the Indiana State Department of Health (ISDH) and other agencies including State, City/County and Federal agencies. Responsible for the overall programmatic management of Planning & Preparedness, as well as the Strategic National Stockpile. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$51,555	100%	12	$20,583	$72,138
Original Allocation	**PCN 10054425: BROAD BAND EXEC E5/BUSINESS MANAGER::: (CAROLYN DAWSON)** This position will oversee the business aspects of the cooperative agreement. It will act as the communications liaison between the federal Grants & Procurement Office/Program Office at CDC in regards to the Grants Administration and the Program staff here at ISDH. This individual will supervise the Grants and Procurement tracking personnel; They will interact and be a direct information tool regarding procurement issues, grants/contracts coordination on the Federal/State level as well as on the State/Local level, for the Executive Director, Finance Director, State Health Commissioner, and other upper management as well as State government	$42,509	100%	12	$11,805	$54,314

	business partners (ie. State Budget Agency, Department of Administration, State Board of Accounts, etc.). Annually they will be responsible for coordinating completion of and submitting federal grant applications. Throughout the year this person will also be responsible for writing/coordinating Budget realignment of federal funding throughout the fiscal year. This individual must have broad knowledge of State and Federal policies/regulations regarding the financial management of the cooperative agreement funds. They will oversee all aspects of budget preparation and correspond with the ISDH finance division for budget updates, expenditure tracking for reporting, assist in forecasting annual programmatic funding needs, work with the Purchasing section and procurement staff to coordinate resolution of procurement issues, interact with the Contract and Grant section to oversee forward momentum of contracts and grants through the state system. Fringe is calculated for positions currently filled based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06.					
Original Allocation	**PCN 10054429: GRANT COOR 1/LHD GRANTS COORDINATOR::: (MARY ANN HURRLE)** Serves as a senior level staff member and administrative expert in the grants administration responsible for disaster/emergency preparedness. Serves as a resource to these units and the individuals therein seeking grants and contracts pertinent to Public Health Preparedness and Emergency Response by providing expert technical interpretation, assuring compliance with grant provisions, and providing technical assistance. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$46,863	100%	12	$12,973	$59,836
Original Allocation	**PCN 10054430: C NURSE CNSLT 2/CHIEF NURSE CONSULTANT::: (JANET ARCHER)** The Nurse Education Coordinator to facilitate any nursing train-the-trainer programs. The Nurse Education Coordinator will consult with the Indiana Department of Education to coordinate education and training to all school nurses in the State of Indiana; will collaborate with the Indiana Public Health Association and the Indiana University Mid-America Public Health Training Center to develop new education and training opportunities for all local public health nurses and community health center nurses; will collaborate with the Indiana State Nurses Association, Sigma Theta Tau, and other nursing groups to facilitate on-line education and information to all licensed nurses in Indiana. This position will be at a Chief Nurse Consultant 2 level to assure sufficient management and salary. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on	$46,803	100%	12	$19,857	$66,660

	the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054431: ST PROG DIR E6/QUALITY ASSURANCE COORDINATOR::: (TBD)** The Quality Assurance Coordinator will be responsible for seeing to it that in the All-Hazards approach to lab planning, the lab's development of critical new methods within the Microbiology, Chemical, Radiological, and Food labs, meets and exceeds the continually increasing and stringent federal regulatory standards. This person will be responsible for pre and post analytic processes including seeing to it that sentinel laboratories and first responders know how to provide the laboratory with appropriate samples and that LIMS based reporting functions within expectations for the speed and accuracy of that system. This person is also responsible for the effectiveness of analytic processes and for seeing to it that analysts are well trained and competent. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$44,219	100%	12	$18,438	$62,657
Original Allocation	**PCN 10054432: CHEMIST 2::: (MARY HAGERMAN)** This position acts as the assistant Chemical Laboratory coordinator. The responsibilities of this position include assisting the coordinator to attain a Level-One laboratory status. Specifically this will entail overseeing field collection of biological samples & receiving these specimens into the laboratory. Inside the laboratory, the specimens would be assigned to the appropriate destination, storage, in-house analysis or shipping to an appropriate laboratory. This chemist will assist in the development of analytical capabilities, & act as a liaison with partners such as: CDC, other laboratories, first responders, etc. They will assist in compiling information from Indiana Health Services for necessary data banks. They will be instrumental in setting up communication networks & assure every necessary link is made. They will assist in training workshops, QA/QC requirements, staff training, report preparation, recording/reporting analytical results, & other assigned tasks that contribute to public health preparedness. Qualifications for this position include a B.S. with two years practical experience or an M.S. in chemistry with one year of practical experience. A degree in a related field or an equivalent combination of training & experience will be considered. The select candidate must be a U.S. citizen & be able to pass a security background clearance check. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the	$36,743	100%	12	$11,279	$48,022

	insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054433: CHEMIST SUPV 3::: (TBD)** This position is needed to maintain and direct the activities of subordinate chemists, and is responsible for quality assurance and safety standards within the chemical toxicology laboratory. This position is also responsible for responding to inquiries from field staff, and submitters. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$43,795	100%	12	$18,362	$62,157
Original Allocation	**PCN 10054434: CHEMIST 2::: (TUYET DAO)** A major responsibility of these positions will be obtaining training to become an analyst certified to perform the methods and operate the instrumentation necessary to perform the analysis required for a Level-Two laboratory. The persons hired for these positions may also assist the Laboratory Coordinator in the Level-One and Level-Two responsibilities of collection, handling, and shipment of samples. These chemists will also assist in the development of analytical capabilities and act as a liaison with such partners as: the CDC, other laboratories, first responders, etc. Qualifications include a B. S. (with two years practical experience) or an M. S. (with one year practical experience) in chemistry with an emphasis on analytical and organic or inorganic chemistry preferred. A degree in a related field or an equivalent combination of training and experience will be considered. Knowledge of separation science including sample clean-up techniques, QA/QC practices, and computer skills such as word processing, spread sheet, database, and presentation software is preferred. The ability to operate, maintain and trouble-shoot laboratory instrumentation such as gas chromatographs, high performance liquid chromatographs, and mass spectrometers is preferred. The select candidates must be U. S. citizens and be able to pass a security background clearance check. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$36,743	100%	12	$18,296	$55,039
Original Allocation	**PCN 10054435: MICROBIOLOGIST 2/ANALYTICAL CHEMIST-BIOCHEMIST::: (TBD)** A major responsibility of these positions will be obtaining training to become an analyst certified to perform the methods and operate the instrumentation necessary to perform the analysis required for a Level-Two laboratory. The persons hired for these positions may also assist the Laboratory Coordinator in the Level-One and Level-Two responsibilities of collection, handling, and	$38,148	100%	12	$17,350	$55,498

	shipment of samples. These chemists will also assist in the development of analytical capabilities and act as a liaison with such partners as: the CDC, other laboratories, first responders, etc. Qualifications include a B. S. (with two years practical experience) or an M. S. (with one year practical experience) in chemistry with an emphasis on analytical and organic or inorganic chemistry preferred. A degree in a related field or an equivalent combination of training and experience will be considered. Knowledge of separation science including sample clean-up techniques, QA/QC practices, and computer skills such as word processing, spread sheet, database, and presentation software is preferred. The ability to operate, maintain and trouble-shoot laboratory instrumentation such as gas chromatographs, high performance liquid chromatographs, and mass spectrometers is preferred. The select candidates must be U. S. citizens and be able to pass a security background clearance check. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054436: MICROBIOLOGIST 2/ANALYTICAL CHEMIST-BIOCHEMIST::: (TBD)** A major responsibility of these positions will be obtaining training to become an analyst certified to perform the methods and operate the instrumentation necessary to perform the analysis required for a Level-Two laboratory. The persons hired for these positions may also assist the Laboratory Coordinator in the Level-One and Level-Two responsibilities of collection, handling, and shipment of samples. These chemists will also assist in the development of analytical capabilities and act as a liaison with such partners as: the CDC, other laboratories, first responders, etc. Qualifications include a B. S. (with two years practical experience) or an M. S. (with one year practical experience) in chemistry with an emphasis on analytical and organic or inorganic chemistry preferred. A degree in a related field or an equivalent combination of training and experience will be considered. Knowledge of separation science including sample clean-up techniques, QA/QC practices, and computer skills such as word processing, spread sheet, database, and presentation software is preferred. The ability to operate, maintain and trouble-shoot laboratory instrumentation such as gas chromatographs, high performance liquid chromatographs, and mass spectrometers is preferred. The select candidates must be U. S. citizens and be able to pass a security background clearance check. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$38,148	100%	12	$17,350	$55,498

Original Allocation	**PCN 10054459: APPLICATIONS SYSTEMS ANALYST/PROGRAMMER - SENIOR/ WEBMASTER:: : (ROBERT ST. JOHN)** The Webmaster is responsible for expanding and updating public health emergency response information on the Indiana State Department of Health Web site and is available 24/7 for updates during public health emergencies. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$55,850	100%	12	$21,527	$77,377
Original Allocation	**PCN 10054460: APPLICATION SYSTEMS ANALYST/PROGRAMMER - SENIOR/SAS SYSTEMS ANALYST::: (GARY ORWAY)** This position provides needed expertise and assistance with analyses requiring SAS to all areas of surveillance at the ISDH, including death certificate reporting, infectious disease surveillance, etc. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$54,186	100%	12	$20,114	$74,300
Original Allocation	**PCN 10054461: BUSINESS SYSTEMS CONSULTANT - SENIOR/HAN LIST COORDINATOR::: (TBD)** HAN List Coordinator will ensure that the Public Health Directory has contact information for all key health partners, and will coordinator the use of the Public Health Directory for alerts, messaging and surveys. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$56,213	100%	12	$20,586	$76,799
Original Allocation	**PCN 10054462: DATABASE ANALYST - INTERMEDIATE/NEDSS-PHIN REGISTRY ANALYST::: (TBD)** The PHIN Registry Analyst will be the primary maintenance person for all PHIN related database applications in the Epidemiology Resource Center, including NEDSS related databases, our Outbreak Response system, and others. This person will analyze problems and correct them with these databases, ensure proper routine maintenance on applications and databases, manage the rights and authorizations, and perform other necessary tasks to ensure that these applications are available at all times. This person will work with the PHIN Manager, and contracted developers as necessary, to develop new applications	$56,148	100%	12	$20,574	$76,722

	and ensure their maintenance. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054463: PROJECT MANAGER - INTERMEDIATE/HAN PROGRAM DIRECTOR::: (CHUCK BERNING)** Program Director HAN will perform all of the duties of the HAN coordinator. This staff position will manage the continued development of the Health Alert Network system and will have responsibility for ensuring that alerts and critical health information is communicated to all appropriate health partners. This position will manage the HAN List Coordinator position. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$67,163	100%	12	$23,474	$90,637
Original Allocation	**PCN 10054464: APPLICATIONS SYSTEMS ANALYST/PROGRAMMER - SPECIALIST /PHIN MANAGER::: (TBD)** This position will act as the manager of all PHIN related IT activity (NEDSS-like system development, electronic lab reporting, etc.) For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$60,681	100%	12	$21,386	$82,067
Original Allocation	**PCN 10054465: HELP DESK COORDINATOR:: (TBD)** Help Desk Support Technician provides desktop support to the 94 County Local Health Departments as well as ISDH Staff who are having technical IT difficulties. This position is only being budgeted for a partial year as it is anticipated that general IT support functions will be consolidated under the Indiana Office of Technology (IOT) sometime at the end January, and then a price per position will be allocated to every state agency and program for that support cost. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$35,232	100%	12	$16,828	$52,060

Original Allocation	**PCN 10054554: INFO SPEC 3/DISTRICTS 8 & 9 PUBLIC INFORMATION OFFICER::: (JOHN SODREL)** The Districts 8 & 9 (District Map attached as "Appendix J") Public Information Officer (PIO) supports 19 local health departments. The PIO is responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications and spokesperson training to local health department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. The PIO must be proficient in fostering community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIO is expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIO also is available as surge capacity during a major crisis anywhere in the state. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$29,764	100%	12	$9,587	$39,351
Original Allocation	**PCN 10054555: INFO SPEC 3/DISTRICTS 7 & 10 PUBLIC INFORMATION OFFICER::: (KIMBERLY WILKERSON)** The Districts 7 & 10 (District Map attached as "Appendix J") Public Information Officer (PIO) supports 20 local health departments. The PIO is responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications and spokesperson training to local health department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. The PIO must be proficient in fostering community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIO is expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency	$30,937	100%	12	$17,250	$48,187

	preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIO also is available as surge capacity during a major crisis anywhere in the state. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054556: INFO SPEC 3/DISTRICTS 5 & 6 PUBLIC INFORMATION OFFICER::: (KEYLEE WRIGHT)** The Districts 5 & 6 (District Map attached as “Appendix J”) Public Information Officer (PIO) supports 21 local health departments. The PIO is responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications and spokesperson training to local health department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. The PIO must be proficient in fostering community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIO is expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIO also is available as surge capacity during a major crisis anywhere in the state. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$30,937	100%	12	$9,944	$40,881
Original Allocation	**PCN 10054557: INFO SPEC 3/DISTRICTS 2 & 3 PUBLIC INFORMATION OFFICER::: (KRISTEN GARCIA)** The Districts 2 & 3 (District Map attached as “Appendix J”) Public Information Officer (PIO) supports 18 local health departments. The PIO is responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications and spokesperson training to local health	$30,937	100%	12	$17,250	$48,187

	department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. The PIO must be proficient in fostering community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIO is expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIO also is available as surge capacity during a major crisis anywhere in the state. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054558: PROG DIR E7/LEARNING MANAGEMENT SYSTEM COORDINATOR::: (BARBARA GIBSON)** The LMS Coordinator will facilitate the implementation of the LMS within the ISDH and local health departments (LHD). The LMS Coordinator will collaborate with the HRSA-funded Chief Nurse Consultant II to initiate the LMS within selected hospitals. The LMS Coordinator position will be at an Executive Staff 7 level to assure sufficient management and salary. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$52,887	100%	12	$13,915	$66,802
Original Allocation	**PCN 10054559: PB HLTH ADMR 1/PUBLIC HEALTH ADMINISTRATOR::: (MITCH KLOPFENSTEIN)** This position will serve as the agency's training coordinator. The position will collaborate with public health, health care, homeland security and other disciplines to develop and support local, state and federal exercises and drills. The position will also serve to identify and facilitate education and training activities. The position will work closely with the SNS and CRI coordinators, with the local preparedness coordinator, and with staff responsible for supporting exercises, training and education within the agency. This position may collaborate with the LMS Coordinator to assure that appropriate on-line materials are available for the discipline-specific groups supporting preparedness. For vacant positions, fringe is calculated at 17.91% of the salary	$37,359	100%	12	$18,403	$55,762

	(Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054562: ADMV ASST 4/ADMINISTRATIVE ASSISTANT::: (TBD)** Provides administrative duties for the operational support for the Grants, Contracts and Procurement Manager and staff. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$26,404	100%	12	$15,247	$41,651
Original Allocation	**PCN 10054563: ADMV ASST 4/PHPER ADMINISTRATIVE ASSISTANT::: (LAURA KINCAID)** The PHPER Administrative Assistant will provide clerical and administrative support to the Public Health Preparedness manager and the SNS staff. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$33,065	100%	12	$10,521	$43,586
Original Allocation	**PCN 10054564: PROG DIR E7/PUBLIC HEALTH PLANNER::: (TANYA WILLIAMS)** This position acts as the coordinator for local preparedness. This position works closely with all 94 local health departments and with the 10 ISDH district coordinators in coordinating and supporting local and district planning. Position acts as a working lead for district staff. Position assists with the program implementation of new grants, interpretation of CDC guidelines, and overall Public Health Preparedness Planning as it relates to the counties and districts. The Public Health Planner will be responsible for preparedness and response planning for events including: Bioterrorism, infectious disease outbreaks, or other public health emergencies. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$40,350	100%	12	$11,792	$52,142
Original	**PCN 10054565: APPLICATIONS SYSTEMS ANALYST/PROGRAMMER -**	$54,200	100%	12	$10,606	$64,806

Allocation	**SENIOR/GIS ANALYST DEVELOPER::: (HENRY FU)** This position acts within the Epidemiology Resource Center as a resource for GIS related activities and projects, and will responsible for designing and implementing GIS applications of the surveillance and investigation data collected. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054566: PROG DIR E7/RADIOLOGICAL HEALTH DIRECTOR::: (REX BOWSER)** The Program Director will be responsible for the activities of the Indiana Radiological Assistance Team (IRAT). The IRAT team is designed to respond to radiological acts of terrorism. The Radiological Health staff at the ISDH consists of four staff members. In the event of a radiological terrorism incident, the present staff would be overwhelmed very quickly. The new positions are needed to insure the ISDH can adequately respond to radiological terrorism incidents. This individual will administer the IRAT program at the Indiana State Department of Health (ISDH) and serve as the State radiological health specialist to protect the public and emergency responders from potential radiation exposure resulting from a radiological dispersal device (RDD) a.k.a. "dirty bomb or a nuclear weapon detonation. The director will utilize education, consultation, cooperative programming and coordination to accomplish the goals and objectives established for the IRAT team. The director will supervise team members. The IRAT team will be responsible for monitoring, evaluating and investigating actual or suspected incidents in which radiological materials may be found and will assess public health, safety and environmental issues and recommend protective actions to appropriate Federal, State and Local officials. In addition to the above duties, the director will also develop and institute a radiological training and exercise program for emergency responders in conjunction with other State and local agencies and act as the radiation safety officer at an actual terrorism event. For positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$54,856	100%	12	$14,453	$69,309
Original Allocation	**PCN 10054569: PROG COORD 4/NOSOLOGIST::: (NOLA CHILDS)** This individual will act with the Vital Records program to code cause of death on incoming death certificates. By adding another nosologist, the accuracy and especially the timeliness of the cause of death coding will be greatly improved, and will allow for more rapid detection of events through the death certificate system. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the	$34,277	100%	12	$17,987	$52,264

	percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10054570: PURCHASING ADMIN 4/CHEMISTRY LAB PURCHASING AGENT::: (JOHN MCLAND)** This person will provide a support function to the Level-One and Level-Two laboratory operations by ordering the supplies & equipment necessary for the laboratory's activities. They will serve as inventory guide & receiving agent by tracking each supply or equipment item, cost accounting & record keeping within the lab. They will also serve as a liaison between the Chemistry Lab, and a Grants Coordinator at ISDH to develop, coordinate & resolve policy, procedure, and or tracking issues within grants, contracts and procurement. The select candidate must be a U. S. citizen and be able to pass a security background clearance check. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$27,517	100%	12	$9,194	$36,711
Original Allocation	**PCN 10055806: EPIDEM E7/CHEMICAL EPIDEMIOLOGIST:: : (GARRY MILLS)** This position acts within the Epidemiology Resource Center as the primary resource for all chemical terrorism related activities. This individual has the primary responsibility of maintaining relationships with internal and external program areas and agencies regarding public health issues relating to chemical exposure. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$55,611	100%	12	$22,038	$77,649
Original Allocation	**PCN 10055823: APPLICATIONS SYSTEMS ANALYST/PROGRAMMER-SENIOR/FIRMS DEVELOPER::: (TBD)** This person will provide development and management support to the Food Inspection Regulatory Management System (FIRMS), which will greatly increase the ISDH capacity to respond to and prevent public health emergencies related to food. This person will replace a consultant position. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$54,186	100%	12	$20,223	$74,409

Original Allocation	**PCN 10055829: INFORMATION SECURITY ANALYST - SENIOR/SECURITY OFFICER::: (TBD)** This position will perform network and system security analysis for the ISDH and for LHDs. This staff position will ensure that security policies and practices are adequate to protect critical public health information, as well as monitor and maintain the intrusion detection processes and logging/reporting of all hostile attacks. This staff position will advise the LHDs in security matters covering their local network, firewalls, desktop computers, and internet connections. This State Employee position replaces an existing consultant position. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$55,565	100%	12	$20,470	$76,035
Original Allocation	**PCN 10058231: PROGRAM DIR E7 / STATE LAB TRAINING COORDINATOR::: (TBD)** This position's responsibilities will include functioning as the ISDH NLTN State Training Coordinator. This individual will identify ISDH specific lab training needs including training sentinel laboratories and first responders in providing the laboratory with appropriate samples and coordinating training for LIMS based reporting functions. This person for seeing to it that analysts are well trained and competent. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$41,117	100%	12	$17,882	$58,999
Original Allocation	**PCN 10058232: PROGRAM DIR E7/SAFETY COORDINATOR:: (TBD)** The Safety Coordinator will be responsible for worker safety and hazardous material handling to protect the public. The expertise in this position is critical for developing chemical safety and bio-safety procedures that meet and exceed the requirements of all regulatory standards. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$41,117	100%	12	$17,882	$58,999
Original Allocation	**PCN 10058263: ST PROG DIR E6/BT LAB COORDINATOR::: (P. DAVID DOTSON)** The purpose of this position is to provide assistance to the Indiana State Department of Health (ISDH) Laboratory Director in achieving the goals within	$66,511	100%	12	$16,947	$83,458

	the Microbiology Lab capacities of the CDC cooperative agreement. This person will serve as the principal liaison for the ISDH Labs with the other Emergency Preparedness Project partners at the State, local, and Federal levels. There will be a significant amount of in-state travel expected of this position to travel to and participate in the proposed regional training workshops and meetings. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
Original Allocation	**PCN 10058264: CHEMIST SUPV 3 - PFGE/MOLECULAR DIAGNOSTICS::: (TBD)** The chemist supervisor 3 position in PFGE/Molecular Diagnostics is needed not only to maintain and be responsible for the quality assurance and safety standards, but also respond to questions from field staff and submitters and to maintain staff productivity. This individual will be responsible for Pulse Net. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$43,795	100%	12	$18,362	$62,157
Original Allocation	**PCN 10058280: MICROBIOLOGIST II - PFGE::: (TBD)** Microbiologist 2 positions are need to perform real-time subtyping of Pulse Net tracked foodborne disease agents and submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype etc) electronically to the national Pulse Net database. Without these positions we will be unable to meet the 72 to 96 hours turnaround of receiving the isolate in the laboratory and reporting to Pulse Net. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$38,148	100%	12	$17,350	$55,498
Original Allocation	**PCN 10058281: ADMIN ASST 5/MICROBIOLOGY LAB ADMINISTRATIVE ASSISTANT::: (SUSAN ARNOLD)** This person will provide the necessary administrative assistance to the Laboratory Bioterrorism Project Director. Fringe For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is	$23,859	100%	12	$14,791	$38,650

		calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).					
	Original Allocation	**PCN 10058331: APPLICATION SYSTEMS ANALYST/PROGRAMMER - SENIOR/ LIMS SPECIALIST:: (TBD)** An Applications System Analyst is needed as a resource for the selection, implementation, and maintenance of the ISDH LIMS system. This individual will work to incorporate the current individual database applications into an ISDH LIMS system and provide ongoing LIMS maintenance specified with Chemical Laboratory systems requirements. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$54,186	100%	12	$20,223	$74,409

Financial Assistance : Consultant — **Total: $494,440**

Org ID	Type	Consultant	Daily Rate	# of Days	$ Other	Amount Change
	Original Allocation	**MANAGEMENT INFO. DISCIPLINES (MID) - D. TREPANIER** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Dave Trepanier ORGANIZATIONAL AFFILIATION: Management Information Developers (MID) NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This individual will continue work on the implementation of the ISDH Public Health Emergency Surveillance System (PHESS), including the automation of detection algorithms and development of reporting and analysis tools. This individual will also develop the PHIN MS infrastructure of the ISDH for all IT function #1 specifications; The PHESS is the central piece to our syndromic surveillance activities and is crucial to our success in achieving programmatic goals. Also, the development of PHIN MS at the ISDH ensures our ability to comply with the PHIN standards for IT function #1. NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $82.50 per hour or $660 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Epidemiology Resource Center. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$660	80	$0	$52,800
	Original Allocation	**MANAGEMENT INFO. DISCIPLINES (MID) - S. LASH** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity	$520	80	$0	$41,600

	Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Shelly Lash; ORGANIZATIONAL AFFILIATION: Management Information Developers (MID); NATURE OF SERVICES TO BE RENDERED: This individual will continue work on development of PHIN and NEDSS compliant applications for case surveillance. This individual will also work on development of PHIN compliant integrated electronic laboratory results management applications; RELEVANCE OF SERVICE TO PROJECT: This consultant will allow ISDH to develop applications that comply with all relevant PHIN standards; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $65 per hour or $520 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology & Data Center. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.				
Original Allocation	**MANAGEMENT INFO. DISCIPLINES (MID) - E. HASHMAN** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Ellie Hashman; ORGANIZATIONAL AFFILIATION: Management Information Developers (MID); NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This consultant will be primarily responsible for the Testing and Training of the HAN System. The testing functions will be further broken down into traditional application testing and establishing an ongoing testing vehicle which will be incorporated into formal training exercises. The Training aspects of this consultant's time are to develop a formal training plan that addresses the initial training of ISDH staff and later the LHD staff. We will need one-time training on the application and then ongoing training to address turnover / HAN enhancements. The training plan will address the audience, scope, approach, training environment (physical environment and data) and schedule. NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 10/31/06. Based on an 8 hour work day, there are approximately 336 Hours or 80 working days through 10/31/06; EXPECTED RATE OF COMPENSATION: $60 per hour or $480 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH IHAN Coordination Section of the PHPER division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$480	42	$0	$20,160
Original Allocation	**MANAGEMENT INFORMATION DEVELOPERS (MID) - TBD PREVIOUSLY C. LINTVEDT** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: TBD previously Chris Lintvedt; ORGANIZATIONAL AFFILIATION: Management Information Developers (MID); NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Software development activities related to the implementation of the Public Health Directory, the Health Alert Network notification processes, and the Health Information Portal to be used for content sharing of health information Contracted Software Developer will lead the programming support team to design and develop the Health Alert Network portal and notification system, and will provide the programming support to design and implement the Shareable Directory of Public Health Officials; NUMBER OF	$540	80	$0	$43,200

	DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $67.50 per hour or $540 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH IHAN Coordination Section of the PHPER division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.				
Original Allocation	**MANAGEMENT INFORMATION DEVELOPERS (MID) - E. IGNAS** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Erin Ignas; ORGANIZATIONAL AFFILIATION: Management Information Developers (MID); NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Software development activities related to the implementation of the Public Health Directory, the Health Alert Network notification processes, and the Health Information Portal to be used for content sharing of health information Contracted Software Developer will participate in the programming support team to design and develop the Health Alert Network portal and notification system, and will provide the programming support to design and implement the Shareable Directory of Public Health Officials; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $66.50 per hour or $532 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH IHAN Coordination Section of the PHPER division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$532	80	$0	$42,560
Original Allocation	**MANAGEMENT INFORMATION DEVELOPERS (MID) - V. UPSHAW** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Vance Upshaw; ORGANIZATIONAL AFFILIATION: Management Information Developers (MID); NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Software development activities related to the implementation of the Public Health Directory, the Health Alert Network notification processes, and the Health Information Portal to be used for content sharing of health information Contracted Software Developer will participate in the programming support team to design and develop the Health Alert Network portal and notification system, and will provide the programming support to design and implement the Shareable Directory of Public Health Officials. NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $59.50 per hour or $476 per dayMETHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH IHAN Coordination Section of the PHPER division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$476	80	$0	$38,080
Original Allocation	**ANALYSTS INTERNATIONAL CORP. - M. SKELTON** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity	$368	80	$0	$29,440

	Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Matthew Skelton; ORGANIZATIONAL AFFILIATION: Analysts International Corp. NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This individual will respond to calls received while working in the Utility Services Help Desk & Procurement area to assist and Facilitate Information Technology purchases including communications systems, desktop or laptop computers, operating software such as MS Office, McAfee Antivirus, or MS Exchange. This contract position is to be able to support the extra volume of help desk calls generated by the new equipment and functions being provided by the ISDH as well as coordinate procurement of needed supplies and equipment for this program. NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $46 per hour or $368 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Help Desk or Procurement Area. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.				
Original Allocation	**DELETE** ***PLEASE NOTE: This is an extra line item that should be eliminated to solve an MIS problem that was discovered about a week before the application was do. Specifically, you can not "Delete" a line item under this category. C. Dawson at ISDH worked with Mark Winarski and the developers eliminated the error for a Budget change request in 2005 as an immediate fix, but should work through the root of the problem to solve this problem for the future. as of 07/15/06 this problem has not been corrected.	$0	0	$0	$0
Original Allocation	**CIBER INC. - E. STEVENSON** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: Eletha Stevenson ORGANIZATIONAL AFFILIATION: Ciber, Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Respond to help desk calls from all Local Health Departments to support issues with their network administration. Resolve problems and / or assign a vendor to resolve hardware problems and network problems. This contractor position was added to the ISDH staff to help bring the support level staffing up to the average support level stipulated in the Focus Area E guidance document from last fiscal year. Also, to help provide support for the additional computers and network equipment recently installed in the various Local Health Departments. NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $52 per hour or $416 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Epidemiology Resource Center. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$416	80	$0	$33,280
Original Allocation	**TEKSYSTEMS - LIMS PROJECT MANAGER - J. VITKA** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices.	$680	80	$0	$54,400

	NAME OF CONSULTANT: John Vitka; ORGANIZATIONAL AFFILIATION: TEKSystems; NATURE OF SERVICES TO BE RENDERED: The consultant will provide project management services to facilitate timely and successful implementation of the LIMS software. The project manager will be responsible for the following activities: • Coordinate activities of the organization members on the project team. • Communicate project status to the Executive Sponsor. • Schedule releases of the software. • Approve functionality to be included in each release. • Approve Inputs to Factory Acceptance Testing (FAT) • Validate the completion of milestones • Manage risk to keep project on track. • Approves Site Acceptance Test • Approves Validation of Installation Packages; RELEVANCE OF SERVICE TO PROJECT: The consultant will serve as Project Manager for LIMS implementation. This will permit the ISDH Labs staff to address functionalities and technical aspects related to the LIMS implementation; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per dayMETHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology Division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.				
Original Allocation	**TBD - LIMS SPECIFICATIONS MANAGER - TBD** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: TBD ORGANIZATIONAL AFFILIATION: TBD NATURE OF SERVICES TO BE RENDERED: The LIMS Specifications Manager will document user specifications; Translate user specifications to facilitate the creation of accurate technical specifications prior to programming; Refine Inputs to FAT; Generate Site Acceptance Test; and Administer Site Acceptance Test to Validate the ISDH LIMS System; RELEVANCE OF SERVICE TO PROJECT: This position is needed for the LIMS implementation and integration necessary to provide the state laboratory with a flexible comprehensive database system that addresses the workflow and communication needs of a public health laboratory. StarLIMS system will replace existing laboratory data management systems used in microbiology and chemistry and emergency preparedness and will implement central accessioning as well as add new functionalities that are required to fulfill the public health laboratory mission of disease control and prevention, outbreak investigation, emergency preparedness and terrorism response; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 12/31/06. Based on an 8 hour work day, there are approximately 640 Hours or 80 working days through 12/31/06; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per day METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology Division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$680	42	$0	$28,560
Original Allocation	**TBD - LIMS TEST ENGINEER - TBD** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: TBD ORGANIZATIONAL AFFILIATION: TBD NATURE OF SERVICES TO BE RENDERED: The LIMS Test Engineer will perform integration tests and acceptance tests (SAT) on the installed LIMS application and Document results of LIMS tests; RELEVANCE OF SERVICE TO PROJECT: This position is needed for the LIMS implementation and integration necessary to	$680	61	$0	$41,480

	provide the state laboratory with a flexible comprehensive database system that addresses the workflow and communication needs of a public health laboratory. StarLIMS system will replace existing laboratory data management systems used in microbiology and chemistry and emergency preparedness and will implement central accessioning as well as add new functionalities that are required to fulfill the public health laboratory mission of disease control and prevention, outbreak investigation, emergency preparedness and terrorism response; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 11/30/06. Based on an 8 hour work day, there are approximately 488 Hours or 61 working days through 11/30/06; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology Division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.				
Original Allocation	**TBD - LIMS STATIC DATA MANAGER - TBD** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: TBD ORGANIZATIONAL AFFILIATION: TBD NATURE OF SERVICES TO BE RENDERED: The LIMS Static Data Manager will document static data conventions; Insure the accuracy of static table data; Write procedures to ensure conventions are implemented and static table data remains accurate; Implement procedures for populating and maintaining static data; RELEVANCE OF SERVICE TO PROJECT: This position is needed for the LIMS implementation and integration necessary to provide the state laboratory with a flexible comprehensive database system that addresses the workflow and communication needs of a public health laboratory. StarLIMS system will replace existing laboratory data management systems used in microbiology and chemistry and emergency preparedness and will implement central accessioning as well as add new functionalities that are required to fulfill the public health laboratory mission of disease control and prevention, outbreak investigation, emergency preparedness and terrorism response; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 10/31/06. Based on an 8 hour work day, there are approximately 336 Hours or 42 working days through 10/31/06; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology Division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$680	42	$0	$28,560
Original Allocation	**TBD - SNS INVENTORY & DIST. MNGMT SYSTEM** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: TBD; ORGANIZATIONAL AFFILIATION: TBD; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: As part of reviewing our State SNS Plan, we identified several areas in the SNS application/interfaces that need to be improved. The primary tasks are: Creating a method for automatic allocation to the PODs. While not probable, could potentially send medication to 300 PODs. We currently have a manual system with some spreadsheets that is manually intensive and prone to mistakes. We discovered that the CDC system does not have an allocation component so we need to create an automated solution. We have completed specs which we can provide. We discovered that our allocation approach for	$480	42	$0	$20,160

		hospitals is even more of a problem. We need to create a tiered hospital structure and allocate inbound shipments accordingly. We are currently working on the specs; After our review of the CDC RITS application we decided that we need to address some of the functionality not in the system. For example, we need to integrate our POD inventory Sheets and POD Pallet Location sheets. We are working on the specs. We need to take our existing SNS processes and turn them into an operational system. This includes application changes, documentation and training materials.; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 10/31/06. Based on an 8 hour work day, there are approximately 336 Hours or 42 working days through 10/31/06; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per day; METHOD OF ACCOUNTABILITY: This consultant will work closely with our SNS Director, and our IHAN Director to develop the specific system functions needed.This consultant will report for daily work within the ISDH IHAN Coordination Section of the PHPER division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.				
Original Allocation	**TBD - SNS INVENTORY & DIST. MNGMT SYSTEM** Selected from the IN State Dept. of Administrations Temporary Technical Services Quantity Purchase Award List. The QPA are competitive bid contracts managed by the Indiana Department of Administration that provide specified services for specified periods of time, at specified prices. NAME OF CONSULTANT: TBD; ORGANIZATIONAL AFFILIATION: TBD; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: As part of reviewing our State SNS Plan, we identified several areas in the SNS application/interfaces that need to be improved. The primary tasks are: Creating a method for automatic allocation to the PODs. While not probable, could potentially send medication to 300 PODs. We currently have a manual system with some spreadsheets that is manually intensive and prone to mistakes. We discovered that the CDC system does not have an allocation component so we need to create an automated solution. We have completed specs which we can provide. We discovered that our allocation approach for hospitals is even more of a problem. We need to create a tiered hospital structure and allocate inbound shipments accordingly. We are currently working on the specs; After our review of the CDC RITS application we decided that we need to address some of the functionality not in the system. For example, we need to integrate our POD inventory Sheets and POD Pallet Location sheets. We are working on the specs. We need to take our existing SNS processes and turn them into an operational system. This includes application changes, documentation and training materials.; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/06 – 10/31/06. Based on an 8 hour work day, there are approximately 336 Hours or 42 working days through 10/31/06; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per day; METHOD OF ACCOUNTABILITY: This consultant will work closely with our SNS Director, and our IHAN Director to develop the specific system functions needed.This consultant will report for daily work within the ISDH IHAN Coordination Section of the PHPER division. Timesheets are verified and signed by division managers weekly or bi-weekly for review prior to employee's submission to Vendor for invoicing to the ISDH.	$480	42	$0	$20,160

Financial Assistance : Equipment **Total: $664**

Org ID	Type	Item Requested	How Many	Unit Costs	Amount Change

	Original Allocation	**ADDITIONAL CALL CENTER EQUIPMENT - PHONE INSTRUMENTS & SPLITTERS (8)** Procurement of telephone communications equipment to stage for risk and public health communications in the event of an emergency at our alternative DOC. Equipment will be used by ISDH staff and volunteer health professionals to alert and respond to communications to and from medical professionals and the general public regarding the steps to take in the event of a pandemic and with other information relevant to a response and recovery. Equipment will augment existing agency communications including redundant alerting mechanisms, without surging or occupying communications equipment dedicated to the Department Operations Center for event emergency response and emergency responders. The costs for these phone units and splitters are based on a quote received from the Indiana Office of Technology for 8 phone instruments and 4 splitters.	8.0	$83	$664

Financial Assistance : Supplies — **Total: $236,511**

Org ID	Type	Item Requested	How Many	Unit Costs	Amount Change
	Original Allocation	**GENERAL OFFICE SUPPLIES** For the purchase of general office supplies such as paper clips, paper, pens, pencils, envelops, etc. The budget amount is based on historical use of office supplies during the last budget cycle as well as projected costs for providing an original desk set-up for new positions. The cost for this allocation is based on an average monthly cost of $20 per employee per month (84 employees x $20 = $1,680 x 12 months = $20,160).	84.0	$240	$20,160
	Original Allocation	**GENERAL EDUCATIONAL SUPPLIES** These supplies include reference books and other professional development items, as well as printing costs that may be incurred for in-house duplication of training and exercise materials for business partners and Local Health departments that we anticipate participating in the district exercises as well as the State level exercises. The cost for this allocation will benefit 84 ISDH PHPER program staff, 94 Local Health Departments, as well as 85 Local Public Health Preparedness Coordinators. The cost for this allocation was actually based on an estimated number of reference materials that would be purchased throughout the course of the fiscal year (90) for use by all three of the aforementioned demographics, at an average cost of $125 per reference. These books in many instances are text books associated with the LMS system which are to costly and might otherwise deter professional staff from actively taking LMS based courses. The subject matter of various materials typically include emerging infectious diseases, infection control, epidemiology, surveillance, public health emergency investigations, pandemic flu, crisis communications, behavioral health response to disasters, special population based guides for response efforts and planning, as well as other public health preparedness and management materials.	84.0	$125	$10,500
	Original Allocation	**GENERAL ITS SUPPLIES** General IT supplies such as printer cartridges, computer disks, cables, etc. This line item is consistent with IT supply costs incurred during last fiscal year. The cost for this allocation is based on an average monthly cost of $20 per employee per month (84 employees x $20 = $1,680 x 12 months = $20,160).	84.0	$240	$20,160
	Original Allocation	**GENERAL SAFETY SUPPLIES AND PPE FOR ISDH PHPER STAFF** This list of personnel protective equipment and safety supplies is needed to upgrade the ISDH's and the LHD's capability to respond in the event of a public health emergency, or bioterrorism actual or suspected incident. These items will help to protect ISDH and LHD staff, while assessing potential public health and safety concerns. Utilizing these materials will enable staff to recommend proper protective measures to minimize exposures to public health first responders, and emergency workers which we estimated to be 2000 people. The cost for this allocation was based on an estimated $10.24 per PPE kit which would potentially include gloves, masks, gowns, goggles, shoe covers, and caps for 1000 additional people above and beyond the original PPE purchased at the	1000.0	$10	$10,240

	end of last fiscal year, or to replace PPE used during the course of the fiscal year for various trainings or responses to hoaxes and/or actual events.			
Original Allocation	**PUBLIC AFFAIRS - INDIANA MEDIA DIRECTORIES** The Indiana Media Directories will be provided to all local health departments, Risk Communication staff and District offices to help us provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies. The cost for this allocation was based on a unit cost of $105 per directory multiplied an estimated 120 directories (94 LHDs, 7 district offices, and 14 for distribution to key State partners at ISDH).	115.0	$85	$9,775
Original Allocation	**CONSUMABLE REAGENTS/SUPPLIES FOR LRN-C** Consumable reagents/supplies are used in the analytical procedures in preparation & analysis using ICP-MS or GC-MS instrumentation. (i.e., Falcon 15-mL conical tubes, 50-mL conical tubes, amber auto-sampler vials and SPE cartridges, 18 Gauge needles, 1 mL luer lock syringes, 2.5 mL headspace syringe, GC septa & O-rings, Inlet liner and columns, urine collections cups, double distilled nitric & hydrochloric acids, ascorbic & phosphoric acid, denatured alcohol, ammonium phosphate, potassium cyanide, bleach, regular disposable pipettes & pipette tips, metal-free pipette tips—sizes 100 mL and 1000 mL. paper towels, chem wipes, cotton swabs, biohazard autoclave bags, etc.). These items will be replaced as used to maintain an appropriate working laboratory inventory. An exact quantity cannot be provided as these supplies are purchased on an as needed basis as their shelf life is not very long. Therefore, the cost is based on the annual cost of supplies purchased under the previous fiscal year. The following is a list of examples including their itemized cost: Support Rack for 1.5 gallon ultrasonic cleaner $75 each; Solid Tray for 1.5 gallon ultrasonic cleaner $69.50 each; Tray Insert Mesh Basket for 1.5 gallon ultrasonic cleaner $69.17 each; Fisher brand Pipettes $59.04/case; TM-CAL1 Calibrator Stock with Selenium $187 each; Eppendorf 2-200ul $27/case; Eppendorf 50-1000ul $61.50/case; Eppendorf 100-5000ul $50/case; 10 ml vials T/S magnetic $77/pack; 20mm Metal seals $47.75/pack; 2ml vials $31/pack; Headspace Syringe, 2.5 ml gastight $191 each; Needle for 100-250 ul syringe for MPS $30/pack; Red magnetic crimp caps with septa $81/pack; Solution-E6100DRC Sensitivity/Det Limit $49 each; Ermco Refrigerator Thermometer $49.30 each; ferrule, 0.5 mm, vespel/graphite $56.01/pack; ferrule, 0.5 mm, graphite $46.84/pack; BD Falcon tubes, 15 ml $168/case; Tube rack $173.47/case; L-ascorbic acid $49.93/bottle; Acetone $125.30/bottle; Needle for 100-250 ul syringe for MPS $30/pack; 250 ul syringe for MPS $110 each.	12.0	$1,500	$18,000
Original Allocation	**PERFORMANCE EVALUATION SAMPLES FOR LRN-C** Performance evaluation samples: Necessary for analytical procedures in QA/QC requirements and in internal evaluations tests. Standards are required for analytical tests and data interpretation. The standards will be used for initial calibration and maintaining the calibration of the instruments. They are necessary for testing all of the control parameters used during an analytical run to assure the validity of the data and are used in data interpretation. Tests required for a Level-Two laboratory include metals, cyanide, VOCs and Nerve agent. These supplies are noted in the methodology and suggested in both the CDC technical assistance slides on May 16, 2003 and the presentation by Agilent Technologies on May 21, 2003 for cost and application.	12.0	$1,667	$20,004
Original Allocation	**GASES AND SUPPLIES FOR INSTRUMENT INSTALLATION** Gases and supplies for instrument installation—Necessary for ICP and GC operation. Equipment for gas monitoring: regulators, filters, gas flow meters, and all gas line connections are an essential part of the instrument operation. High purity liquid argon, liquid nitrogen, helium, methane, and ammonia gases will be replaced as used. Very little inventory will be maintained in the gas cylinders—one will be in use and one full cylinder will be ready for each instrument at all times.	12.0	$975	$11,700
Original	**LABORATORY EDUCATIONAL MATERIALS**	12.0	$550	$6,600

Allocation	This cost will be used a supplement to educational supplies already budgeted for the program. This is due to the nature of the materials to be purchased and the fact that this line item will not only be used to cover the costs of textbooks, but pre-generated educational materials such as CD's/DVD's/Pamphlets/Posters that can be shared throughout the labs within the state. The cost for this allocation was determined by using an average additional cost of $27.50 per lab staff member (20) per month or $550 per month.			
Original Allocation	**DISPOSABLE PERSONAL PROTECTIVE EQUIPMENT FOR BSL3** This would include any and all PPE currently recommended and or required for handling and processing samples in a BSL3 facility. Use of these supplies is based on a daily need for all lab staff responsible for handling and or testing suspected biological, chemical, or radiological samples (approximately 15 of the 20 lab staff). It is impossible to determine how many we will need to purchase during the course of the year, but the following is a list with costs for the types of items we will be purchasing on a regular basis: The following are examples of items purchased/to be purchased: Head Cover; Tychem QC Small $68.98 per case; Head Cover, Tychem QC Medium $68.98 per case; Head Cover, Tychem QC Large $68.98 per case; 3M Air-Mate HEPA Belt-Mounted PAPR System $243.74 each; Kappler Wraparound Gowns, Small $200.96 per case; Kappler Wraparound Gowns, Medium $200.96 per case; Kappler Wraparound Gowns, Large $200.96 per case; Kappler Wraparound Gowns, X-Large $200.96 per case; Shoe Covers, poly-latex, size Reg. $17.16 per case; Shoe Covers, poly-latex, size Small $17.16 per case; Shoe Covers, poly-latex, size Large $17.16 per case; Small Latex gloves $76.30 per case; Medium Latex gloves $76.30 per case; Large Latex gloves $76.30 per case; X-Large Latex gloves $76.30 per case.	12.0	$760	$9,120
Original Allocation	**CONSUMABLE LAB SUPPLIES FOR LRN PROTOCOLS** This is intended for currently known and possibly future reagents not furnished by CDC for performing the official LRN procedures. This is a very difficult area to predict with changing technology, new support activities, i.e., BDS, and supplies being so costly because they are often exclusive to specific instrumentation and are not sold by more than one vendor. An exact quantity cannot be provided as these supplies are purchased on an as needed basis as their shelf life is not very long. Therefore, the cost is based on the annual cost of supplies purchased under the previous fiscal year. The following is a list of examples including their itemized cost: This list will be provided under separate cover due to spatial limits within the MIS.	12.0	$2,950	$35,400
Original Allocation	**CONSUMABLE LAB SUPPLY TEST KIT FOR BAX SYSTEM** The estimated test cost is $9 per test per organism. This amount could vary based on the amount of food-borne organism surveillance that is conducted. Also, the number and size of food-borne illness investigations as well as the targeted organism(s) will affect the final annual costs.	1000.0	$9	$9,000
Original Allocation	**CONSUMABLE LAB SUPPLIES FOR OMNILOG PLUS** This figure is based on the estimated number of tests that could be used the OmniLog Plus system.	12.0	$550	$6,600
Original Allocation	**CONSUMABLE LAB SUPPLIES FOR PFGE** This figure is based on an estimated number of tests performed by PFGE. Disposable Plug Molds: $2,000/year; Restriction Enzymes: $15,000/year; PFGE grade agarose: $1000/year; Other consumable: $2,000/year.	12.0	$1,667	$20,004
Original Allocation	**CONSUMABLE LAB SUPPLIES FOR THE VHP SYSTEM** Remote Lab Operating Costs: Vaporized Hydrogen Peroxide (VHP) decontamination supplies including hydrogen peroxide, biological and chemical indicators, biological indicator media, and Draeger Tubes for Hydrogen Peroxide. An exact quantity cannot be provided as these supplies are purchased on an as needed basis as their shelf life is not very long. Therefore, the cost is based on the annual cost of supplies purchased under the previous fiscal year. The following is a list of examples including their itemized cost: Hydrogen peroxide $800 per run; Biological test indicators $1,089 per pack; Biological test media $200 per pack; Chemical test indicators $62 per pack; Draeger Tubes-Hydrogen Peroxide (13453-430) $85.50 per pack.	12.0	$1,667	$19,998

Original Allocation	**FOOD MICROBIOLOGY PROFICIENCY PROGRAM SAMPLES** This includes both the comprehensive and add-on Campylobacter packages. These samples help ensure accuracy of analysts in testing methods including, but not limited to, the use of the BAX. The cost for these samples is based on the actual cost per Sample kit.	1.0	$1,450	$1,450
Original Allocation	**CONSUMABLE LAB SUPPLIES FOR PCR** These funds are intended for the consumable supplies not provided by CDC and are specifically needed to perform PCR analyses. An exact quantity cannot be provided as these supplies are purchased on an as needed basis as their shelf life is not very long. Therefore, the cost is based on the annual cost of supplies purchased under the previous fiscal year. The following is a list of examples including their itemized cost: This list was provided during budget negotiations under separate cover due to spatial limits within the MIS. However the following has been copied and pasted since their is no way to attach files to this section of the MIS: ITEM DESCRIPTION/COST PER UNIT: QUIamp Viral RNA mini kit/$144 each; QUIamp Viral RNA - AVL buffer & Carrier/$102 each; Aqua Pure Genomic DNA Isolation Kit/$107 each; Light Cycler RNA Amplification Kit Hybridization Probes/$270 each; Light Cycler Fast Start DNA Master Hybridization Probes/$203 each; MagNa Pure LC DNA Isolation Kit I/$321 each; MagNa Pure LC RNA Isolation Kit - High Performance/$487 each; MagNa Pure LC Medium Reagent Tub (20)/$149 per pack; MagNa Pure LC Medium Reagent Tub (30)/$54 per pack; MagNa Pure LC Reagent Tub (Large)/$124 per pack; MagNa Pure LC Lid (small, medium)/$247 per pack; MagNa Pure LC Lid (Large)/$119 per pack; MagNa Pure LC Reaction Tip (large) Refill/$283 per pack; MagNa Pure LC Reaction Tip (small) Refill/$259 per pack; MagNa Pure LC Sample Cartridge/$87 per pack; MagNa Pure LC Cartridge Seal/$97 per pack; MagNa Pure LC Processing Cartridge/$221 per pack; Large Volume Isolation Kit/$468 each; Bacteria, Fungi Isolation Kit/$343 each; Qiagen One Step RT-PCR Kit/$388 each; Master Pure DNA/RNA Purification Kit/$255 each; Master Pure DNA Purification Kit/$185 each; Light Cycler RNA Amplification Kit Hybridization Probes/$270 each; Light Cycler Fast Start DNA Master Hybridization Probes/$203 each; Qiagen Quantitect Probe PCR Kit/$369 each; MagNa Pure Total Nucleic Acid Isolation Kit $380 each.	12.0	$650	$7,800

Financial Assistance : Travel			**Total: $257,809**
Org ID	**Type**	**Description**	**Amount Change**
IN-STATE TRAVEL			
	Original Allocation	**(In State, Indiana - PHPER Division) Trips: 26, People: 11, Days: 2, Per Diem: $26, Nights: 1, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** In-state travel to support on-going efforts in mass prophylaxis planning, exercises, and SNS distribution. The travel includes Preparedness staff to participate in local and district exercises, local and district planning meetings, training classes, and other support of the public health preparedness activities. The cost for this allocation was determined based on the average number of trips (including mileage, hotel, and per diem) for the PHPER field and ISDH stationed staff during the previous fiscal year.	$52,338
	Original Allocation	**(In State, Indiana - ERC Division) Trips: 26, People: 11, Days: 2, Per Diem: $26, Nights: 1, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** This travel funding will be used by the District Epidemiologists to support the surveillance and investigation activities of the local health departments in their districts. This travel funding is also being used by the main office epidemiology staff to support the surveillance and investigation activities of the local health departments and the district epidemiologists. The cost for this allocation was determined based on the average number of trips (including mileage, hotel, and per diem) for the Epidemiology field and ISDH stationed surveillance staff during the previous fiscal year.	$52,338

Original Allocation	**(In State, Indiana - Rad Health Division) Trips: 26, People: 1, Days: 2, Per Diem: $26, Nights: 1, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** This travel funding will be used by the Rad Health Director to support All-Hazards planning, investigation and response throughout the state. This figure was determined based on the average number of trips that this individual traveled during the previous fiscal year.	$4,758
Original Allocation	**(In State, Indiana - Food Security) Trips: 26, People: 2, Days: 3, Per Diem: $26, Nights: 2, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** This travel funding will be used by the Food Security Specialists to support the food security evaluation, assessment, training, and investigation activities of the Food Protection program. These funds will also be used for the FIRMS developer to travel to Local Health Departments to assist in implementation of the FIRMS system state-wide. The cost for this allocation was determined based on the average number of trips (including mileage, hotel, and per diem) for the Food Protection staff during the previous fiscal year.	$14,976
Original Allocation	**(In State, Indiana - Lab Staff) Trips: 13, People: 3, Days: 2, Per Diem: $26, Nights: 1, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** It will be beneficial to all concerned for the appropriate Molecular, Chemical, Bio-watch, Radiological, and Food science lab staff to plan, attend, and participate in technical meetings and workshops throughout Indiana. This travel will facilitate the communication lines and enhance the cooperative efforts of all labs, ISDH PHPER staff, as well as other State and Local first responders. The cost for this allocation was determined based on the average number of trips (including mileage, hotel, and per diem) for the Laboratory staff during the previous fiscal year, as well as estimated travel necessary for planned future activities.	$7,137
Original Allocation	**(In State, Indiana - Information Technology Staff) Trips: 13, People: 2, Days: 2, Per Diem: $26, Nights: 1, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** The IT Security Technician and/or the HAN Program Director will travel to approximately 30 of the 94 LHDs at least once. There will be 15 visits that require an overnight stay. The reason for the visits will be to assess the overall security of the LHD IT environment, and to implement any necessary solutions for vulnerabilities found and to assess the LHD infrastructure to ensure the LHD can properly respond to emergencies. These individuals will also travel to approximately 30 of the 94 LHDs at least once. There will be 15 visits that require an overnight stay. The reason for the visits will be to assess the overall security of the LHD IT environment, and to implement any necessary solutions for vulnerabilities found and to assess the LHD infrastructure to ensure the LHD can properly respond to emergencies.	$4,758
Original Allocation	**(In State, Indiana - Risk Communication Staff) Trips: 26, People: 5, Days: 3, Per Diem: $26, Nights: 2, Miles: 130 * $0.400 = $52.00, Airfare: $0.00, Lodging: $79.00, Other: $0.00** The five district field staff public information officers and occasionally the Risk Communications Director/other ISDH stationed Risk Communications staff will travel throughout their assigned districts or throughout the state in order to provide needed health/risk information to the public and key partners. Risk communication staff will work use public health emergency planning and emergencies, and other public health initiatives, to work with LHDs to establish critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies. The cost for this allocation was determined based on the average number of trips (including mileage, hotel, and per diem) for the Risk Communications staff during the previous fiscal year.	$37,440
OUT-OF-STATE TRAVEL		
Original Allocation	**(Out of State, TBD - Rad Health Staff) Trips: 2, People: 1, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $525.00, Lodging: $110.00, Other: $224.00** This travel funding will be used by the Radiological/Environmental Health director to attend a National conference/meeting, as well as a National training out-of state.	$2,144
Original	**(Out of State, TBD - Food Security Staff) Trips: 2, People: 3, Days: 4, Per Diem: $32, Nights: 3, Miles: 18 * $0.400 =**	$7,285

Allocation	**$7.20, Airfare: $525.00, Lodging: $110.00, Other: $224.00** This travel funding will be used Food Security staff to attend conferences, meetings, and training out-of state.	
Original Allocation	**(Out of State, TBD - Laboratory All-Hazards Staff) Trips: 2, People: 5, Days: 4, Per Diem: $32, Nights: 3, Miles: 18 * $0.400 = $7.20, Airfare: $525.00, Lodging: $110.00, Other: $332.00** This out-of-state travel allocation can be used by any of the various technical expertise laboratory state personnel (ie Microbiology, Bio-watch, Chemical, Radiological, or Food Science) to attend national conferences, education and training sessions. This travel will include at least one trip for the Microbiology and Chemical Lab directors to attend the national CDC Public Health Preparedness conference, as well as the national APHL conference. Other travel will be restricted for staff to attend technical training many of which are also in Atlanta for CDC-provided and sponsored training sessions. Some of these trainings may include, but are not limited to the following: APHL/ASTHO Annual Meeting; an International Infectious Disease meeting that discusses BT agents, emerging infectious agents, and other agents of public health interest; the annual Pulse Net conference to update laboratories on current and new PFGE methodologies (a key tool for potential foodborne BT events); the annual ICAAC microbiology conference; the Annual Biological Safety Conference; the International Congress of Clinical Chemistry and Annual Meeting of the American Association for Clinical Chemistry.	$13,222
Original Allocation	**(Out of State, TBD - Risk Communication Staff) Trips: 1, People: 5, Days: 2, Per Diem: $32, Nights: 1, Miles: 250 * $0.400 = $100.00, Airfare: $0.00, Lodging: $110.00, Other: $0.00** The five district field staff public information officers will travel to the border states nearest their region to meet with their counterparts in those states in order to collaborate and enhance our ability to provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.	$1,370
Needs More Info	**(Out of State, TBD - Information Technology Staff) Trips: 2, People: 2, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $525.00, Lodging: $110.00, Other: $224.00** The HAN Program Director and the PHIN Director Coordinator will attend the National PHIN Conferences, and the National HAN Conferences.***ADDITIONAL INFORMATION: Per my conversation with Kevin Griffy, this information is not available at the beginning of the year, as conferences and trainings are not typically released until 2 months prior to the date. Therefore, this information can be provided incrementally throughout the year and at the end of the year in spreadsheet format, or just in text format. As of this time the following travel has occurred for the PHPER Information Technology Staff:Chuck Berning: 09/24/06-09/28/06: CDC Annual PHIN Conference: Atlanta, GA.Jake Moelk: 09/24/06-09/28/06: CDC Annual PHIN Conference: Atlanta, GA.	$4,289
Needs More Info	**(Out of State, TBD - Risk Communications) Trips: 2, People: 1, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $525.00, Lodging: $110.00, Other: $224.00** This travel will allow for the Risk Communications Director to attend the annual NPHIC Conference and the National CDC PHPER annual conference.***ADDITIONAL INFORMATION: Per my conversation with Kevin Griffy, this information is not available at the beginning of the year, as conferences and trainings are not typically released until 2 months prior to the date. Therefore, this information can be provided incrementally throughout the year and at the end of the year in spreadsheet format, or just in text format. As of this time the following travel has occurred for the PHPER Risk Communications Staff:Erik Deckers: 10/19/06-10/20/06: PanFlu Crisis & Emergency Risk Communication Training: Chicago, Illinois.	$2,144
Needs More Info	**(Out of State, TBD - PHPER Division) Trips: 2, People: 13, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $525.00, Lodging: $110.00, Other: $224.00** Out of state travel for national conferences and training classes to improve, plan, and implement the activities outlined in this cooperative agreement related to SNS or NIMS as well as developing Inter-State coordination and collaboration for regional preparedness. These funds will also allow for the Executive Director and other preparedness staff to attend the national NACCHO and/or ASTHO conference(s), the annual CDC Public Health Preparedness Conference, as well as a joint HRSA/CDC Technical conference.***ADDITIONAL INFORMATION: Per my conversation with Kevin Griffy, this information is not available at the beginning of the year, as conferences and trainings are not typically released until 2 months prior to the date. Therefore, this information can	$27,877

	be provided incrementally throughout the year and at the end of the year in spreadsheet format, or just in text format. As of this time the following travel has occurred for the PHPER Division Staff:Mitch Klopfenstein: 09/18/06-09/20/06 - ELCMPD Workshop: Washington D.C.	
Needs More Info	**(Out of State, TBD - Epidemiology & Surveillance Staff) Trips: 2, People: 12, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $525.00, Lodging: $110.00, Other: $224.00** This travel funding will be used state surveillance and investigation staff (both main office and district) to attend conferences, meetings, and training out-of state.***ADDITIONAL INFORMATION: Per my conversation with Kevin Griffy, this information is not available at the beginning of the year, as conferences and trainings are not typically released until 2 months prior to the date. Therefore, this information can be provided incrementally throughout the year and at the end of the year in spreadsheet format, or just in text format. As of this time the following travel has occurred for the PHPER Epidemiology & Surveillance Staff:Shawn Richards: 10/16/06-10/17/06 - PanFlu Conference: Washington D.C. Michael Wade: 10/17/06-10/20/06 - ISDS Conference: Baltimore, MD.	$25,733

Financial Assistance : Other — **Total: $1,391,682**

Org ID	Type	Description	Amount Change
	Original Allocation	**RENT ALLOCATION FOR ISDH-PHPER PROGRAM STAFF** It was recently determined that the CDC Public Health Preparedness program uses part of the 2 N. Meridian facilities to provide workstations for 16 staff members. Therefore a portion of the rent for the 2 N. Meridian stationed staff is going to be allocated to the Public Health Preparedness program similarly to the Rent allocation that occurs to all other programs within the Indiana State Department of Health. Similarly the field staff are required to attend monthly and/or quarterly meetings here at ISDH and limited space within the main facility is often used temporarily by these staff members. Therefore 10% of each field staff position (25) is also charged as part of the rent allocation. The allocation is usually charged to the various programs on a quarterly basis, thus creating 4 quarterly payments for the period of 08/31/06 through 08/30/07. The CDC Public Health Preparedness program's costs were determined based on calculating the percentage of positions In-House and field within each division within the agency that exists to determine the percentage of chargeable positions within the whole. That percentage is then multiplied to the total lease agreement amount of $2,322,242 to determine a cost associated with each division. Finally the division cost is proportioned out to each of the various agency programs based on the number of positions a program has working within the division that utilize the 2 N. Meridian Facilities. The CDC Public Health Preparedness programs portion of the annual lease agreement is $4,784 monthly or approximately $299 per program funded chargeable position (16) per month.	$60,998
	Original Allocation	**PARKING ALLOCATION FOR ISDH-PHPER PROGRAM STAFF** Similar to facility and work space leases the Indiana State Department of Health leases parking space from a property owner in Downtown Indianapolis, and contracts with that vendor to provide shuttle service from the parking lot to the agency which is approximately a mile away. Using similar methodology to the rent allocation it was determined that the CDC Public Health Preparedness program has 43 chargeable positions of the 815 chargeable agency positions. The allocation is usually charged to the various programs on a quarterly basis in alignment with the State Fiscal year, thus creating 4 quarterly payments during the budget cycle to cover the period of 08/31/06 through 08/30/07. The CDC Public Health Preparedness program's cost was determined based on determining the percentage of positions within each agency division that exist to determine the percentage of chargeable positions within the whole agency. That percentage is then multiplied to the total Parking agreement amount of $442,305 to determine a cost associated with each division. Finally the division cost is proportioned out to each of the various agency programs based on the number of positions that program has working in each division. The CDC Public Health Preparedness program's portion of the annual parking agreement works out to $2,236 monthly or $52 per program funded chargeable position (43) monthly.	$36,610

Original Allocation	**ISDH LAND PHONE LINE & DATA LINE SERVICE** The cost allocation for this is based on an average monthly cost of $42 per month for local and long distance phone service per ISDH PHPER program staff stationed at ISDH & the ISDH Central Laboratory or 69 staff x $42/month x 12 months).	$34,776
Original Allocation	**ISDH AFTER HOURS ANSWERING SERVICE** The ISDH subscribes to this service to provide a way for Local Health Departments, private physicians and other health care providers and the public to contact state health department staff after hours to report potential public health emergencies, disease outbreaks, or other public health threats. The service triages calls to connect the caller to the most appropriate ISDH Resource in a timely manner. The cost for this allocation was determined by multiplying the monthly cost for this service $75.00 times 12 months.	$900
Original Allocation	**COPY MACHINE LEASES FOR ISDH PHPER PROGRAM STAFF ON SELIG 5 & 6** This allocation is for copy machine lease agreements for Selig 5 & 6 here at ISDH. These floors primarily consist of PHPER program staff at ISDH who require the use of a network printer, copier, and scanner, for operational needs. The cost for these two units was determined by taking the actual monthly cost for each copier, which is $574 per month, multiplying it by 12 months ($6,888) and then by 2 units ($13,776).	$13,776
Original Allocation	**POSTAGE FOR PHPER PROGRAM** Often times with program staff being stationed throughout the state as well as frequent correspondence with other federal, state, and local business partners, staff at ISDH use our in-house mailing facilities to ship letters, brochures, informational tools, packages, etcetera. This line item is for the current budget cycle as an ongoing operational expense. Therefore we are requesting funding to cover estimated postage charges for the current budget year. The cost for this allocation was based on an estimated monthly cost of $428 per month which corresponds with the average weekly expenditure from last fiscal year for letters, flats, and parcels of this program area specifically.	$5,136
Original Allocation	**ISDH FIBER CONNECTION COSTS - ISDH TO IOT** With the significant increase in IOT network traffic incurred as a result of the development of PHPER program it became evident that in order to maintain communications traffic across the system that ISDH needed an additional Gig-E line. This line was purchased under the previous project period, and this cost represents a monthly maintenance fee of $2,843 for this IT communications line.	$34,116
Original Allocation	**ISDH/LHD MONTHLY CONFERENCE CALLING SERVICE FEES** For planning and preparedness collaboration between state and local business partners the CDC Public Health Preparedness Program hosts a monthly conference call to share and discuss various activities, including funding issues, that are going on that affect the program currently and in the future, similar to program related conference calls that CDC hosts monthly. The cost for this allocation is based on average costs from the 2004/2005 fiscal period which was an average monthly cost of $2,350 monthly with approximately 110 participating agencies (average 9 participating divisions at ISDH, 7 district offices, and 94 Local Health Departments).	$7,531
Original Allocation	**FIRMS SERVER HOSTING** The Indiana Office of Technology (IOT) provides server hosting for the Food Inspection Regulatory Management System that provides surveillance capability to detect trends or hot spots threatening food security. The cost of this line item is based on an average monthly cost of $709.75 for hosting. The FIRMS system is 100% funded by the CDC BT grant and only exists because of the existence of the public health preparedness program. This includes hosting the portal for the system. For the system to work from the field we must have a portal for the data to travel through into the main system. Without the agreement with IOT to host the portal no data can be transferred remotely and therefore the system will fail. The system is used by inspectors in the field to conduct food safety inspections and food security surveillance. This data is stored temporarily on the field tablet computer until they can do an upload. Once the upload is done it updates the master system. Without the portal, none of this can occur. This inspection data is then used to generate reports to provide evidence of trends or hot spots that can be targeted to reduce threats to public health.	$8,517

Original Allocation	**HEALTH NET PORTAL SERVER HOSTING** In order to improve and maintain the availability of the ISDH Health Net Portal, 2 new servers were installed at the IOT shared data center under the 2004/2005 Public Health Preparedness Focus Area E funding. In order to maintain this server hosting IOT is charging ISDH a flat fee of $150 per network connection (4) per month ($600 per month or $7,200 annually).	$7,200
Original Allocation	**RENT FOR DISTRICT 1 OFFICE LOCATED IN LAKE COUNTY** A field office is located in each public health district. Our district 1 office (see "Appendix J" for district map) is currently located in Lake County. This office houses 2 staff members (1 Public Health Administrator, 1 Epidemiologist). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $490 x 3 months. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,470
Original Allocation	**DISTRICT 1 OFFICE PHONE & FAX SERVICE - LAKE COUNTY** These costs are associated with the communications for our District 1 office (see "Appendix J" for district map) which is equipped with 3 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost for this site $377.33 per month multiplied by 3 months. These lines are specifically for Public Health Preparedness District office field staff stationed within this district. District 1 is staffed by a District Coordinator, a District Epidemiologist, and has an additional line for use by the Public Information Officer that covers District 1 & 4. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,132
Original Allocation	**RENT FOR DISTRICT 2 OFFICE LOCATED IN ELKHART COUNTY** A field office is located in each public health district. Our district 2 office (see "Appendix J" for district map) is currently located in Elkhart County. This office houses 3 staff members (1 Public Health Administrator, 1 Epidemiologist, and 1 Public Information Officer). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $583.33 x 3 months. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,750
Original Allocation	**DISTRICT 2 OFFICE PHONE & FAX SERVICE - ELKHART COUNTY** These costs are associated with the communications for our District 2 (see "Appendix J" for district map) office which is equipped with 3 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost of $278.66 per month multiplied by 4 months. These lines are specifically for Public Health Preparedness District office field staff stationed within this district. District 2 is staffed by a District Coordinator, a District Epidemiologist, and a Bi-District Public Information	$836

	Officer who also covers District 3. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	
Original Allocation	**RENT FOR DISTRICT 3 OFFICE LOCATED IN ALLEN COUNTY** A field office is located in each public health district. Our district 3 office (see "Appendix J" for district map) is currently located in Allen County. This office houses 3 staff members (1 Public Health Administrator, 1 Epidemiologist, and 1 Public Information Officer). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $640 multiplied by 3 months. Please note that the rent for this office is significantly higher than the other offices, which is due to a monthly allocation of $150 for utilities (gas, water, and electric). ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,920
Original Allocation	**DISTRICT 3 OFFICE PHONE & FAX SERVICE - ALLEN COUNTY** These costs are associated with the communications for our District 3 (see "Appendix J" for district map) office which is equipped with 3 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost for this site $317.33 per month times 3 months. These lines are specifically for Public Health Preparedness District office field staff stationed within this district. District 3 is staffed by a District Coordinator, a District Epidemiologist, and has an additional line for use by the Public Information Officer that covers District 2 & 3. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$952
Original Allocation	**RENT FOR DISTRICT 4 OFFICE LOCATED IN TIPPECANOE COUNTY** A field office is located in each public health district. Our district 4 office (see "Appendix J" for district map) is currently located in Tippecanoe County. This office houses 3 staff members (1 Public Health Administrator, 1 Epidemiologist, and 1 Public Information Officer). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $458.33 multiplied by 3 months. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,375

Original Allocation	**DISTRICT 4 OFFICE PHONE & FAX SERVICE - TIPPECANOE COUNTY** These costs are associated with the communications for our District 4 (see "Appendix J" for district map) office which is equipped with 3 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost for this site $208.34 per month multiplied by 3 months. These lines are specifically for Public Health Preparedness District office field staff stationed within this district. District 4 is staffed by a District Coordinator, a District Epidemiologist, and has an additional line for use by the Public Information Officer that covers District 1 & 4. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$625
Original Allocation	**RENT FOR DISTRICT 6 OFFICE LOCATED IN DELAWARE COUNTY** A field office is located in each public health district. Our district 6 office (see "Appendix J" for district map) is currently located in Delaware County. This office houses 3 staff members (1 Public Health Administrator, 1 Epidemiologist, and 1 Public Information Officer). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $400 multiplied by 3 months. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,200
Original Allocation	**DISTRICT 6 OFFICE PHONE & FAX SERVICE - DELAWARE COUNTY** These costs are associated with the communications for our District 6 (see "Appendix J" for district map) office which is equipped with 3 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost for this site $226 per month multiplied by 3 months. These lines are specifically for Public Health Preparedness District office field staff stationed within this district. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$678
Original Allocation	**RENT FOR DISTRICT 8 & 9 OFFICE LOCATED IN BARTHOLOMEW COUNTY** A field office is located in each public health district. Our district 8 and 9 office (see "Appendix J" for district map) is currently located in Bartholomew County. This office houses 5 staff members (2 Public Health Administrator,2 Epidemiologist, and 1 Public Information Officer). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $458.34 multiplied by 3 months. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses	$1,375

	for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	
Original Allocation	**DISTRICT 8 & 9 OFFICE PHONE & FAX SERVICE BARTHOLOMEW COUNTY** These costs are associated with the communications for our District 8 & 9 (see "Appendix J" for district map) office which is equipped with 4 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost for this site $377.34 per month multiplied by 3 months. The District Phone and Fax line service in question is specifically for Public Health Preparedness District office field staff stationed within this district. District 8 is staffed by a District Coordinator, 2 District Epidemiologists (District 8 & 9), and a Bi-District Public Information Officer who also covers District 9. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,132
Original Allocation	**RENT FOR DISTRICT 10 OFFICE LOCATED IN WARRICK COUNTY** A field office is located in each public health district. Our district 10 office (see "Appendix J" for district map) is currently located in Warrick County. This office houses 3 staff members (1 Public Health Administrator, 1 Epidemiologist, and 1 Public Information Officer). This is a Lease agreement under Class 3 in the state system, which corresponds with "Other" in the federal system. Please note that this is a continuation agreement that was approved in the previous fiscal years budget. The cost for this allocation was created by multiplying the monthly rent of $458.33 x 3 months. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$1,375
Original Allocation	**DISTRICT 10 OFFICE PHONE & FAX SERVICE - WARRICK COUNTY** These costs are associated with the communications for our District 10 (see "Appendix J" for district map) office which is equipped with 3 phone lines, and 1 fax line. The cost for this allocation was determined by multiplying the average monthly cost for this site $285.00 per month multiplied by 3 months. These lines are specifically used by the Public Health Preparedness District office field staff stationed within this district. District 10 is staffed by a District Coordinator, a District Epidemiologist, and a Bi-District Public Information Officer who also covers District 7. ***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.	$855
Original Allocation	**WESTERN SELECT PROPERTIES - RENT FOR MODULAR LAB FACILITY** This allocation is based on the monthly land lease agreement (on file in the CDC Procurement & Grants Office) for housing the Modular lab facility procured under the previous project period. The cost for this allocation is based on a monthly fee of $0.125 per month per square foot for this 17,778 sq ft property, or $2,222.25 monthly multiplied by 12 months. This facility is used by the PHPER Microbiology, Chemical, and Bio-watch staff and will be used for surge lab support in-case of an emergency.	$26,667
Original	**ELECTRICITY FOR MODULAR LAB FACILITY**	$59,496

Allocation	The cost for this allocation is based on a monthly fee of $4,958 per month for this 17,778 square foot property. This is an electric only BSL-3 facility with HEPA air filtration. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges. The modular lab is used exclusively for BT/CT and Bio-watch lab activities.	
Original Allocation	**CONVENTIONAL WATER SYSTEM FOR MODULAR LAB FACILITY** The cost for this allocation is based on a monthly fee of $56 per month for this 17,778 square foot facility. This charge is for all water used in the facility, except for the fire sprinkler system. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges.	$672
Original Allocation	**FIRE SPRINKLER SYSTEM FOR MODULAR LAB FACILITY** The cost for this allocation is based on a monthly fee of $8 per month for this 17,778 square foot modular facility. This charge is for the fire sprinkler system. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges.	$90
Original Allocation	**MONTHLY MAINTENANCE FEES FOR MODULAR LAB SECURITY SYSTEM** The cost for this allocation is based on a monthly fee of $300 per month for this 17,778 square foot modular facility. This charge is for the security monitoring of an all hazards facility where select agents are stored and tested. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges.	$3,600
Original Allocation	**MONTHLY MAINTENANCE FEES FOR BARNHILL LAB SECURITY SYSTEM** The cost for this allocation is based on a monthly fee of $500 per month for the main laboratory located at 635 N. Barnhill Drive multiplied by 4 months. This charge is for the security monitoring of an all hazards facility where select agents are stored and tested. This allocation is only for four months as ISDH is anticipated to move into the new laboratory in January 2007 thus eliminating the need for the additional security costs of having the laboratory located on the IUPUI university campus.	$2,000
Original Allocation	**TELEPHONE & DATA SERVICE FOR MODULAR LAB** This allocation is for local and long distance telephone service as well as data connection support for 23 ports at the Modular lab facility. The cost for this allocation is based on an average monthly cost of $42 multiplied by the 23 ports for a monthly cost of $966.	$11,592
Original Allocation	**ANNUAL PREVENTATIVE MAINTENANCE FOR MODULAR LAB FACILITY** Preventative maintenance of the modular lab include the following: HVAC, the Andover Control system, cleaning services, generator, bio-safety cabinets and hood, rooftop HEPA filters, static pressure controls, fire suppression system and inspections, fans, dampers, condensers, humidifiers, heaters, etc. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges. The cost for this allocation is based on a monthly cost of $3,800. Please note that this allocation only includes labor for standard maintenance, but does not necessarily include travel, materials, or related labor cost for repairs that might become necessary during the course of the fiscal year. Therefore there is a separate allocation within this budget to cover those types of cost.	$45,600
Original Allocation	**BIOLOGICAL WASTE REMOVAL FOR MODULAR LAB FACILITY** The cost for this allocation is based on a monthly fee of $250 per month for this 17,778 square foot modular facility. This charge is for the removal and incineration of bio-hazardous waste. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges.	$3,000

Original Allocation	**HAZARDOUS WASTE REMOVAL FROM MODULAR LAB FACILITY** The cost for this allocation is based on a monthly fee of $167 per month for this 17,778 square foot modular facility. This charge is for the hazardous chemical waste. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges.	$2,000
Original Allocation	**LAB COATS SERVICE** This allocation is for the lease of lab coats required for staff while working in the labs. Each staff member is provided with 3 coats, one to be worn while working in the lab, while another is being laundered on a weekly basis, and a third as back-up in case the one they are wearing becomes dirty or potentially contaminated by samples or other lab materials that could be potentially harmful to the individual or contaminate other samples. The cost for this allocation is based on a monthly cost of $5.76 per employee x 21 employees x 12 months.	$1,451
Original Allocation	**MONTHLY SERVICE FEES FOR BARNHILL VIDEO-CONFERENCING SYSTEM AND LINE RENTAL** This videoconferencing system and line were added to our Barnhill lab facility under the Public Health Preparedness program 4 years ago as a part of the efforts of the Mid-West 12 State Consortium. The cost for this allocation is based on a cost of $150 a month for a 4 month period. This system will be replaced by a system installed in the new lab facility which we anticipate moving into in Janruary 2007.	$600
Original Allocation	**ITN CONNECTION TO MODULAR LAB FACILITY** The ITN line and network switches in the modular lab facility will provide for a reliable connection for network and internet connectivity. The cost for this allocation is based on a monthly cost of $2,700 a month multiplied by 12 months.	$32,400
Original Allocation	**OMNILOG PLUS SYSTEM ANNUAL MAINTENANCE FEES** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $9,200 annually.	$9,200
Original Allocation	**LIGHT CYCLER SYSTEM (SN# 1407017 & 1407027) ANNUAL MAINTENANCE FEES** A warranty service extension agreement for two (2) Light Cyclers purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on the negotiated amount of $300 a month multiplied by 12 months per unit (2 x $300 x 12).	$7,200
Original Allocation	**ABI PRISM 7000 (SN# 270003312) ANNUAL MAINTENANCE FEES** A warranty service extension agreement for the ABI Prism 7000 that was originally purchased using Public Health Preparedness cooperative agreement funds in 2003. The cost for this allocation is based on a negotiated rate of $398.50 monthly multiplied by 12 months.	$4,782
Original Allocation	**MAGNA PURE SYSTEM ANNUAL MAINTENANCE FEES** A warranty service extension agreement for the Magna Pure system purchased using Public Health Preparedness cooperative agreement funds in a previous budget cycle. The cost for this allocation is based on a negotiated rate of $775 monthly multiplied by 12 months.	$9,300
Original Allocation	**QIAGEN BIOROBOT 9604 (SN# A3102) ANNUAL MAINTENANCE FEES & 1 MONTH TRAINING** A warranty service extension agreement for the BioRobot that was originally purchased using Public Health Preparedness cooperative agreement funds in a previous budget cycle. The cost for this allocation is based on a negotiated rate of $13,100 annually.	$13,100
Original Allocation	**BAX ANNUAL MAINTENANCE FEES** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $4,000 annually.	$4,000

Original Allocation	**ABI PRISM 3100 GENETIC ANALYZER ANNUAL MAINTENANCE** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $1,250 monthly multiplied by 12 months.	$15,000
Original Allocation	**CISCO SWITCH ANNUAL MAINTENANCE FEES (BARNHILL LAB SWITCHING HARDWARE)** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $1,581 monthly multiplied by 12 months.	$18,972
Original Allocation	**SAMPLE SHIPPING REIMBURSEMENT** This allocation is to reimburse ISDH field Epidemiology staff that ship samples to the ISDH Laboratories for testing as necessary during the course of the fiscal year, when the Contracted vendor is not available to pick samples up, and timing is crucial. The cost for this allocation is based on rates similar to what our previous agreement with Now Courier was at an expected rate of roughly $100 per pick up, with less for areas close to Indianapolis and more for those farther away. This cost is based on a $1.10 per loaded mile base charge. It is expected that the service will be used roughly once a week, for a total of $400/month.	$4,800
Original Allocation	**VOICE AND FAX BROADCAST AND INTEGRATED VOICE RESPONSE MONTHLY SERVICE FEES** Voice and FAX broadcasts will be used as a redundant method of delivering HAN alert notifications in the event of an emergency. The IVR will be used as the toll free call in by the HAN users to obtain significantly more information than would be provided in the FAX or broadcast. In addition, the IVR can be coded to require a user ID and PIN to access the recordings, thus ensuring delivery of the information to the specific group of public health participants that are targeted. Itemized Budget: Service agreement calls for a minimum charge of $2,500 per month (includes up to 15,000 minutes of use) plus $.22 per minute of broadcast, FAX, and IVR for utilization over the base amount. Assume $2,500 times 12 months = $30,000. The additional $5,000 is for an automatic interface to integrate voice and fax messages with the LHDs throughout Indiana.	$30,000
Original Allocation	**TRAINING & EDUCATION FUNDS FOR LHDS AND ISDH HOSTED TRAINING** ISDH encourages professional employees to continue their education through university courses, educational conferences, and/or training seminars. The ISDH is establishing a program to reimburse employees for courses taken that enhance their knowledge, and skills related to their particular position, and responsibilities. The furtherance of education is considered an approach to infrastructure building and maintenance of a competent and capable workforce. Therefore, we are requesting funds for ISDH staff members, Local Public Health Staff, as well as Community Health Center (CHC) staff to participate in these educational opportunities. The cost for this project was determined based on an average cost of $150 per staff member multiplied by an estimated 200 employees who will request assistance.	$30,000
Original Allocation	**RECALIBRATION OF TEMPTALE3 MONITORS FOR SMALLPOX VACCINE MONITORING** The Temptale 3 monitors were purchased 2 years ago as a secondary temperature monitoring for our Smallpox Vaccine. The Temptale 3s are required to be recalibrated annually by the manufacturer to guarantee their certification.	$213
Original Allocation	**ORACLE SOFTWARE LICENSES ANNUAL RENEWAL** On-going license support of Oracle licenses purchased in the first year of the CDC Emergency Preparedness program. Annual Maintenance costs for Oracle Enterprise Edition and named Licenses: Oracle Enterprise $13,613.60; Label Security $3,403.40; Advanced Security $3,403.40; Diagnostics $340.34; Tuning $340.34; Change Mgmt $243.10.	$21,344
Original Allocation	**SYNCSORT SOFTWARE ANNUAL RENEWAL** As part of managing the PHIN Directory and HAN applications we use Syncsort in development and production. Also, we use Backup Express to manage our data backups on the PHIN, NEDSS and HAN systems. The software is crucial to our abilities to provide a backup in the event of an incident. This cost is for renewal of our existing software license for the current fiscal year.	$14,268
Original	**DISASTER RECOVERY (DR) SITE SUPPORT EXPERT CARE SOFTWARE LICENSES**	$60,000

Allocation	We use SAN boxes to maintain mirrored data for our Disaster Recovery site. This cost is for the renewal of the XPERT Care software support licenses and the fiber to IP switch maintenance. This cost represents the annual maintenance fees to support a Xiotech SAN boxes at the ISDH site and the Disaster Recovery site (2). This maintenance fee includes hardware maintenance, bug fixes, software upgrades and 24x7 support for the SAN units and interfaces. The cost for each Xiotech SAN Box is $30,000 or $60,000 for the 2 sites.	
Original Allocation	**ANNUAL MAINTENANCE FEES FOR SAN DATA STORAGE EQUIPMENT** This annual maintenance fee is required to maintain data storage for the Storage area network devices that the Public Health Preparedness data is stored on. The cost for this maintenance is based on a quote received for the 2 SAN devices.	$43,508
Original Allocation	**VHS COPIES MISC. ISDH SEMINARS OR TRAININGS (100 120-MIN. DUBS @$4 = $400)** These VHS copies will be made of various ISDH seminars and trainings or presentations and disseminated to local health departments, hospitals, and stakeholders statewide. This distribution will help us provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.	$400
Original Allocation	**DVD COPIES MISC. ISDH SEMINARS OR TRAININGS (100 DVD DUBS @$6 = $600)** These DVD copies will be made of various ISDH seminars and trainings or presentations and disseminated to local health departments, hospitals, and stakeholders statewide. This distribution will help us provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.	$600
Original Allocation	**MIDI ANNUAL MAINTENANCE** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $437.50 monthly multiplied by 12 months.	$5,250
Original Allocation	**ILLUMINATORIR 1 YEAR PARTNERSHIP PROGRAM** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $4,200 annually.	$4,600
Original Allocation	**STERIS VHP AND AUTOCLAVE ANNUAL MAINTENANCE** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $15,500 quarterly.	$62,000
Original Allocation	**QIAGEN EZ1 ROBOT ANNUAL MAINTENANCE** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $850 quarterly.	$3,400
Original Allocation	**BIOPLEX ANNUAL MAINTENANCE** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $1,500 monthly multiplied by 12 months.	$18,000
Original Allocation	**COPY MACHINE LEASE FOR MODULAR LAB FACILITY** Funds are being requested to lease a copier for the Modular lab facility which houses the Bio-watch staff, Microbiology, and chemistry staff under the Public Health Preparedness Program. The cost for this allocation is based on a monthly cost of $257 multiplied by 12 months.	$3,084

Original Allocation	**SPECIMEN COURIER SYSTEM** Funding is sought to pick up and deliver clinical specimens from select large-volume sample submitters routinely or as needed in a BT event. Attempts will be made to provide as wide as possible statewide coverage. The cost for this is based on an estimated cost of $8,750 quarterly, and based on the rates of a similar agreement that was written for shipment of TB samples.	$35,000
Original Allocation	**IT HELP DESK SUPPORT ALLOCATION** As part of a statewide consolidation of IT functions and resources, all ITS network support functions and LAN support functions will become centralized under the Indiana Office of Technology (IOT). Therefore, rather than having an individual staff member at ISDH, we will pay an annual fee of $959 per position and consultant within the agency. This fee includes network access, help desk support, Microsoft OS/Microsoft Office, and MS Exchange e-mail. The cost for this allocation was determined by multiplying the annual cost of $959 by the number of PHPER program staff and number of consultants (100).	$95,900
Original Allocation	**ESSENCE SERVER HOSTING FEES** The ESSENCE application is a tool developed by Johns Hopkins University for CDC. The purpose of the application is to help integrate multiple sources of syndromic surveillance data into a usable source of information for epidemiologic analysis. ESSENCE is a system for evaluating nontraditional health-care indicators, such as emergency department (ED) chief-complaint records, school-absenteeism data, over-the-counter (OTC), ambulatory visits, and health department requests for communicable disease testing. ESSENCE will assist state epidemiologist in developing and evaluating analytic techniques for early identification of abnormal disease patterns. All data are de-identified before being transferred to ESSENCE. The ISDH will provide the data to local health departments and to hospitals that have data-sharing agreements through the ISDH secure data portal. Johns Hopkins developers recommend a specific configuration of hardware and software to appropriately support the application. The cost for this allocation is based on a recurring monthly fee of $909 per month.	$10,908
Original Allocation	**IN-STATE TRAVEL FUNDS FOR FEDERAL ASSIGNEE - DR. CHESTER** Dr. Thomas Chester is a CDC career EIS epidemiologist providing direct assistance to ISDH for a two-year term. He provides invaluable expertise and direct assistance for epidemiologic preparedness and response as well as "surge capacity" epidemiologic assistance for outbreaks and case investigation. Dr. Chester has provided assistance with investigating a tuberculosis outbreak in Allen County and has helped develop the Indiana Pandemic Influenza Preparedness Plan. He has also provided several presentations on pandemic influenza and continues to provide training on that topic. During the next grant year, Dr. Chester will develop an epidemiology response plan exercise and help finalize the Indiana Epidemiology Response Plan itself. He will also help develop a pandemic influenza response exercise. These costs are being requested to cover In-State Travel expenses only which are not directly reimbursed to Dr. Chester by CDC. Being that Dr. Chester is a Professional Services Consultant to ISDH, his travel expenses are paid within the "Other" category in the state system, not under the travel category in accordance with Chapter 7 of the PHS Grants Policy Statement for "Federal (US Government) Employees," sub-section 4.	$5,000
Original Allocation	**PHPER PROGRAM CELL PHONES** In FY2003, the ISDH implemented the use of Blackberry devices, Cell phones, and Air Cards for verbal, and data communication purposes to ISDH stationed PHPER staff, Field PHPER Staff, ISDH Duty Officers that will be called in the event of an emergency, as well as for the Local Public Health Preparedness Coordinators. Approximately 5 indviduals under the PHPER program carry a cell phone rather than a combination Blackberry/Cellular combination unit. The unit cost of each of these devices is $30 per month (total monthly cost $360 or total annual $1,800).	$1,800
Original Allocation	**BLACKBERRY DEVICES FOR LPHCS (LOCAL PUBLIC HEALTH COORDINATORS)** In FY2003, the ISDH implemented the use of Blackberry devices, Cell phones, and Air Cards for verbal, and data communication purposes to ISDH stationed PHPER staff, Field PHPER Staff, ISDH Duty Officers that will be called in the event of an emergency, as well as for the Local Public Health Preparedness Coordinators. 88 of these devices have been issued or are in the process of being issued to the LPHCs and have a "Data Only" service plan which have a unit cost of $49.99 per month ($4,399.12 total monthly or $52,789.44 total annually).	$52,789
Original	**BLACKBERRY DEVICES FOR ISDH PHPER PROGRAM STAFF**	$33,596

Allocation	In FY2003, the ISDH implemented the use of Blackberry devices, Cell phones, and Air Cards for verbal, and data communication purposes to ISDH stationed PHPER staff, Field PHPER Staff, ISDH Duty Officers that will be called in the event of an emergency, as well as for the Local Public Health Preparedness Coordinators. - 35 of these devices are being used by ISDH staff and lab staff which include not only data service, but a cellular phone service plan as well. The monthly cost for these devices is $79.99 each (total monthly $2,799.65 or $33,595.80 annually).	
Original Allocation	**SATELLITE PHONE MONTHLY SERVICE (14)** This allocation is directly linked to the purchase of 2 Satellite phone suitcase systems purchased under the previous fiscal year for communications redundancy in case of a Public Health Emergency or Bioterrorism related event. One of these devices will be stored at the ISDH and the other will be stored at our EOC. The cost for this allocation was determined by multiplying the monthly cost for each of these devices, $100, by 14 devices and then by 12 months.	$16,800
Original Allocation	**DATA SERVICE BROADBAND AIR CARDS FOR REMOTE ISDH NETWORK CONNECTION** In FY2003, the ISDH implemented the use of Blackberry devices, Cell phones, and Air Cards for verbal, and data communication purposes to ISDH stationed PHPER staff, Field PHPER Staff, ISDH Duty Officers that will be called in the event of an emergency, as well as for the Local Public Health Preparedness Coordinators. 42 air cards have been, or anticipated to be deployed, to ISDH PHPER in-house and field staff as a secondary network connection capability for use with laptops while in the field. These air cards have a monthly cost of $64.79 per unit ($2,721.18 total monthly or $32,654.16 total annually).	$32,654
Original Allocation	**VERISIGN CERTIFICATES FOR VPN USERS** On-going cost of maintaining the VPN certificates for the BT staff. The ISDH VPN solution requires strong PKI authentication, similar to the CDC Secure Data Network. The cost for this allocation is based on the monthly cost of $12 per certificate multiplied by an estimated 45 users which yields a monthly cost of $540, or an annual cost of $6,480.	$6,480
Original Allocation	**ITN LINE FOR ISDH TO BARNHILL LAB** Enhanced connectivity is needed to ensure reliable internet/ISDH server connections. The current connection doesn't have enough bandwidth to reliably meet routine needs, let alone have the necessary capability in an emergency situation. The cost for this allocation is based on a monthly cost of $2,000 multiplied by 4 months. Please note that we are only including 4 months as this connection will no longer be necessary once we move into our new laboratory in January 2007.	$8,000
Original Allocation	**ORACLE ANNUAL SOFTWARE LICENSE RENEWAL FOR NEDSS** These funds are being requested to cover the cost of the annual renewal associated with software purchased to support & improve the use of the National Electronic Disease Surveillance System (NEDSS). This software includes: •Oracle Database Enterprise Ed. Perpetual Processor - required on 3 NEDSS servers. •Oracle Internet Application Server Enterprise Edition Perpetual Processor - required on 2 NEDSS servers •Oracle Data Mining - recommended to enable the use of applications with automated extraction & distribution of intelligence, using data mining functionality embedded in Oracle Database & accessible through a Java-based API. Oracle Data Mining finds hidden information & patterns in the database from stored data & then applies that knowledge to make predictions about future activity enabling companies to build applications which automate data mining processes for generating on-demand predictions, adding these prediction insights back into the database so they are accessible to everyone •Oracle OLAP Licenses - will add predictive analysis to forecast & analyze trends hidden in the NEDSS data. Oracle OLAP provides a complete set of analytical functions for online analytical processing in an Oracle database. Predictive analysis can be used to forecast trends, predict requirements & build financial analysis systems. Oracle OLAP provides support for: *Analytical queries based on a multidimensional data model *Predictive analytical functions for demand planning & financial forecasting applications *Rapid query response times to satisfy demanding performance requirements *Large numbers of concurrent users of analytical applications *Large dimensions & multi-terabyte data sets •Oracle Advanced Security - provides strong authentication & encryption by implementing industry standard encryption & integrity algorithms as well as supporting several external authentication services providing robust enterprise user security. Organizations have a choice of implementing end-to-end security by authenticating users using digital certificates or passwords, reducing the total cost of deploying security. This option: *Secures all communications with the Oracle database *Provides secure single sign-on for users to benefit from ease-of-use and strong authentication *Scales to centrally manage tens of thousands of enterprise users on a central directory service rather than repeatedly managing users on	$50,622

	individual databases *Delivers a Public Key Infrastructure to Oracle customers •Oracle Developer Suites – used to stop the sharing of tools & allow more developers, analysts & data architects to work at the same time on multiple projects. This is a complete & integrated set of transactional application development & business intelligence tools that supports any development approach, any programming language & any operating system to improve overall productivity & allow better sharing of information in a design environment. All applications developed with Oracle Developer Suite are optimized to run in Oracle infrastructure. BUDGET BREAKDOWN: Oracle Database Enterprise Edition-Processor perpetual, 3 users @ $5,280/user = $15,840; Label Security-Processor perpetual, 4 users $1,320/user = $5,280; Diagnostics pack, processor perpetual, 4 users $396/user = $1,584; Configuration mgmt pk- processor perpetual, 6 users $396/user = $2,376; Advanced security, processor perpetual, 4 users $1,320/user = $5,280; Internet Appl server, EE-processor perpetual, 2 users $2,640/user = $5,280; Data Mining - processor perpetual, 1 user $2,640/user = $2,640; Change mgmt pk, processor perpetual - 4 users $396/user = $1,584; Config mgmt pk, named user plus perpetual, 25 users $7.92/user = $198; Config mgmt pk, perpetual processor, 3 users $396/user = $1,188; Internet Dev Ste-named user Plus perpetual- 6 users $660/user = $3,960; Diagnostics Pk processor perpetual, 3 users $396/user = $1,188; OLAP - processor perpetual, 1 user $2,640/user = $2,640; Tuning Pack, processor perpetual, 4 users $396/user = $1,584	
Original Allocation	**SHIMADZU GC SERVICE AGREEMENT** This service agreement provides service priority and a reduction in the cost of parts and labor for the Shimadzu GC instrument. The GC is utilized for fatty acid analysis of anaerobes, which can help to differentiate Clostridium botulinum from other Clostridium species.	$3,000
Original Allocation	**CULLIGAN DEIONIZATION SYSTEM RENTAL FEES FOR MODULAR LAB** The cost for this allocation is based on a monthly cost of $230 multiplied by 12 months.	$2,760
Original Allocation	**LAB GAS CYLINDER RENTAL FEES** Gases used in the labs for testing purposes are contained in cylinders, and ISDH is charged a monthly cylinder rental fee for use until the gases are consumed and changed out. The cost for this allocation is based on a monthly cost of $171.25 multiplied by 12 months.	$2,055
Original Allocation	**BLACKBERRY SERVER HOSTING FEES ($14.52 PER MONTH X 12 MONTHS X 123 USERS)** In FY2003, the ISDH implemented the use of Blackberry devices for data communication purposes to PHPER program staff that will be called in the event of an emergency, as well as for the Local Public Health Preparedness Coordinators. 35 Blackberry devices have been issued to ISDH personnel and 88 devices have been issued, or will be issued, to the Local Public Health Coordinators. However, use of these devices requires a server to store incoming and transfer data. Therefore a shared server is leased from the Indiana Office of Technology at a rate of $14.52 per month per user which equates to $1,785.96 monthly or $21,431.52 annually	$21,432
Original Allocation	**PAGER SERVICE FOR PHPER PROGRAM STAFF ($6.08 PER MONTH X 12 MONTHS X 25 USERS)** One other form or means of contacting individuals in case of an emergency that has been adopted by our agency is pagers for program staff who do not carry either a cell phone or Blackberry device. Currently the program area has approximately 25 staff members who carry pagers so that they can be reached during an emergency or on a 24/7/365 basis. The monthly cost for this pager service is $6.08 per user or $152 per month	$1,824
Original Allocation	**MS OUTLOOK & EXCHANGE EMAIL SERVICE FOR PHPER PROGRAM STAFF ($4.18 PER MONTH X 12 MONTHS X 100 USERS)** As part of the Information Technology services consolidation that is occurring throughout State government here in Indiana as a means of saving money by purchasing software and services at a reduced cost due to quantity purchased, some standardized software is being purchased and then allocated back to programs within each agency. One such software used is MS Exchange for Outlook email capability. The cost for this allocation is based on the standardized rate of $4.18 per month multiplied by the number of full time equivalent staff and consultants (100).	$5,016
Original	**NETWORK DIAL-UP SERVICE MONTHLY ACCESS FOR FIELD STAFF ($7.81 PER MONTH X 12 MONTHS X 25 USERS)**	$3,280

Allocation	Due to elimination of our district offices, it was determined that field staff would still need a means by which to connect to the internet and to the ISDH network from their homes. Unfortunately, in many areas of Indiana DSL service is still not available. Therefore dial-up connectivity was our only viable choice for the time being to provide them network access. The cost for this allocation is based on a monthly cost of $7.81 multiplied by 25 field staff, multiplied by 12 months.	
Original Allocation	**MS OUTLOOK & EXCHANGE EMAIL SERVICE FOR LPHCS ($4.18 PER MONTH X 12 MONTHS X 86 USERS)** As part of the Information Technology services consolidation that is occurring throughout State government here in Indiana as a means of saving money by purchasing software and services at a reduced cost due to quantity purchased, some standardized software is being purchased and then allocated back to programs within each agency. One such software used is MS Exchange for Outlook email capability. The cost for this allocation is based on the standardized rate of $4.18 per month multiplied by the number of full time equivalent staff and consultants that utilize state level email. As part of our IHAN capabilities and to ensure that we could broadcast a message that would reach individuals at the local level (the Local Public Health Coordinator (LPHC)) 24/7/365, an individual email account was established for each LPHC.	$4,314
Original Allocation	**BACKGROUND CHECK FEES FOR NEW OR REPLACEMENT PERSONNEL ($47.00 X 20 ESTIMATED)** Criminal background checks are required for many of the various types of positions within this program such as lab positions, management, or information security positions. It is estimated that we will need to complete approximately 20 background security checks during the course of filling the current program vacancies. The cost of this allocation is based on a fee of $47.00 per use.	$940
Original Allocation	**ABI PRISM 7000 (SN# 270002002 LOCATED AT THE MODULAR FACILITY)** A warranty service extension agreement for the ABI Prism 7000 that was originally purchased using Public Health Preparedness cooperative agreement funds in 2005. The cost for this allocation is based on a negotiated rate of $346.50 monthly multiplied by 12 months.	$4,158
Original Allocation	**JOURNAL SUBSCRIPTION RENEWALS FOR PHPER PROGRAM INCLUDING LAB STAFF AND EPIDEMIOLOGY STAFF** The ISDH subscribes to a number of journals that allow ISDH to stay current on state of the art practice of epidemiology, surveillance and investigation, and on important information regarding emerging and reemerging infectious diseases, as well as Laboratory and science developments, we are requesting funds to continue existing subscription to professional journals. The following is the current list of journals subscribed to under this program and their various annual cost: Journal of American Medical Association $330; American Society of Topical Medicine & Hygiene $625; Journal of Occupational & Environmental Hygiene $530; The New England Journal of Medicine $1,098; Journal Hospital Infection Control $399; The Journal of Infectious Diseases $550; Journal of Veterinary Research $185; Journal of American Veterinary Medical Assoc. $150; Journal of American Medical Informatics Assoc. $314; Journal of Exposure Analysis & Environmental Epidemiology $120; The Lancet $635; American Society of Microbiology - online subscription $2,570.	$7,506
Original Allocation	**MOVING EXPENSES FOR DISTRICT OFFICE ELIMINATION** Due to strategic and critical choices that were necessary, due to the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves. District office furnishings will need to be brought back to the ISDH or distributed accordingly. The estimated cost for this service is based on an estimated amount of $714.87 per move multiplied by 7 moves.	$5,000
Original Allocation	**LIMS SERVER HOSTING FEES (PRODUCTION APPLICATION SERVER)** Needed to support the StarLims system which is currently being implemented at the ISDH Laboratories. The cost for this allocation is based on a monthly fee of $250.	$3,000

Original Allocation	**LIMS SERVER HOSTING FEES (ORACLE PRODUCTION SERVER)** Needed to support the StarLims system which is currently being implemented at the ISDH Laboratories. The cost for this allocation is based on a monthly fee of $201.	$2,412
Original Allocation	**LIMS SERVER HOSTING FEES (ORACLE DEVELOPMENT SERVER)** Needed to support the StarLims system which is currently being implemented at the ISDH Laboratories. The cost for this allocation is based on a monthly fee of $602.	$7,224
Original Allocation	**LIMS SERVER HOSTING FEES (DEVELOPMENT APPLICATION SERVER)** Needed to support the StarLims system which is currently being implemented at the ISDH Laboratories. The cost for this allocation is based on a monthly fee of $250.	$3,000
Original Allocation	**CULLIGAN DEIONIZATION SYSTEM PREVENTIVE MAINTENANCE** The cost for this allocation is based on a monthly fee of $229 per month for this 17,778 sq ft property. This charge is for the high grade lab water used in this lab facility and includes maintenance of the RO and water softening systems. This facility is a stand alone facility created under this program in which all expenses are tracked separately, and all utilities are paid directly rather than via the property management group to avoid further administrative charges.	$2,748
Original Allocation	**PIPETTING STATION ANNUAL PREVENTIVE MAINTENANCE** A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $425 quarterly.	$1,700
Original Allocation	**MAGNA PURE ANNUAL MAINTENANCE (PAN FLU SECONDARY UNIT)** A warranty service extension agreement for the Magna Pure system purchased using Public Health Preparedness cooperative agreement funds in a previous budget cycle. The cost for this allocation is based on a negotiated rate of $775 monthly multiplied by 12 months.	$9,300
Original Allocation	**LC 480 (PRIMARY & SECONDARY) PREVENTIVE MAINTENANCE AGREEMENTS** A warranty service extension agreement for equipment purchased using Public Health Preparedness cooperative agreement funds in a previous budget cycle. The cost for this allocation is based on a negotiated rate of $687.50 quarterly per unit (2).	$5,500
Original Allocation	**LC 2.0 PREVENTIVE MAINTENANCE AGREEMENT** A warranty service extension agreement for equipment purchased using Public Health Preparedness cooperative agreement funds in a previous budget cycle. The cost for this allocation is based on a negotiated rate of $775 monthly multiplied by 12 months.	$9,300
Original Allocation	**AUTOCLAVE ANNUAL REPAIR COST** At various times during the course of the year it has been necessary to have service or repairs done on the Autoclave unit at our Modular Lab facility, as it is anticipated that it might need to have additional repairs in the future due to standard wear and tear and equipment depreciation. Therefore, we are requesting funds to cover the cost of service repairs on the Autoclave in order to maintain its use as we do not currently have a maintenance agreement specifically for this equipment nor is it covered by warranty at this point. The cost for this allocation was based on the following information and pricing received from a company qualified to work on this type of equipment: Estimated at 8 trips, 4 hours per trip, $185 per hour; Parts & Materials Estimated at $200 per trip.	$7,520
Original Allocation	**MICROSCOPE (6) PREVENTIVE MAINTENANCE** In order to maintain operability for Microscopes within the labs, we are requesting funds to cover annual cleaning, maintenance and necessary service. The cost for this allocation is based on a Bi-annual cost of $40 per Microscope (6).	$480
Original Allocation	**BSL MODULAR LAB EQUIPMENT REPAIR SERVICES** For example: Refrigeration, Exhaust System, Electrical, Static Pressure System, Ice Machine, Steam Traps, etc. At various times during the course of the year it has been necessary to have service or repairs done to miscellaneous equipment (purchased under	$9,000

	the Public Health Preparedness program) at our Modular Lab facility. It is also anticipated that that future repairs will be needed to standard wear and tear and equipment depreciation. Therefore, we are requesting funds to cover the cost of service repairs, on facility equipment, during the course of the fiscal year to ensure operability. The cost for this allocation was based on the following information and pricing received from a company qualified to work on this type of equipment: Labor @ $150 per hour with an estimated 40 hours annually; Travel Reimbursement charged as hourly labor, or standard rate (Estimated not to exceed $500 ($50 per trip x 10 trips for the year); Parts and Materials (Avg. cost per trip estimated at $250 x 10 trips).	
Original Allocation	**PROJECTOR REPAIR SERVICES** Estimated at 3 units annually that might need to be repaired, estimated at 4 hours labor at $50/hour + $100 parts and materials. Like other equipment that is used on a regular basis, routine maintenance or repairs are necessary to maintain equipment operability. ISDH has a number of projectors within the central office, and in the field for use by the PHPER program staff for training and presentation use. Therefore we are requesting funds to cover the cost of repairs that are necessary or might be necessary during the course of this fiscal year. The cost of this allocation is based on the following estimate: Repair of 3 units annually, estimated at 4 hours labor at $50/hour + $100 parts and materials.	$900
Original Allocation	**SURVEILLANCE & INVESTIGATION MISCELLANEOUS SOFTWARE LICENSES** This item covers necessary expenses for new and upgraded software for Surveillance/Investigation unit employees. Examples of items purchased over the past year include: Visio Pro Win 32 Software for PHIN Server Management (Unit Cost $280.45 each x 4, $1,121.80), MS Project 2003 Standard for activity management of personnel (Unit Cost $369.80 x 1, $369.80), Toad Pro with Debugger and formatter (Unit cost $1,468 x 1, $1,468), Adobe Acrobat Pro 7.0 Editing Software for use in maintaining the web-based Epidemiology Newsletter (Unit Cost $234 x 1, $234), Harvard Graphics Chart XL - Presentation Software (Unit Cost $2,950 x 1, $2,950) This cost assumes an average of $400 per person, for 15 staff.	$5,995
Original Allocation	**LAB SOFTWARE - LIMS SOFTWARE: CITRIX** Indiana office of Technology (IOT) monthly fees to support LIMS. The cost for this allocation is based on a monthly cost of $11.50 per month per user multiplied by an estimated 45 users.	$6,210
Original Allocation	**LAB SOFTWARE - LIMS SOFTWARE: WEB SERVER APPLICATION ($550 PER MONTH)** Lab Software needed to support LIMS functionality.	$6,600
Original Allocation	**MISCELLANEOUS LAB SOFTWARE** This line item will be used to cover annual renewal costs for software licenses purchased at the labs to support LIMS and other Laboratory Information Technology projects such as Visio, Adobe Acrobat Professional, Microsoft Project, PFGE Software, Bio-Numerics Software licenses for PFGE, CSC Ultra-Client Security Software, Teleforms licensing, etcetera.	$21,973
Original Allocation	**VISUALDX ANNUAL SOFTWARE LICENSE** The VisualDX software system merges medical photos and clinical information to guide diagnosis, treatment, and long-term patient management of visually diagnosable disease, including conditions caused by terrorist acts. The system also includes a module for respiratory-like illnesses that would include early detection of a pandemic influenza. VisualDx is a unique, patent-pending system that combines images and knowledge to assist public health and healthcare providers by providing timely, patient-relevant, visual knowledge at the point-of-care. Created by Logical Images, Inc., the VisualDx diagnostic software system leverages the objective knowledge within a picture by linking the unique visual presentation of the patient to the relevant features within the image. VisualDx captures the variation in disease presentation, providing public health providers and clinicians with the finely detailed images relevant to their patient's differential diagnosis, not just the "classic severe case" typically seen in books. Thousands of images covering the different manifestations of each disease are in the system, and the most relevant diagnoses and images are always on top. Also included is an in-depth disease knowledge base, which for each diagnosis includes a disease synopsis, what to look for, best tests, pearls of wisdom from physician experts, differential diagnosis and pitfalls, recommended therapy, reporting including long-term follow up information as supported by the CDC preparedness metrics, and much more. Indiana would pilot the use of this tool as separate and also redundant support for our syndromic surveillance system supported by CDC preparedness funds. Indiana would install the system with healthcare providers in Indiana Homeland Security District 1 (encompassing also	$43,200

	Indiana counties within the Chicago CRI), and with two health care providers in each of Indiana's other nine homeland security districts. The system would also be installed at 10 public health department sites selected by the state. The Cost for this allocation has been placed in the "Other" category as it will fall into the object classification of Software Acquisition and Maintenance within the State system. The following is the detailed budget breakdown for this procurement is 15% of the total initial cost which was: 14 Hospital Emergency Depts. in District 1, 2 Hospital Emergency Depts. each in Districts 2 through 10 (18 departments) at a discounted rate of $9,000 per department, and 10 ISDH sites free of charge, or a total of 42 sites at just over $6,857 per site.	
Original Allocation	**STARLIMS CONTINUED LICENSING FEES** Indiana purchased the StarLIMS Laboratory Information Management System (LIMS) last fiscal year under Direct Assistance. The cost for this allocation is based on the quote received from the vendor for continued licensing and of the LIMS system for a 12 month period.	$36,362
Restricted	**ITN CONNECTION MONTHLY MAINTENANCE COSTS (7 DISTRICT OFFICES [3 MONTHS FOR EACH] AND 58 LHDS)** These monthly service fees are to cover ITN monthly usage fees for Local Health Department (LHD) connections installed using Public Health preparedness cooperative agreement funds incrementally since 2003. These monthly fees include T-1 usage, Management/Administration of T-1 usage, lease fees for router, switch, and firewall, as well as management of customer premise equipment. Also included in this line item are fees for a similar T1 communications package to each of our 7 District offices for a period of 3 months. (***Please Note: Due to strategic and critical choices that were necessary, resulting from the 14.3% funding reduction that Indiana received in its "population" allocation, it was determined that elimination of our District field offices would result in a reduction to our annual operating expenses, while still allowing us to maintain services using our field staff. Therefore, it has been decided to eliminate those offices and establish home duty stations for our field staff. However, current lease agreements require a 60 day notice of termination, and at least that period of time will be necessary to transition field staff duty stations. Therefore we are budgeting operating expenses for the district offices for one quarter of the fiscal year in order to cover the termination agreement period as well as time for incremental moves.) The average monthly cost for connectivity to each LHD is $850 and the average cost of each district office is $756.	$0

Financial Assistance : Contractual — **Total: $4,805,329**

Org ID	Type	Contract Details	Contract Type	Accountability	Amount Change
	Original Allocation	********** (Selected by: Bid) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: ********** Method of Selection: Competitive Bid - Negotiated rate ********** The identity and location of the RSS warehouse is classified “sensitive” information - public knowledge of the location will result in finding another location in order to maintain the required security needs for the Strategic National Stockpile; PERIOD OF PERFORMANCE: 08/31/06 – 08/30/07; SCOPE OF WORK: Provide Receipt, Stage and Store (RSS) Warehouse space for the SNS. Provide support staff to unload, breakdown, repackage and reload SNS assets. Equipment up to 30 employees with Skytel pagers to be available 24/7. Contractor will participate, with up to 20 staff members, in an eight hour drill or exercise. Assist ISDH staff in developing, maintaining and testing an operational plan for the SNS. DETAILED BUDGET & JUSTIFICATION: $48,000 for the warehouse ($4,000 per month) including an additional 3,000 sq, ft./office reserved space, pagers, laptops with inventory control stuff (back up) people on call, and RSS management planning time as well as a 2 hour 12 key person start up meeting. $17,400 for the RSS training we have plans to conduct up to and including an RSS Full Scale exercise.	Commercial	Quarterly Report	$65,400
	Original	**INDIANA PROFESSIONAL LICENSING AGENCY** (Selected by: Sole Source)	Other	Quarterly	$6,600

Allocation	*(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: Indiana Professional Licensing Agency is the State agency that collaborates with ISDH and the Indiana Health Care Professional Development Commission to conduct surveys of health care professionals throughout State; METHOD OF SELECTION: The MOU is a sole source with another State agency. The HPB is the keeper of health care professional survey and licensing data. The previous MOU only detailed under what circumstances the survey and licensing data could be used and confidentiality protection of the information when it was shared with partners; PERIOD OF PERFORMANCE: The MOU period would be from 08/31/05 through 08/30/06; SCOPE OF WORK: As in the previous MOU the new MOU would define under what conditions the ISDH can use and/or release the health professional database information and survey data provided by or through the HPB. What is new to this MOU is providing the HPB with the ability to bill us for enhanced access to their data; METHOD OF ACCOUNTABILITY: Requests to access data will flow through Kathy Weaver accompanied by signed confidentiality statements. The IOT will provide data within one (1) week of request; ITEMIZED BUDGET AND JUSTIFICATION: Cost quoted by IOT per data extraction is $3,300 and we are anticipating 2 data extractions during the fiscal year.	Public Entity	Report	
Original Allocation	**TBD - ELECTRON MICROSCOPY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: TBD; METHOD OF SELECTION: Sole Source; PERIOD OF PERFORMANCE: 12 months; SCOPE OF WORK: The lab will be able to evaluated EM grids for smallpox. METHOD OF ACCOUNTABILITY: Experience in negative staining procedures for viruses; ITEMIZED BUDGET & JUSTIFICATION: Paid monthly for services rendered. A laboratory will be identified that is capable of performing negative staining electron microscopy for smallpox testing. A contract with that facility will be initiated. This cost is an estimate until a facility is located.	Other Public Entity	Quarterly Report	$1,000
Original Allocation	**LPHC GRANT - EAST CHICAGO CITY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff	Local Health	Quarterly Report	$41,890

	member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $52,363.			
Original Allocation	**LPHC GRANT - GARY CITY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.	Local Health	Quarterly Report	$44,640
Original Allocation	**LPHC GRANT - HAMMOND CITY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF	Local Health	Quarterly Report	$44,640

	WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC GRANT - LAKE COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of	Local Health	Quarterly Report	$43,770

	activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $54,712.			
Original Allocation	**LPHC GRANT - JASPER COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $39,040.	Local Health	Quarterly Report	$31,232
Original	**LPHC GRANT - LA PORTE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source)	Local	Quarterly	$50,220

Allocation	*(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Health	Report	
Original Allocation	**LPHC GRANT - NEWTON COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED	Local Health	Quarterly Report	$43,379

	BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $54,224.			
Original Allocation	**LPHC GRANT - PORTER COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.	Local Health	Quarterly Report	$44,640
Original Allocation	**LPHC GRANT - ELKHART COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)*	Local Health	Quarterly Report	$50,220

	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - FULTON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of	Local Health	Quarterly Report	$37,008

	activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $41,120.			
Original Allocation	**LPHC GRANT - MARSHALL COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $54,536.	Local Health	Quarterly Report	$49,082
Original Allocation	**LPHC GRANT - PULASKI COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund &	Local Health	Quarterly Report	$41,681

	share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $46,312.			
Original Allocation	**LPHC GRANT - ST. JOSEPH COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $49,247.	Local Health	Quarterly Report	$44,322
Original Allocation	**LPHC GRANT - STARKE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal)	Local Health	Quarterly Report	$44,096

	jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $48,996.			
Original Allocation	**LPHC GRANT - FT. WAYNE/ALLEN COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on	Local Health	Quarterly Report	$35,009

	an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $38,899.			
Original Allocation	**LPHC GRANT - HUNTINGTON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $52,427.	Local Health	Quarterly Report	$47,184
Original Allocation	**LPHC GRANT - LAGRANGE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund &	Local Health	Quarterly Report	$50,077

	share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,641.			
Original Allocation	**LPHC GRANT - MIAMI COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $44,655.	Local Health	Quarterly Report	$40,190
Original Allocation	**LPHC GRANT - NOBLE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal)	Local Health	Quarterly Report	$50,220

	jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - STEUBEN COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and	Local Health	Quarterly Report	$46,180

	Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $51,311.			
Original Allocation	**LPHC GRANT - WABASH COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $34,256.	Local Health	Quarterly Report	$30,830
Original Allocation	**LPHC GRANT - WELLS COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the	Local Health	Quarterly Report	$50,220

	preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - CARROLL COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $42,333.	Local Health	Quarterly Report	$38,100
Original Allocation	**LPHC GRANT - CASS COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These	Local Health	Quarterly Report	$48,914

	grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $54,349.			
Original Allocation	**LPHC GRANT - CLINTON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be	Local Health	Quarterly Report	$50,220

	made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - FOUNTAIN/WARREN COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,062.	Local Health	Quarterly Report	$49,556
Original Allocation	**LPHC GRANT - MONTGOMERY COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the	Local Health	Quarterly Report	$50,220

	preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - TIPPECANOE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - WHITE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These	Local Health	Quarterly Report	$48,994

	grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $54,438.			
Original Allocation	**LPHC GRANT - BOONE COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the	Local Health	Quarterly Report	$41,262

	LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $51,578.			
Original Allocation	**LPHC GRANT - HAMILTON COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.	Local Health	Quarterly Report	$44,640
Original Allocation	**LPHC GRANT - HANCOCK COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators	Local Health	Quarterly Report	$44,640

	(LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC GRANT - HENDRICKS COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous	Local Health	Quarterly Report	$44,640

	(communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC GRANT - JOHNSON COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.	Local Health	Quarterly Report	$44,640
Original Allocation	**LPHC GRANT - MARION COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure	Local Health	Quarterly Report	$41,988

	needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $52,485.			
Original Allocation	**LPHC GRANT - MORGAN COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza	Local Health	Quarterly Report	$44,640

	grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC GRANT - SHELBY COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $40,600.	Local Health	Quarterly Report	$32,480

Original Allocation	**LPHC GRANT - BLACKFORD COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $39,254.	Local Health	Quarterly Report	$35,329
Original Allocation	**LPHC GRANT - DELAWARE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, &	Local Health	Quarterly Report	$42,328

	other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $47,031.			
Original Allocation	**LPHC GRANT - FAYETTE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - GRANT COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid	Local Health	Quarterly Report	$45,492

	agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $50,547.			
Original Allocation	**LPHC GRANT - HENRY COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - HOWARD COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)*	Local Health	Quarterly Report	$50,220

	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - JAY COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of	Local Health	Quarterly Report	$46,704

	activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $51,893.			
Original Allocation	**LPHC GRANT - MADISON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $48,392.	Local Health	Quarterly Report	$43,553
Original Allocation	**LPHC GRANT - RANDOLPH COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund &	Local Health	Quarterly Report	$48,619

	share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $54,021.			
Original Allocation	**LPHC GRANT - RUSH COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $47,413.	Local Health	Quarterly Report	$42,678
Original Allocation	**LPHC GRANT - TIPTON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal)	Local Health	Quarterly Report	$50,220

	jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - UNION COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and	Local Health	Quarterly Report	$42,387

	Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $47,097.			
Original Allocation	**LPHC GRANT - WAYNE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $54,630.	Local Health	Quarterly Report	$49,167
Original Allocation	**LPHC GRANT - CLAY COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the	Local Health	Quarterly Report	$45,767

	preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $50,852.			
Original Allocation	**LPHC GRANT - GREENE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - PARKE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These	Local Health	Quarterly Report	$50,220

	grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - PUTNAM COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the	Local Health	Quarterly Report	$34,144

	LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $42,680.			
Original Allocation	**LPHC GRANT - SULLIVAN COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - VERMILLION COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these	Local Health	Quarterly Report	$50,220

	activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - VIGO COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - BARTHOLOMEW COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)*	Local Health	Quarterly Report	$50,220

	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - BROWN COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous	Local Health	Quarterly Report	$44,640

	(communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC GRANT - JACKSON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $43,669.	Local Health	Quarterly Report	$39,302
Original Allocation	**LPHC GRANT - LAWRENCE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained	Local Health	Quarterly Report	$50,220

	in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - MONROE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $47,293.	Local Health	Quarterly Report	$42,564

Original Allocation	**LPHC GRANT - ORANGE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,470.	Local Health	Quarterly Report	$49,923
Original Allocation	**LPHC GRANT - WASHINGTON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to	Local Health	Quarterly Report	$49,550

	pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,056.			
Original Allocation	**LPHC GRANT - CLARK COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $45,504.	Local Health	Quarterly Report	$40,954
Original Allocation	**LPHC GRANT - DEARBORN COUNTY HEALTH DEPARTMENT - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine,	Local Health	Quarterly Report	$44,640

	medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC GRANT - DECATUR COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health	Local Health	Quarterly Report	$50,220

	Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - FLOYD COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $47,136.	Local Health	Quarterly Report	$42,422
Original Allocation	**LPHC GRANT - HARRISON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants.	Local Health	Quarterly Report	$49,293

	ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $54,770.			
Original Allocation	**LPHC GRANT - JENNINGS COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - OHIO COUNTY HEALTH DEPARTMENT (NEW) - 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators	Local Health	Quarterly Report	$45,440

	(LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. As a “New” Grantee, this county will receive up to an additional $1,000 to make alterations to their existing space, & purchase a desk that has a side return, chair, bookcase, & file cabinet. The total cost of this agreement is $56,800.			
Original Allocation	**LPHC GRANT - RIPLEY COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, &	Local Health	Quarterly Report	$38,412

	other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $42,680.			
Original Allocation	**LPHC GRANT - SCOTT COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - SWITZERLAND COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine,	Local Health	Quarterly Report	$34,836

	medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $38,707.			
Original Allocation	**LPHC GRANT - CRAWFORD COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original	**LPHC GRANT - DAVIESS COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source)	Local	Quarterly	$46,985

Allocation	*(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $52,205.	Health	Report	
Original Allocation	**LPHC GRANT - DUBOIS COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay	Local Health	Quarterly Report	$39,090

	if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $43,433.			
Original Allocation	**LPHC GRANT - GIBSON COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - KNOX COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these	Local Health	Quarterly Report	$50,220

	activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - MARTIN COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.	Local Health	Quarterly Report	$50,220
Original Allocation	**LPHC GRANT - PERRY COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure	Local Health	Quarterly Report	$50,220

	needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - PIKE COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on	Local Health	Quarterly Report	$50,220

	an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $55,800.			
Original Allocation	**LPHC GRANT - SPENCER COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $39,140.	Local Health	Quarterly Report	$35,226
Original Allocation	**LPHC GRANT - VANDERBURG COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund &	Local Health	Quarterly Report	$40,999

	share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $45,554.			
Original Allocation	**LPHC GRANT - WARRICK COUNTY HEALTH DEPARTMENT - 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. The total amount of this award (100%) is $39,040.	Local Health	Quarterly Report	$35,136
Original Allocation	**UIC - LMS MAINTENANCE** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: University of Illinois at Chicago, CADE - Learning Management System; METHOD OF SELECTION: Sole source. Vendor is the Center for Public Health Preparedness (CPHP)	Other Public Entity	Quarterly Report	$35,500

	most naturally and closely aligned with the state, and has had a long standing partnership with the Indiana State Department of Health (ISDH). PERIOD OF PERFORMANCE: 08/31/06-08/30/07. SCOPE OF WORK: Contractor will facilitate the implementation of the Indiana Learning Management System designed specifically for the state; will maintain a data base of registrants in the System; will maintain a large file of education programs; will facilitate the State adding other education programs. CRITERIA FOR MEASURING ACCOUNTABILITY: The State will have monitoring rights to all registrants in the system. The vendor's on-going maintenance of a help desk and the functionality of the Learning Management System. ITEMIZED BUDGET: Please see draft negotiated, deliverable based, maintenance agreement which is attached to this application as "Appendix L" for detailed activities and cost.			
Original Allocation	**N. FRAME** (Selected by: Bid) *(Period of Performance: 2006-08-31 - 2007-08-30)* This contract incorporates 2 previously approved budget line items within the "Other" category which will be eliminated as part of the next budget redirect package. Originally these items were budgeted in the "Other" category due to their procurement method within the state system. However the procurement method changed based on review by the Indiana Department of Administration. Specifically we are incorporating the following 2 line items: Disaster Recovery (DR) Site Lease (We maintain a disaster recovery site to support key BT preparedness and support activities. We maintain all our data real time at the site) & ITN Connection from ISDH/IOT to DR site (We maintain real-time mirrored data at our disaster recovery site. DETAILED BUDGET: Please See ATTACHMENT P for Budget Detail.	Commercial	Quarterly Report	$86,946
Original Allocation	**LPHC GRANT - ADAMS COUNTY HEALTH DEPARTMENT - (NEW) 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health	Local Health	Quarterly Report	$51,120

	Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. As a "New" Grantee, this county will receive up to an additional $1,000 to make alterations to their existing space, & purchase a desk that has a side return, chair, bookcase, & file cabinet. The total amount of this award (100%) is $56,800.			
Original Allocation	**LPHC GRANT - FRANKLIN COUNTY HEALTH DEPARTMENT - (NEW) 80%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. As a "New" Grantee, this county will receive up to an additional $1,000 to make alterations to their existing space, & purchase a desk that has a side return, chair, bookcase, & file cabinet. The total cost of this agreement is $56,800.	Local Health	Quarterly Report	$45,440
Original Allocation	**LPHC GRANT - WHITLEY COUNTY HEALTH DEPARTMENT - (NEW) 90%** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF	Local Health	Quarterly Report	$51,120

	WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness and Pandemic Influenza Preparedness. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. This allocation represents 90% of the award that will be made to this LHD. The other 10% will be allocated under the Indiana's Pandemic Influenza Supplemental application on August 31, 2006. As a "New" Grantee, this county will receive up to an additional $1,000 to make alterations to their existing space, & purchase a desk that has a side return, chair, bookcase, & file cabinet. The total amount of this award (100%) is $56,800.			
Original Allocation	**ERICA DRYDEN LEAZENBY, M.D.** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: Erica Dryden Leazenby, M.D. Contract is with an individual Indiana medical practitioner. METHOD OF SELECTION: Contractor has experience in unusual disease management and can deliver appropriate curriculum on time. Source selection was negotiated. PERIOD OF PERFORMANCE: January 1, 2006, to December 31, 2006. SCOPE OF WORK: Provide medical consultation and training in the development of medical and public health emergency response teams within each of Indiana's homeland security/preparedness districts; Support development and training of medical and public health emergency response teams by locating and collating existing materials and curricula on preparedness for terrorist and natural threats, and medical record keeping for clinicians responding to a public health emergency; Support development and training of medical and public health emergency response teams by developing new curriculum on preparedness for Indiana clinicians; Target audiences are medical students, residents, and practicing physicians; Work with medical school curriculum committee to incorporate this curriculum; Create curriculum for residential rotations in the Indiana State Department of Health and oversee those resident experiences. METHOD OF ACCOUNTABILITY: Accountability will be reviewed through monthly claim vouchers and quarterly progress reports submitted by the contractor directly to the Commissioner's Office. ITEMIZED BUDGET AND JUSTIFICATION: Contractor hourly rate is $60.00 per hour allowing her approximately 680 hours for completion of proposed deliverables as well as a travel allowance of up to $700 for the year.	Local Health	Quarterly Report	$41,500
Original Allocation	**FSSA - DEPARTMENT OF MENTAL HEALTH & ADDICTION** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)*	Other Public	Quarterly Report	$100,000

	NAME OF CONTRACTOR: Indiana Division of Mental Health and Addiction (DMHA). DMHA administers Indiana's program for the psychological health of residents potentially victimized by emergencies & disasters to include acts of terrorism; PERIOD OF PERFORMANCE: 08/31/2006 through 08/30/2007; SCOPE OF WORK: The ISDH will enter into a Memorandum of Understanding (MOU) with DMHA, Office of Addiction Prevention & Emergency Management, to provide behavioral awareness & crisis counseling support in communities for emergency responders. The DMHA will be responsible for the development, equipping, training & incorporation of mental health/behavioral health response teams for the state & each of the 10 Indiana Districts. Such teams will augment the public health & medical component of larger multi-disciplinary mobile support units of the Indiana Dept. of Homeland Security. Medical & public health (including mental health) teams will support the ESF8 medical functional area for incident command, & will deploy within & outside the state as required for responder support & for services within a community impacted by a disaster including a public health emergency. Teams may also provide responder/community support for events including isolation & quarantine. The DMHA will also provide behavioral awareness training to public health responders, & train public health providers on a statewide plan for behavioral awareness & to mitigate surge capacity in a public health emergency. The DMHA will develop & implement guidelines/plans to manage behavioral awareness & stress management for public health responders. Guidelines/plans will include training on roles & equipment proper for response, & on mental health & other responder health & safety issues. Guidelines & plans will also be developed to address stress management & crisis response for persons who are subject to isolation & quarantine. The DMHA will also develop/provide training & consultation in crafting crisis communications messages appropriate to alert the public about an event, as well as to foster a community's return to self-sufficiency; METHOD OF ACCOUNTABILITY: Accountability for activities will be through quarterly progress reports to assess status of MOU activities & deliverables; ITEMIZED BUDGET AND JUSTIFICATION: Mental Health Emergency Response Team Development Support: Personnel: $20,000 - $100.00 per hour for 200 hours; 40 hours for the state team & other responders; 160 hours for the 10 district teams & other responders (16 hours per district); Contract with consultant to develop procedures & train teams on procedures for: *Process the coordination & the delivery of services for mass care; *Call up district responders; *Dispense team ID badges; *Provide procedures for contacting those who have been isolated & quarantined; Consultant to provide behavior awareness training to teams & other responders in stress management & crisis response; Mental Health Emergency Response Team Equipment/Supplies: District Equipment & Supplies - $65,000 @ $6,500 per District: Tabletop Exercise: $2,500; Field guide: $500; Materials: $500; Laptop computer: $2,500; MOU development: $500; Central Office Equipment & Supplies for District Team Maintenance - $10,000: Tabletop Exercises: $5,000 (Two @ $2,500 each), CD writer $1,000, Laptop/wireless/blackberry $3,000, ID machine $1,000; Crisis Communications Message Development & Support: Personnel: $4,000 - $100 per hour for 40 hours; Materials: $1,000 - CDs, 200 @ $5.00; Consultant to develop behavioral health crisis communications "Tool Kit" for disaster messaging. Materials need to be in a consistent format, with the same information for all districts (but allowing for local differences & contact information). Develop CD "Tool Kit" for ISDH, District Teams, & for each LHD. CD Tool Kit would include sample messages & strategies for developing messages to alert public to disaster events & to provide public with guidance to foster community's return to self-sufficiency.	Entity		
Suspend Funds	**REGENSTRIEF INSTITUTE**(Selected by: Bid) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: Regenstrief Institute; METHOD OF SELECTION: SOLE SOURCE due to extensive experience in HL7 and electronic laboratory reporting, and previous work completed on this specific project; PERIOD OF PERFORMANCE: 08/31/06 through 08/30/07; SCOPE OF WORK: Regenstrief Institute will act as the agent of the ISDH in the collection and processing of emergency	Other Public Entity	Quarterly Report	$484,839

	room visit data for integration into the ISDH Public Health Emergency Surveillance System (PHESS). They will also act as the agent for the ISDH in the processing and mapping of electronic laboratory reports into standard code sets in 17 central Indiana hospitals. During Year 1 of this agreement Regenstrief successfully connected and began transmitting chief complaint data to ISDH for 38 of 114 hospitals in Indiana that have Emergency Rooms. Under Year 2 they are anticipated to complete 27 additional connections for a total of 65 for Year 1 & 2 or 57.02% of Emergency Departments throughout the State; METHOD OF ACCOUNTABILITY: Vendor will be monitored for performance based on the contract deliverables by dedicated ISDH staff members (Syndromic Surveillance Director & Contract Administrator) for programmatic and fiscal oversight; ITEMIZED BUDGET: Please see "Appendix K" for detailed budget breakdown.	

Indirect Costs — **Total: $912,138**

Org ID	Type	Indirect Change Description	Amount Change
	Original Allocation	Indirect cost for Funding Source Base Indiana's current indirect cost rate is 11.5% which is charged against a direct cost base, which excludes equipment, and contracts. A copy of our current Indirect Cost Rate Proposal is attached to the cooperative agreement application as "Appendix I." This rate is in effect through 06/30/07, and is anticipated to be the same rate from 07/01/07-08/30/07. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$912,138

Direct Assistance : Personnel — **Total: $27,203**

Org ID	Type	Personnel Description	Amount Change
	Original Allocation	**CEFO (ESTIMATE)** - (CDC) Direct Assistance: Input directly by CDC for CEFO Personnel for Indiana	$27,203

Direct Assistance : Other — **Total: $5,935**

Org ID	Type	Description	Amount Change
	Original Allocation	**TRAVEL / DA MISCELLANEOUS (APPROVED BY PGO/DBS/DSLR)** Travel / DA Miscellaneous (approved by PGO/DBS/DSLR) Added as a part of PGO/FMO Adjustments for DA. This line item is a DA item that was not present in original estimates from PGO/FMO. This DA Item has been added to match the approved Budget.	$5,935

CRI Funding Source

Object Class Changes			
Object Class	**Before Change**	**After Change**	**Difference**
FA - Other	$0	$0	$0
FA - Personnel	$40,421	$40,421	$0
FA - Fringe	$19,344	$19,344	$0
FA - Contractual	$598,071	$598,071	$0
Indirect	$6,873	$6,873	$0

Financial Assistance : Personnel — **Total: $19,344** **Total: $59,765**

Org ID	Type	Position Title & Name	Annual	Time	Months	Fringe	Total Change
	Original Allocation	**PCN 10054560: PROG DIR 1/PROGRAM DIRECTOR::: (VALERIE HAMILTON)** The Program Director 1 position will act as the state's CRI Coordinator and will serve as the primary contact for the CDC and the IL, OH, and KY CRI Coordinators. The Indiana CRI Coordinator will provide ongoing coordination, guidance, technical assistance and training to the 24 local CRI jurisdictions to facilitate the development, implementation and enhancement of their mass prophylaxis plans. The CRI Coordinator will work closely with the SNS Coordinator and the agency's exercise team, and will participate in exercises, assessment site visits, evaluate related performance measures, and collect the metrics data for the required progress reports. For vacant positions, fringe is calculated at 17.91% of the salary (Life Insurance (0.36%), Social Security (7.65%), PERF (8.00%), Disability Insurance (1.9%)) plus $10,518 for Health, Dental, and Vision insurance. However, for positions currently filled, fringe is calculated based on the percentage consistent with the benefits package that each individual carried as of the last State open enrollment period which began on 01/01/06 or the insurance package they selected upon hire (if after 01/01/06).	$40,421	100%	12	$19,344	$59,765

Financial Assistance : Contractual — **Total: $598,071**

Org ID	Type	Contract Details	Contract Type	Accountability	Amount Change
	Original Allocation	**LAKE COUNTY: CHICAGO, IL MSA CRI GRANT** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: Lake County Health Department; METHOD OF SELECTION: Sole Source. Lake	Local Health	Quarterly Report	$41,348

	County Health Department is responsible for public health services within the Indiana county contiguous to the City of Chicago, the predominant city within the Chicago MSA. PERIOD OF PERFORMANCE: 08/31/06 - 08/30/07; SCOPE OF WORK: Lake County Health Department will work in conjunction with the ISDH, and Indiana Department of Homeland Security to accomplish goals set forth in the CRI guidance. Method of Accountability: Accountability will be measured using quarterly reports on deliverables set forth in the grant agreement established between ISDH and Lake County Health Department. Itemized Budget and Justification: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions to other counties within this MSA to support the coordinators in their counties, the balance of funds remaining were allocated to the lead county for completion of CRI activities.			
Original Allocation	**DEARBORN COUNTY: CINCINNATI, OH MSA CRI GRANT** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: Dearborn County Health Department; METHOD OF SELECTION: Sole Source. Dearborn County Health Department is responsible for public health services within the Indiana county that is contiguous to the city of Cincinnati, the predominant city within the Cincinnati MSA. PERIOD OF PERFORMANCE: 08/31/06 - 08/30/07; SCOPE OF WORK: Dearborn County Health Department will work in conjunction with the ISDH, and Indiana Department of Homeland Security to accomplish goals set forth in the CRI guidance. Method of Accountability: Accountability will be measured using quarterly reports on deliverables set forth in the grant agreement established between ISDH and Dearborn County Health Department. Itemized Budget and Justification: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions to other counties within this MSA to support the coordinators in their counties, the balance of funds remaining were allocated to the lead county for completion of CRI activities.	Local Health	Quarterly Report	$6,934
Original Allocation	**LPHC 10% ALLOCATION - EAST CHICAGO** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities	Local Health	Quarterly Report	$5,236

	outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $52,363.			
Original Allocation	**LPHC 10% ALLOCATION - GARY CITY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.	Local Health	Quarterly Report	$5,580
Original Allocation	**LPHC 10% ALLOCATION - HAMMOND CITY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all	Local Health	Quarterly Report	$5,580

	hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - JASPER COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this	Local Health	Quarterly Report	$3,904

	individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $39,040.			
Original Allocation	**LPHC 10% ALLOCATION - LAKE COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $54,712.	Local Health	Quarterly Report	$5,471
Original Allocation	**LPHC 10% ALLOCATION - NEWTON COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	Local Health	Quarterly Report	$5,422

	provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $54,224.			
Original Allocation	**LPHC 10% ALLOCATION - PORTER COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other	Local Health	Quarterly Report	$5,580

	operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - BOONE COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $51,578.	Local Health	Quarterly Report	$5,158
Original Allocation	**LPHC 10% ALLOCATION - BROWN COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical	Local Health	Quarterly Report	$5,580

	tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - HAMILTON COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for	Local Health	Quarterly Report	$5,580

	Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - HANCOCK COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.	Local Health	Quarterly Report	$5,580
Original Allocation	**LPHC 10% ALLOCATION - HENDRICKS COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only	Local Health	Quarterly Report	$5,580

	88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - JOHNSON COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out	Local Health	Quarterly Report	$5,580

	in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - MARION COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $52,485.	Local Health	Quarterly Report	$5,249
Original Allocation	**LPHC 10% ALLOCATION - MORGAN COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs	Local Health	Quarterly Report	$5,580

	for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - PUTNAM COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through	Local Health	Quarterly Report	$4,268

	quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $42,680.			
Original Allocation	**LPHC 10% ALLOCATION - SHELBY COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $40,600.	Local Health	Quarterly Report	$4,060
Original Allocation	**LPHC 10% ALLOCATION - DEARBORN COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)*	Local Health	Quarterly Report	$5,580

	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. The total cost of this agreement is $55,800.			
Original Allocation	**LPHC 10% ALLOCATION - (NEW) FRANKLIN COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants.	Local Health	Quarterly Report	$5,680

	ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. As a "New" Grantee, this county will receive up to an additional $1,000 to make alterations to their existing space, & purchase a desk that has a side return, chair, bookcase, & file cabinet. The total cost of this agreement is $56,800			
Original Allocation	**LPHC 10% ALLOCATION - (NEW) OHIO COUNTY** (Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 88 have decided to participate, 84 existing & 4 new to the program. SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally provide for LHD grantees to fund one or more Local Public Health Coordinators (LPHC(s)) to engage in all hazards planning; become trained in & assist LHD staff to become trained in NIMS & PPE; prepare & exercise LHD emergency communications & operations plans, mass prophylaxis & other emergency response plans including pandemic influenza, isolation & quarantine, medical surge, & anti-viral distribution; identify & work with community partners; prepare mutual aid agreements & maintain volunteer/partner contact information, etc. LPHCs & other LHD staff shall participate in CDC SNS CRI site visits and assessments, and further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. LPHCs will engage in these activities for the LHD for their local jurisdiction, or grants may also be provided to LHDs to fund & share a coordinator among multiple jurisdictions. Responsibilities for the LPHC include specific critical tasks & measures that track the nine CDC Outcomes, & all local measures identified by CDC in the preparedness/CRI & pandemic influenza grant guidance are incorporated into the LPHC grants. ACCOUNTABILITY will be measured through site visits by ISDH staff to LHD grantees, & through quarterly progress reports to assess status of activities & collect data on specific local measures set out in the grant attachment. DETAILED BUDGET: The costs within these agreements will be used to pay for Salary, Fringe, Miscellaneous (communication, rent or facilities use, average supply costs, & other operational costs). These rates are consistent with standard rates for what the state would pay if this individual was a state staff member rather than a county employee. Due to the nature of activities outlined in these grant agreements the total cost for this allocation has been split based on an estimated amount of time the LPHCs will spend working on basic Public Health Preparedness, Pandemic Influenza Preparedness, and Cities Readiness Initiative (CRI) activities. The standard formula used for these grants is 90% Public Health Preparedness, 10% Pandemic Influenza. However, 20 of the LHDs including the LHD referenced in this line item are part of a CRI jurisdiction (7 in the Chicago, IL MSA, 10 in the Indianapolis, IN MSA, and 3 in the Cincinnati, OH MSA). These LHDs have adjusted activities, and will receive 80% Public Health Preparedness funds, 10% Pandemic Influenza funds, and 10% Cities Readiness Initiative funds. As a "New" Grantee, this county will receive up to an additional $1,000 to make alterations to	Local Health	Quarterly Report	$5,680

	their existing space, & purchase a desk that has a side return, chair, bookcase, & file cabinet. The total cost of this agreement is $56,800.			
Original Allocation	**MARION COUNTY: INDIANAPOLIS, IN MSA CRI GRANT**(Selected by: Sole Source) *(Period of Performance: 2006-08-31 - 2007-08-30)* NAME OF CONTRACTOR: Marion County Health Department; METHOD OF SELECTION: Sole Source. Marion County Health Department is responsible for public health services within the city of Indianapolis, the predominant city within the Indianapolis MSA. PERIOD OF PERFORMANCE: 08/31/06 - 08/30/07; SCOPE OF WORK: Marion County Health Department will work in conjunction with the ISDH, and Indiana Department of Homeland Security to accomplish goals set forth in the CRI guidance. Method of Accountability: Accountability will be measured using quarterly reports on deliverables set forth in the grant agreement established between ISDH and Marion County Health Department. Itemized Budget and Justification: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions to other counties within this MSA to support the coordinators in their counties, the balance of funds remaining were allocated to the lead county for completion of CRI activities.	Local Health	Quarterly Report	$443,861

Indirect Costs **Total: $6,873**

Org ID	Type	Indirect Change Description	Amount Change
	Original Allocation	Indirect cost for Funding Source CRI Indiana's current indirect cost rate is 11.5% which is charged against a direct cost base, which excludes equipment, and contracts. A copy of our current Indirect Cost Rate Proposal is attached to the cooperative agreement application as "Appendix I." This rate is in effect through 06/30/07, and is anticipated to be the same rate from 07/01/07-08/30/07. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$6,873

2006 Cooperative Agreement Workplan Report

Privileged Communication
Centers for Disease Control and Prevention
Public Health Emergency Preparedness
Program Announcement AA154
Report Date: 7/14/2006
Grantee: Indiana

Goal 1: Prevent

Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

Capability 1A: 1A: Planning

1A::CT1: Maintain a SAC to integrate preparedness efforts across the jurisdiction and leverage funding streams

Grantee Activity:	The ISDH will maintain the Senior Advisory Committee (SAC) previously established to support the state's preparedness planning activities. The SAC was created and convened by the State Health Officer and includes representatives from the Indiana Department of Homeland Security, local health officers and other representatives of local health departments, hospital administrators and representation from the Indiana Health and Hospital Association, the state's HRSA Hospital Preparedness Program Director, the state's CDC Program Director/Primary Investigator, the state administrative agencies including Budget and Administration, and representatives from other state and local agencies and NGOs with a stake in preparedness planning. The ISDH convenes the SAC for quarterly meetings, and meetings are chaired by the state's CDC Program Director/Principal Investigator. The ISDH will enhance and broaden membership to include support for pandemic influenza planning and the HRSA ESAR-VHP advisory committee for volunteer solicitation and management.
Est. Completion Date:	08/30/2007

1A::CT2: Support incident response operations according to all-hazards plan that includes identification and planning for populations with special needs

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and will participate with that

	agency and other state, local and federal agencies for purposes of coordinating planning and response to all hazards events. Coordinated planning will include planning for special populations. The IDHS is the agency in the state encompassing the former State Emergency Management Agency, State Fire Marshal, and Indiana Counter Terrorism Security and Advisory Council. This agency is responsible for coordinating all homeland security activity for the state. The ISDH has a seat on the Counter Terrorism Security and Advisory Council. That council meets monthly and includes state, local and federal partners addressing all hazards planning and response. The ISDH also has a seat on the state's Homeland Security Team. That group meets bi-weekly and includes state partners responsible for coordinating and implementing all-hazards plans developed by individual agencies and by the CTASC. The ISDH will maintain participation on these groups.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has identified state public health staff to support emergency response activities for all hazards including pandemic flu planning and response. The ISDH will maintain public health coordinators, epidemiologists, and public information officers in each of ten (10) homeland security districts through the state. This field staff, along with central office emergency response staff, will engage in all hazards planning and coordination of statewide public health response using the National Planning Scenarios, as well as assisting 94 local health departments and their local partners in all hazards planning and coordination of local or district-wide public health response. In addition, ISDH will maintain state laboratory staff including chemists and microbiologists to support laboratory response and surge capacity.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has developed an emergency operations plan utilizing emergency response and supporting agency personnel. The ISDH will train state public health staff and exercise plans utilizing the ICS within a Department Operations Center and the state's Emergency Operations Center.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will assist local health departments in identification and training of emergency response staff within their agencies, with development of all hazards emergency response plans for those agencies, and with exercises of those plans. The ISDH will support local health department emergency response planning and activities by maintaining current-year grants supporting local public health coordinators responsible for local and district-wide planning and activities. The ISDH will support local health departments in developing emergency operation plans in the LHD that will develop the ability of the LHD to respond to all hazards in coordination with other first responders, including planning for special populations. The ISDH will support local health departments in identifying local public health personnel with a first response role, in training that personnel to utilize ICS and PPE, and in tracking identification

	and percentage of first responders that have been trained.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will offer the on-line NIMS training and public health preparedness courses by maintaining the Learning Management System through contract with the University of Illinois at Chicago, Public Health Preparedness Center which operates the IN - LMS technology. ISDH will provide on-going education and training on all-hazards emergency response through internal staff and in conjunction with external partners.
Est. Completion Date:	08/30/2007

1A::CT3: Improve regional, jurisdictional, and state all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with NIMS and the NRP.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and will participate with that agency and other state, local and federal agencies for purposes of coordinating training for planning and response to all hazards events. The ISDH will partner with the Indiana Department of Homeland Security to identify and train and exercise state public health first responders in ICS using NIMS, and by incorporating NIMS requirements within the ISDH and, through local health department sub-grants, within those local agencies.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will provide local health departments with resources and assistance in employing, identifying, training, and exercising local public health emergency responders in ICS using NIMS training courses and opportunities for training, and requiring all local first response personnel supported by ISDH resources to take and successfully complete the NIMS training courses required for designated responder roles as determined by the US DHS. ISDH will require all LHDs receiving preparedness funds to adopt NIMS and the ICS into their all hazards emergency response plans, including pandemic influenza and mass prophylaxis plans.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will offer the on-line NIMS courses through the Learning Management System (LMS) by maintaining a contract with the University of Illinois at Chicago (UIC) Public Health Preparedness Center to manage the technology of the LMS. The ISDH will continue to explore education and training opportunities for public health staff through internal means and utilizing external partners.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain a Department Operations Center, and will identify primary and secondary staff for core functional roles delineated in the Incident Command System (ICS).
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise a notification protocol for the agency DOC core functional staff no less than on a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise the activation of the agency DOC to include requiring all primary and, if needed, secondary staff with core functional roles to report to the DOC. Exercises will occur on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health department sub-grantees to maintain a Department Operations Center, and to identify primary and secondary staff for core functional roles delineated in the Incident Command System (ICS).
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health department sub-grantees to exercise a notification protocol for the agency DOC core functional staff no less than on a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health department sub-grantees to exercise the activation of the agency DOC to include requiring all primary and, if needed, secondary staff with core functional roles to report to the DOC. Exercises will occur on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

1A::CT3a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST).

Grantee Activity:	ISDH will utilize NIMCAST as self-evaluation tool, and will also forward information to health departments for those agencies to use that tool.
Est. Completion Date:	08/30/2007

1A::CT3b: Assure agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core

functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination

Grantee Activity:	The ISDH has developed and will maintain a department operation center (DOC) that will tie in all our partners at the state and local levels. The ISDH will maintain a standing seat in the state emergency operations center (EOC) hosted by the Indiana Department of Homeland Security, and will participate in drills of that facility utilizing assigned personnel and/or personnel encompassing public health functional area. ISDH personnel staffing the DOC and EOC will be trained in ICS and NIMS utilizing training coordinated by ISDH, the Indiana Department of Homeland Security, or as offered/required by the NIMS Integration Center.
Est. Completion Date:	08/30/2007

1A::CT4: Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis.

Grantee Activity:	The ISDH will identify the state public health staff responsible for first response, identify require PPE, vaccination and prophylaxis for their roles, and provide PPE and/or training consistent with those determinations. The ISDH will utilize the Indiana Department of Homeland Security as a partner in this effort, including the coordination and actual training of public health personnel.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will provide local health departments with assistance in identifying and training local public health responders for vaccination, prophylaxis, and PPE use appropriate to their response roles. The ISDH will utilize internal staff and work with external partners to facilitate the training of local health department staff in the use of PPE.
Est. Completion Date:	08/30/2007

1A::CT4a: Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Grantee Activity:	The ISDH will use the IHAN and develop additional tools to track staff and volunteers that have been provided with vaccinations and prophylaxis appropriate to their response roles. The ISDH will further develop and upgrade the PHIN to incorporate this information. The ISDH has developed and is in the process of implementing a five-year plan for PHIN compliance.
Est. Completion Date:	08/30/2007

1A::CT5: Increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response (e.g., local, regional, and EMAC)

Grantee Activity:	The ISDH will participate in biweekly meetings with representatives from the Indiana Department of Homeland Security, the Indiana Counter Terrorism and Security Council, the Indiana State Police, and other state agencies responsible for emergency response and statewide planning and response. The ISDH will establish agreements with state agencies on sharing and allocation of resources, and coordination of response. The ISDH will maintain a seat pursuant to state statute on the Indiana Counter Terrorism and Security Council and will meet monthly with state, federal and local partners also maintaining seats on that council for purposes of planning and coordinating a state response to an all hazards emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support the establishment of District Planning Councils, one in each of the 10 multi-county homeland security districts in the state. These councils will be responsible for, among other things, establishing regional mutual aid agreements among the jurisdictions and disciplines making up the councils.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support local health departments to employ personnel responsible for entering into mutual aid and other resource sharing agreements to support an all hazards response in local jurisdictions.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support biweekly conference calls among all of the 94 local health departments in the state to discuss and plan for resource sharing in the event of a public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will explore and disseminate information to public health personnel regarding educational activities on the development and utilization of Mutual Aid Agreements.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop, equip, and train public health and medical personnel to form teams that will be designated mobile support units for purposes of responding within or outside the state during an emergency. Team members will be required to successfully complete NIMS training appropriate to their response roles.

Est. Completion Date:	08/30/2007

Grantee Activity:	Indiana participates in the EMAC. The ISDH provides the medical functional area support for Indiana teams that respond to EMAC requests from other states. The ISDH has deployed 79 public health and medical personnel to another state under EMAC in the last year, and is poised to deploy those and other volunteers as needed. ISDH volunteers deploying under EMAC will be provided with NIMS training appropriate for their response roles.
Est. Completion Date:	08/30/2007

1A::CT5a: Increase all-hazard incident management capability by conducting regional, jurisdictional and State training for NIMS and the Incident Command System (ICS)

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to identify and provide training and exercise support to state and local public health first responders in ICS and NIMS. The ISDH and its training partner will provide public health responders with NIMS training courses and opportunities for training, and will require all state public health first response personnel to take and successfully complete the NIMS courses appropriate to their response roles.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will provide local health departments with resources and assistance in training and exercising local public health emergency responders in ICS using NIMS training courses and opportunities for training, and requiring all local first response personnel supported by ISDH resources to take and successfully complete the NIMS courses appropriate to their response roles.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain a tracking system to document those state and local first responders that have successfully completed NIMS training.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will offer the on-line NIMS training and public health preparedness courses by maintaining the Learning Management System through contract with the University of Illinois at Chicago, Public Health Preparedness Center which operates the IN - LMS technology.
Est. Completion Date:	08/30/2007

1A::CT5b: Address legal and policy issues regarding ability to execute or fulfill EMAC requests (mutual aid versus mutual support)

Grantee Activity:	Indiana participates in EMAC, and has deployed staff from multiple agencies to other states under EMAC. Indiana utilized a Governor's Executive Order to deputize as state employees and deploy local government and private sector volunteers. During the last legislative session, the ISDH sponsored legislation to allow for the Director of the Indiana Department of Homeland Security to identify local government and private sector volunteers as state employees supporting mobile support teams that may deploy under EMAC. The ISDH maintains a database of volunteers that make up the public health and medical mobile support teams and that qualify for deployment under EMAC. The ISDH will continue to maintain this database and participate in deploying medical and public health volunteers under EMAC.
Est. Completion Date:	08/30/2007

1A::CT6: Provide support for continuity of public health operations at regional, state, tribal, local government, and agency level

Grantee Activity:	The ISDH will maintain positions created for public health preparedness and emergency response activities to supplement the existing public health workforce. These positions include program directors and coordinators, including district field staff deployed to do emergency response planning and response activities, epidemiologists for surveillance and disease control, laboratory and environmental health staff, crisis communications staff, and support personnel for these functions. This staff will perform ongoing activities related to planning, surveillance and response; develop skills and relationships through preparedness and public health activities that will be necessary to support an emergency response; and handle surge capacity for exercises, response to actual events, and response to hoaxes, thereby mitigating surge on public health workforce and permitting the agency to maintain essential services during an event. The ISDH will designate secondary responders from existing public health workforce to support event-related surge.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support grants to local health departments to allow those agencies to hire staff for emergency response planning and preparedness activities, and to provide office space and supplies for that dedicated staff, so as to mitigate surge on the local public health workforce and permitting agency to maintain essential services during an event.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will establish an alternative site for agency operations in the event that a public health emergency impairs operations at its principal place of business. The ISDH will develop and maintain redundant servers and communications linkages to continue agency operations.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will utilize district field staff to support local health department operations in the event of a public health emergency impairing the ability of those agencies to function. The ISDH will support local public health coordinators to work within their agencies and local jurisdictions to identify and develop alternative operations plans.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to support the development of District Planning Councils within each of the state's 10 Homeland Security Districts for purposes of planning and coordinating response and operations at a regional level. The ISDH will participate in a state Bio Terrorism Advisory Committee developed to ensure continuity of effort at the state level.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will prepare and maintain an agency Continuity of Operations Plan (COOP).
Est. Completion Date:	08/30/2007

Goal 2: Detect and Report

Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Capability 2A: 2A: Information Gathering and Recognition of Indicators and Warning

2A::CT1: Increase the use of disease surveillance and early event detection systems

Grantee Activity:	The ISDH will continue to develop and improve the use of disease surveillance and early event detection systems, including the Indiana Communicable Disease Reporting Rule. Currently, the ISDH conducts passive surveillance of reportable diseases as mandated by the Indiana Communicable Disease Reporting Rule.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop and improve the use of disease surveillance and early event detection systems, including the Public Health Emergency Surveillance System (PHESS). Currently, the PHESS system includes data streams of chief complaints from hospital emergency departments, over-the-counter drug sales, Indiana Poison Control Center, and school absenteeism. By the end of the grant year, 77 hospitals will be transmitting data into PHESS. In addition the ESSENCE analyzing system is used to generate alerts based on the data collected by PHESS.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop and improve the use of disease surveillance and early event detection systems, including laboratory testing, and BioWatch detection devices. Currently, the ISDH coordinates BioWatch response activities with the Marion County Health Department and is a participating PulseNet laboratory.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will also continue to maintain year-round influenza surveillance through the sentinel physician program. Currently, the ISDH conducts year-round influenza sentinel surveillance through sentinel physician influenza-like illness reporting and laboratory testing.
Est. Completion Date:	08/30/2007

2A::CT1a: Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents)

Grantee Activity:	The ISDH will continue to receive disease reports for select conditions. These conditions, including Category A agents, are mandated by law in 410 IAC 1-2.3, the Indiana Communicable Disease Reporting Rule for Physicians, Hospitals and Laboratories.
Est. Completion Date:	08/30/2007

2A::CT1b: Develop and maintain systems to receive reports 24/7/365

Grantee Activity:	The ISDH will maintain a 24/7/365 duty officer system. This system has been demonstrated as effective in the reception and evaluation of urgent disease reports, especially after normal business hours and on weekends (example: Monkey pox response in 2003, measles response in 2005). Upon receipt of a call after hours, the Duty Officer will assess the call, and connect either the general public, a medical provider or hospital with the appropriate subject-matter epidemiologists, field epidemiologists, and/or laboratory staff.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain its current system of communicable disease surveillance and reporting, as well as continue local support by maintaining district field epidemiologists, to assist with investigations and provide direct support/technical assistance in the event of an emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its 24/7/365 notification system no less frequently than quarterly.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with local health departments by providing funding to hire local public health coordinators. The ISDH will require that local health department grantees utilize a 24/7/365 answering service using their published numbers, and that they exercise that system no less frequently than quarterly.
Est. Completion Date:	08/30/2007

2A::CT1c: Have or have access to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.

Grantee Activity:	The ISDH is committed to developing a system that ensures reports requiring immediate investigation are received and investigated by public health authorities (state and local) effectively and timely. This system will combine multiple and redundant methods of detection, reporting and notification. The ISDH is developing a NEDSS and PHIN compliant public health information infrastructure that consists of several components, including the Public Health Emergency Surveillance System (PHESS) which will receive and process syndromic types of data (emergency department visits, over-the-counter drug sales, etc.), the NEDSS-related application development, our electronic laboratory reporting efforts through Regenstrief Institute and other initiatives. The ISDH will also work with the Indiana Health Information Exchange, Inc. (IHIE) to develop electronic linkages among physician's offices, hospitals, laboratories, pharmacies, and other entities to support the electronic reporting and sharing of data to improve public health reporting and response to public health emergencies. The IHIE is a shared electronic database of laboratory and radiological results and other hospital data that will serve as a medical messaging service. Central Indiana hospitals are presently participating in IHIE and the network is expected to spread statewide over the next one to two years. The result of this development will be a system of web-based reporting of infectious disease related data that can be used to detect outbreaks. Through our growing Indiana Health Alert Network (IHAN) activities, the ISDH is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the IHAN will provide an infrastructure within which communication can take place during the investigation of an event. Additionally, the ISDH laboratory is procuring a PHIN compliant LIMS that will allow bidirectional communication of lab request and lab reporting. Currently, The ISDH

	has installed the ESSENCE program to analyze syndromic surveillance data, and that system is operating. A total of 77 hospital emergency departments will be connected to the PHESS by this grant year end. Other current data streams include over-the-counter drug sales and school absenteeism. Other data streams, such as nurse hot lines and university health centers, will be explored. Regenstrief Institute is providing laboratory test mapping of Central Indiana hospitals as well as continued service with hospital emergency department data transmission.The ISDH has entered into a memorandum of understanding with the State of Pennsylvania to obtain the Pennsylvania NEDSS (PA-NEDSS) system. This system will be implemented and managed by the PHIN manager. We have made changes to IHAN to provide Local Health Departments with direct access to IHAN. We will provide training on IHAN and implement it in our Local Health Departments. Local health departments will determine who in their jurisdictions will participate in IHAN. We will proceed with PHIN Certification in IHAN and EED systems following the ISDH five year certification plan. As part of certification we will define required interfaces with external systems such as the new laboratory STARLIMS system.
Est. Completion Date:	08/30/2007

2A::CT1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch)

Grantee Activity:	Indianapolis has been identified as a BioWatch city, and the Marion County Health Department (MCHD) is the agency of jurisdiction for Indianapolis. The ISDH partners with the MCHD to conduct BioWatch activities. The ISDH and the MCHD jointly developed a protocol for the notification process and response in the event of a laboratory confirmation of a hit from early event detection devices (e.g. BioWatch and BDS) in the community. This protocol will be exercised at least once in the next grant year. The ISDH participates on the BioWatch Advisory Committee. The ISDH Laboratories has adopted the procedures necessary for testing the BioWatch filters and can also perform phase 2 testing of environmental wipe and swab samples.
Est. Completion Date:	08/30/2007

2A::CT1e: Assess timeliness and completeness of disease surveillance systems annually

Grantee Activity:	The Quality Assurance Epidemiologist will complete an assessment of our disease surveillance systems using the CDC promoted; Updated Guidelines for Evaluating Public Health Surveillance Systems, MMWR 50(RR-13) on an annual basis. This activity was completed during the past grant year where gaps were identified in the passive surveillance system of reportable diseases regarding case file retrieval and data entry. This prompted the development of a new case filing system and a data entry quality

	assurance protocol.
Est. Completion Date:	08/30/2007

Grantee Activity:	The Quality Assurance laboratory director will complete an assessment of laboratory protocols and procedures annually.
Est. Completion Date:	08/30/2007

2A::CT2: Increase sharing of health and intelligence information within and between regions and states with federal, local and tribal agencies.

Grantee Activity:	The ISDH will increase sharing of health and intelligence information within and between regions and States with Federal and local tribal agencies by utilizing the Indiana Health Alert Network (IHAN). We have enhanced IHAN to broaden its use and will be providing training to Local health Departments on accessing IHAN. We will roll out an IHAN document sharing application that will allow sharing information among all IHAN users.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will increase sharing of health and intelligence information within and between regions and States with Federal and local tribal agencies by continued participation in the CDC Epi-X Program.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue sharing health and intelligence information through 24/7/365 duty officer system, and through 24/7 personal, phone and electronic mail contacts with state field staff, local health department staff, hospitals, and other state, federal and local response partners.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will expand upon our work with Michigan, Minnesota and Wisconsin to provide automated messaging capabilities. We will establish PHIN MS or comparable communication protocols.
Est. Completion Date:	08/30/2007

2A::CT2a: Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs

Grantee Activity:	Through our growing Indiana Health Alert Network (IHAN) activities, the ISDH is developing the

	infrastructure for key parties to exchange information on outbreak detection and investigation. The IHAN will provide an infrastructure within which communication can take place during the investigation of an event. We are enhancing IHAN to improve our coverage capabilities and interstate communication processes. We will proceed with PHIN Certification for EED and IHAN following the ISDH five year certification plan. We will be making changes to support real time retrieval of message information. This will allow us to immediately address messaging problems and contacts not acknowledging receipt.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will improve our message acknowledgement procedures using alternative solutions such as Portal confirmations and Blackberry / hand held devices. This will simplify IHAN message acknowledgement procedures.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH laboratory shares information on suspected or confirmed cases of immediately notifiable conditions through mechanisms such as the LRN and PulseNet.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its disease reporting system to test state to local and local to state notification of an event that may be of urgent public health consequence. Exercises will occur on no less frequent a basis than quarterly.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health department sub-grantees to participate in exercises of disease reporting systems to test state to local and local to state notification of an event that may be of urgent public health consequence. Exercises will occur on no less frequent a basis than quarterly.
Est. Completion Date:	08/30/2007

2A::CT2b: Identify key public health staff that need secret or top secret security clearances and mechanisms within the jurisdiction to obtain needed clearances to ensure access to sensitive information about the nature of health threats and intelligence information

Grantee Activity:	Pursuant to current HHS and CDC requirements and authority, the ISDH has identified and processed security clearance requests for four (4) state public health officials including the Assistant Commissioner for Public Health Surveillance & Emergency Preparedness, the State Epidemiologist, the Public Health Preparedness and Emergency Response Director, and the State Laboratory Director. These requests along with supporting documentation are completed and approved or pending approval by the federal agencies. The ISDH will maintain these security clearances as required, and seek to

	secure additional clearances for state and local health officials as required under evolving guidelines currently being formulated by HHS and CDC.
Est. Completion Date:	08/30/2007

2A::CT3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

Grantee Activity:	The ISDH enhanced the HAN system to decrease the overhead in initiating alert messages. This was done by automating our interface to the vendor that provides fax and voice capabilities. We will implement the changes and provide additional access to IHAN capabilities. We will automate additional changes to improve our internal procedures for approving an alert. We will look at alternative options such as Blackberries and hand held devices. We will proceed with PHIN Certification for IHAN following the ISDH five year certification plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	In conjunction with our PHIN preparedness measures, the ISDH will be developing electronic PHIN MS messaging following Common Alerting Protocols (CAP). This is part of IHAN PHIN Certification following the ISDH five year certification plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH laboratory will utilize the reporting mechanisms of the LRN to timely disseminate accurate national strategic and health threat intelligence.
Est. Completion Date:	08/30/2007

2A::CT3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).

Grantee Activity:	The ISDH participates in Epi-X. The ISDH has contacted all local health departments to determine their interest in participating in Epi-X.
Est. Completion Date:	08/30/2007

2A::CT3b: Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality and completeness or reports and the time from onset of illnesses to report entry

Grantee Activity:	The ISDH currently participates in EFORS. A newly-hired Enteric Epidemiologist will be scheduled for training on the updated system. ISDH will assess the accuracy and completeness of EFORS reports

	within one week of the initiation of food borne outbreak investigations. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Est. Completion Date:	08/30/2007

2A::CT3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 96 business hours of receiving the isolate in the laboratory.

Grantee Activity:	The ISDH Lab will continue to perform real-time sub-typing of PulseNet tracked food borne disease agents (Salmonella, Shigella, Listeria, and E. coli) and submit the sub-typing data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory. Other organisms will be added depending on epidemiologic need.
Est. Completion Date:	08/30/2007

2A::CT3d: Have or have access to information systems for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting

Grantee Activity:	Through our growing Indiana Health Alert Network (HAN) activities, the ISDH is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the IHAN will provide an infrastructure within which communication can take place during the investigation of an event. We have enhanced our IHAN system to improve access and will fully implement the changes in the coming year. We are considering message initiation procedures on alternative platforms such as Blackberries and hand held devices. We will proceed with PHIN Certification following in IHAN and other areas as defined in the ISDH five year certification plan.
Est. Completion Date:	08/30/2007

Capability 2B: 2B: Planning

2B::CT1: Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human health with special consideration for lethality of agents and large population exposures in order to mitigate or plan for identified hazards

Grantee Activity:	The ISDH currently partners with the Indiana Department of Homeland Security, the Indiana Counter Terrorism and Security Council, the Indiana State Police, and other state agencies responsible for emergency response and statewide planning and response. The ISDH also maintain a seat pursuant to state statute on the Indiana Counter Terrorism and Security Council and meets monthly with state, federal and local partners also maintaining seats on that council for purposes of planning and coordinating a state response to an all hazards emergency. The ISDH is currently working with these partners to identify state and local hazards.
Est. Completion Date:	08/30/2007

2B::CT2: Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.

Grantee Activity:	ISDH will continue partnership with the Indiana Department of Homeland Security to support GIS mapping of state for hazard and vulnerability analysis, mitigation and response. The ISDH will work with the state and federal homeland security agencies to secure and update hazard and vulnerability analyses previously conducted, and to share information with local health departments for mitigation and response planning within their jurisdictions.
Est. Completion Date:	08/30/2007

2B::CT3: Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, retail establishments with chemical/pesticide supplies).

Grantee Activity:	ISDH will work with state and local agencies to identify strategies for decreasing human health threats associated with identified community risks.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will engage in planning and response activities, exercises, and training, with state, local and federal partners specific to community risks.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will support local health departments in maintaining staff to work on planning and mitigation strategies for community risks.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to support the creation of District Planning Councils composed of local stakeholders from multiple jurisdictions and disciplines within each of our state's homeland security districts to identify and plan for regional vulnerabilities.
Est. Completion Date:	08/30/2007

2B::CT4: Through partners increase the capability to monitor movement of releases and formulate public health response and interventions based on dispersion and characteristics over time.

Grantee Activity:	ISDH will partner with Indiana Department of Homeland Security to support GIS mapping of state.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will continue to support statewide radiological response team, and biological and chemical surveillance activities through ISDH and other state agencies.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will continue to support local health departments in purchase and training on GPS and other equipment to detect and project releases of specific agents and environmental hazards.
Est. Completion Date:	08/30/2007

Goal 3: Detect and Report

Decrease the time needed to detect and report chemical, biological, and radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

Capability 3A: 3A: Public Health Laboratory Testing

3A::CT1: Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.

Grantee Activity:	The ISDH laboratory will maintain relevant laboratory testing support for all these agents and will develop policies to ensure an all-hazards approach in testing of human and animal clinical specimens, environmental specimens and food specimens.
Est. Completion Date:	08/30/2007

3A::CT1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per state-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

Grantee Activity:	The ISDH will maintain a database developed and based upon information within the National Laboratory Database.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain questionnaires that have been developed and used to update the database information.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain information through regular contact with sentinel/level 3 labs.
Est. Completion Date:	08/30/2007

3A::CT1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

Grantee Activity:	The chemical terrorism/bioterrorism laboratory coordinator will be tested for competency on knowledge of the proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.
Est. Completion Date:	08/30/2007

3A::CT1c: Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.

Grantee Activity:	The ISDH will maintain 24/7/365 contact for the agency duty officer and for laboratory staff responsible for receiving samples and performing tests.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop drills and exercises that test the competency of BT and CT coordinators, and backup or alternate staff, and the ability of sentinel /Level Three laboratories to package and ship

	clinical samples 24/7 365 days a year.
Est. Completion Date:	08/30/2007

3A::CT1d: Package, label, ship, coordinate routing, and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism

Grantee Activity:	The ISDH will establish a state-wide courier system to assure timely pick-up and transport of critical samples.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has created a training coordinator position and is actively recruiting to fill this position.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to provide training, or update training, for sentinel/level 3 labs, first responders, etc. on packaging, labeling, and shipping of samples for BT/CT. Training was recently completed for the sentinel/level 3 labs in all 10 Districts.
Est. Completion Date:	08/30/2007

3A::CT1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate BioSafety Level (BSL) working conditions for each threat agent, *staffing and training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of LRN validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of samples, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for specimen/samples transport and handling. .
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for worker safety and appropriate BioSafety Level (BSL) working conditions for each threat agent.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for staffing and training of personnel.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for quality control and assurance.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for adherence to laboratory methods and protocols.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for proficiency testing to include routine practicing of LRN validated assays as well as participation in the LRNs proficiency testing program electronically through the LRN website.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of samples.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for intake and testing prioritization.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for secure storage of critical agents.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols for appropriate levels of supplies and equipment needed to respond to bio terrorism events with a strong emphasis on surge capacities needed to effectively respond to a bio terrorism incident.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has created a quality assurance administrator position and a safety coordinator position and is actively recruiting to fill these positions.
Est. Completion Date:	08/30/2007

3A::CT1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "BioSafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., MOU) should be established with a neighboring jurisdiction to provide this capacity.

Grantee Activity:	The ISDH laboratory currently has three BSL-3 laboratories in the main lab and a 2,600 square foot remote BSL-3 plus facility with five Biosafety Cabinets (BSC).
Est. Completion Date:	08/30/2007

Grantee Activity:	In early 2007, the ISDH Laboratories will move into a new laboratory with multiple state of the art BSL-3 labs with over 30 BSC. The ISDH will continue to maintain the remote BSL-3 lab following the move.
Est. Completion Date:	08/30/2007

3A::CT1g: Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates.

Grantee Activity:	The ISDH Lab has registered with the Select Agent Program (CDC #C20041018-0266) and has obtained the appropriate APHIS/USDA permits (Permit #51518). We will follow the requirements set forth in Select Agent Regulation and USA PATRIOT Act of 2001, P.L. 107-56, as well as incorporate any subsequent updates.
Est. Completion Date:	08/30/2007

3A::CT1h: Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF).

Grantee Activity:	The ISDH will maintain current staffing in compliance with this critical task. The ISDH will re-evaluate current staffing and equipment for BT readiness. We will continually monitor the LRN for new or updated procedures, as well as develop procedures that incorporate new methodologies or testing algorithms.
Est. Completion Date:	08/30/2007

3A::CT1i: Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN laboratories.

Grantee Activity:	The ISDH has current capacity to perform vaccinia and varicella testing. The LRN has not expanded Variola major testing (PCR) beyond those labs originally approved. The ISDH has sought approval to perform Variola major testing (PCR) since opening our modular BSL-3 facility. That request is pending.
Est. Completion Date:	08/30/2007

Grantee Activity:	The BSL-3+ modular lab allows the ISDH to provide LRN orthopox testing methodologies upon LRN approval. The ISDH will maintain this capacity.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will identify an EM facility to provide Variola support.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH is modifying the written policy for Variola major, Vaccinia and Varicella testing.
Est. Completion Date:	08/30/2007

3A::CT2: Increase the exchange of laboratory testing orders and results.

Grantee Activity:	The ISDH has procured StarLIMS and will begin to implement that system in the ISDH labs during the next grant year. The system will be implemented in three phases with pandemic influenza/virology included in phase 1.
Est. Completion Date:	08/30/2007

Grantee Activity:	Docs4Docs is used for routine "online," "real-time" reporting of HIV results. This was a result of a pilot project with the Indiana Health Information Exchange (IHIE). The ISDH will investigate the expansion of this program into other areas.
Est. Completion Date:	08/30/2007

3A::CT2a: Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e., feedback and linking of results to relevant public health data) with a copy to CDC as appropriate.

Grantee Activity:	The LRN Results Messenger, Version 2 has been installed and is being used daily for BioWatch and is available for other LRN reporting.

Est. Completion Date:	08/30/2007

Grantee Activity:	StarLIMS has been procured and will be implemented in three phases with pandemic influenza/virology included in phase 1. The MyLIMS tool is under investigation as a mechanism to rapidly provide lab reports and specimen feedback to sentinel/Level three labs. As part of the StarLIMS implementation we will achieve PHIN Certification. This is part of the ISDH five year certification plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain grant agreements with local health departments to hire a public health coordinator for preparedness activities. The ISDH will require the local health department sub-grantees to participate in ISDH exercises that test local public health acknowledgment of confirmatory results from the LRN. Exercises will be held on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

3A::CT2b: Comply with PHIN Preparedness Functional Areas Connecting Laboratory Systems and Outbreak Management to enable: a) the linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data and b) maintenance of chain of custody.

Grantee Activity:	StarLIMS, a PHIN compliant laboratory information management system, has been procured and will be implemented in three phases with pandemic influenza/virology included in phase 1. The StarLIMS implementation is part of the ISDH five year PHIN Certification plan.The MyLIMS tool is under investigation as a mechanism to rapidly provide lab reports and specimen feedback to sentinel/Level three labs. Chain of custody is included in the StarLIMS system.
Est. Completion Date:	08/30/2007

Goal 4: Detect and Report

Improve the timeliness and accuracy of communications regarding threats to the public's health

Capability 4A: 4A: Health Intelligence Analysis and Production

4A::CT1: Increase source and scope of health information.

Grantee Activity:	The ISDH will continue to maintain an agency web site with links to public health and related resources for all hazards planning including public health threats from acts of terrorism. This web site will contain

	quick facts on select agents and diseases, as well as other useful information for the general public and for first responders, including information on prophylaxis, pandemic influenza and outbreak-specific disease information.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to maintain a communicable disease web site, including disease information, Indiana statistics for communicable diseases, quick fact sheets (in English and Spanish), annual reports for communicable disease incidence in Indiana, and related links. The ISDH will continue to use the Indiana Health Portal to provide a means of accessing agency health information.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will add documents to the Indiana Health Alert Network (IHAN) library and document retrieval system. This will allow information sharing information across local health departments.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to publish the monthly Indiana Epidemiology Newsletter on the agency web site.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will continue to use the Indiana Health Portal to provide another means for stakeholders and partners to access Department of Health information. We will be revising the registration process to simplify registration process. We will also be simplifying procedures for adding applications to the portal.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to hold bi-weekly conference calls with all 94 local health departments to discuss preparedness and other public health issues from the state and local perspectives.
Est. Completion Date:	08/30/2007

4A::CT2: Increase speed of evaluating, integrating, analyzing for, and interpreting health data to detect aberrations in normal data patterns.

Grantee Activity:	The ISDH is developing the Public Health Emergency Surveillance System (PHESS) which will receive and process syndromic types of data (emergency department visits, over-the-counter drug sales, provider calls, etc.). Seventy-seven of 114 hospitals statewide will be providing emergency department chief complaint data by the end of the grant year. The ISDH will identify additional data streams, such as nurse hotlines and university health centers during this grant year. In addition, we will be working with PHESS as part of our five-year PHIN certification plan.

Est. Completion Date:	08/30/2007

4A::CT3: Improve integration of existing health information systems, analysis, and distribution of information compliant with PHIN Preparedness Functional Area Early Event Detection, including those systems used for identification and tracking of zoonotic diseases

Grantee Activity:	The ISDH continues its NEDSS development activities using the PHIN standards. The ISDH has entered into a Memorandum of Agreement with Pennsylvania to create a similar system to the Pennsylvania NEDSS (PA-NEDSS) system. The ISDH has obtained the source code for this system, which will be customized to meet specific needs of disease reporting and data analysis, including zoonotic diseases, for Indiana during the grant year.
Est. Completion Date:	08/30/2007

Grantee Activity:	The PHIN Certification Manager will direct and supervise all PHIN related IT activities to ensure that the Indiana NEDSS system conforms to PHIN certification standards. We will follow the five year plan for achieving certification.
Est. Completion Date:	08/30/2007

4A::CT4: Improve effectiveness of health intelligence and surveillance activities.

Grantee Activity:	The ISDH will continue to subscribe to journals and purchase books that allow the ISDH to remain informed in current practice of epidemiology, surveillance and investigation, and on important information regarding emerging and re-emerging infectious diseases.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to support travel-related activities, such as in-state travel for field epidemiologists, food security specialists and Surveillance and Investigation unit staff and out-of-state travel for Surveillance and Investigation Unit staff and food security specialists. This will allow staff members to support surveillance and investigation activities of local health departments, support food security evaluation and assessment activities, and attend conferences, meetings and trainings to enhance knowledge and skills for public health response.
Est. Completion Date:	08/30/2007

Grantee Activity:	The Quality Assurance Epidemiologist will assess the timeliness of disease report investigation follow-ups monthly. In addition, the Quality Assurance Epidemiologist will assess the quality of disease report database entry and report retrieval on a semi-annual basis. The Quality Assurance Epidemiologist will

	also review the PHESS alert follow-up database monthly to determine the quality and timeliness of follow-up. The Quality Assurance Epidemiologist will conduct at least one test of the 24/7 response capability of the Epidemiology Resource Center during this grant year.
Est. Completion Date:	08/30/2007

4A::CT5: Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.

Grantee Activity:	The ISDH will improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency with the continued improvement of the Indiana Health Alert Network (IHAN). We will be enhancing IHAN to both provide broader communication capabilities and reduce the time require to initiate a message. We will enhance our IHAN document storage/retrieval system to provide a timely dissemination of information.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will review and revise the Indiana Communicable Disease Reporting Rule to reflect changes in disease incidence and current science for surveillance and infection control.
Est. Completion Date:	08/30/2007

4A::CT5a: Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events compliant with PHIN Preparedness Functional Area Early Event Detection.

Grantee Activity:	Through our growing Indiana Health Alert Network (IHAN) activities, the ISDH is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the IHAN will provide an infrastructure within which communication can take place during the investigation of an event. We will be enhancing IHAN to improve our capabilities in this area. We will be providing peer-to-peer communications (e.g. an epi in one county can use IHAN to communicate directly with epis in other counties). We will also aggressively pursue using IHAN across jurisdictional boundaries. As part of our IHAN activities, we will be working on PHIN Certification following our five year certification plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH maintains a 24/7/365 duty officer system using the published number for the agency, and also utilizing a special number for health care providers. The ISDH will maintain a disaster recovery site

	to support 24/7/365 availability and business continuity. We will conduct scheduled exercises to ensure our recovery capabilities.
Est. Completion Date:	08/30/2007

4A::CT6: Increase number of local sites using BioSense for early event detection.

Grantee Activity:	The ISDH is coordinating with the CDC BioSense team to transmit hospital chief complaint data obtained by the PHESS to the CDC. Data from all hospitals will be transmitted into PHESS, then routed to BioSense. The ISDH will continue integration with the BioSense system based on CDC recommendations during this next grant year.
Est. Completion Date:	08/30/2007

Goal 5: Investigate

Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Capability 5A: 5A: Epidemiological Surveillance and Investigation

Associated Budget Allocations:			
Amount	**Object Class**	**Budget Category**	**Description**
$13,203	1105	DA: Personnel	CEFO (Estimate)

5A::CT1: Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.

Grantee Activity:	The ISDH will continue to expand the PHESS and the IHAN to facilitate early detection and mitigation of disease. See Outcome 2A and Outcome 4A. We will work on achieving PHIN Certification following our five year plan to achieve certification.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to support its year-round influenza sentinel physician surveillance program. The Respiratory Epidemiologist recruits one sentinel physician per 250,000 population. These physicians report incidence of influenza-like illness weekly to the ISDH, and also submit clinical specimens for

	testing at the ISDH Laboratories for characterization and sub-typing. During this grant year, the ISDH will procure and disseminate CLIA-waived tests to detect influenza A and B viruses in these specimens to sentinel physicians' offices to more quickly determine which viruses may be circulating. A shared respiratory disease database used by the ISDH epidemiologists and Laboratory is used to facilitate communication of case information and laboratory results. This database will be expanded during this grant year to include enteric disease information.
Est. Completion Date:	08/30/2007

5A::CT2: Conduct epidemiological investigations and surveys as surveillance reports warrant.

Grantee Activity:	The ISDH will ensure the necessary staff to maintain the reportable disease system through the existing network of field epidemiologists, subject matter epidemiologists, and support staff and supplies associated with these activities.
Est. Completion Date:	08/30/2007

5A::CT3: Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.

Grantee Activity:	The ISDH will finalize the Indiana Epidemiology Response Plan by the start of this grant year and exercise it at least once during the upcoming grant year. This plan will include the Indiana Pandemic Influenza Response Plan and the protocol for investigating a positive “hit” from an early detection device (BioWatch or BDS). The plan will be updated as necessary to improve our response to food-, water-, or air-borne diseases or threats.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain field epidemiologists and field public health coordinators in each of the 10 Homeland Security Districts to assist local health departments and their partners in planning and implementing a regional response to a public health emergency, including coordination and staffing of mass prophylaxis clinics and coordination and staffing to support isolation and quarantine orders within those districts. The ISDH has demonstrated over the past year through handling multiple outbreaks of enteric and other illnesses that we can mount a rapid and effective response to these outbreaks.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support grants to local health departments to provide those agencies with the capacity to hire local public health coordinators within their respective jurisdictions for planning and coordinating a

	local response to a public health emergency, including mass prophylaxis and to support isolation and quarantine orders.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to work through its Food Protection Program to improve ISDH staff's capability to conduct environmental inspections and track food complaints and inspections using the Food Inspection Regulatory Management System (FIRMS). This system allows for the automation of much of the inspection procedure and for rapid and effective response to food-related public health emergencies. The ISDH will continue to support the Food Safety and Defense Task Force, composed of appropriate stakeholders from the food industry, state and local public and environmental health, and other parties. The ISDH will continue to support its food security specialists, who work with suppliers to enhance food security and safety. These staff members make direct assessments of the security infrastructure of food suppliers and recommend changes to policies and procedures to improve security. They also provide training to food suppliers in security and risk assessment. During this grant year, the ISDH will finalize and exercise the Indiana Food Emergency Response Plan and assess food defense preparedness at retail establishments in Indiana.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH, through its chemical epidemiologist, will support response plans and integrate with internal and external partners to address issues of chemical terrorism.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and will participate with that agency and other state, local and federal agencies for purposes of coordinating investigation and response to public health emergencies. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on our state's public health emergency plans to improve preparedness. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its disease reporting system to test state to local and local to state notification of an event that may be of urgent public health consequence. Exercises will occur on no less frequent a basis than quarterly.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health department sub-grantees to participate in exercises of disease

	reporting systems to test state to local and local to state notification of an event that may be of urgent public health consequence. Exercises will occur on no less frequent a basis than quarterly.
Est. Completion Date:	08/30/2007

5A::CT4: Have or have access to information systems for outbreak management that capture data related to cases, contacts, investigations, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management

Grantee Activity:	The ISDH has developed a web-based outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters that is PHIN compliant. This system is accessed via the Healthnet Portal, and has been customized to build on familiarity with other systems (Epi Info) for ease of use in the field. The ISDH will ensure that the outbreak management system continues to meet PHIN specifications and will conduct training on this system during the grant year.
Est. Completion Date:	08/30/2007

Goal 6: Control

Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Capability 6A: 6A: Communications

6A::CT1: Decrease the time needed to communicate internal incident response information.

Grantee Activity:	The ISDH will utilize ICS and NIMS to support the agency's operations and Department Operations Center. Agency operations will include intelligence gathering from surveillance and epidemiology, including the agency's nine field epidemiologists deployed within Indiana's Homeland Security Districts, and with the ISDH laboratory. Agency emergency response staff is equipped with cell phones and Blackberry data devices, 800 MGH radios that include mutual aid channels and connection to the Indiana Department of Homeland Security, and laptop computers with Air cards. Agency emergency response staff have access to mobile communications tac-packs that include satellite phones. Agency operations will include coordination with the Indiana Department of Homeland Security, including direct linkage with state 24/7 Emergency Operations Center. State Emergency Operations Center utilizes state and federal agency notification protocol.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain 24/7 agency duty officer and contact.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain central office and field staff emergency preparedness personnel with primary, secondary, and redundant communications. Emergency Preparedness staff will be equipped with laptop computers, air cards for wireless communications, cell phones and/or Blackberry devices for phone and electronic mail communications, GETS service and 800 Mhz radios for redundant communications.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain grants with local health departments and will provide local health departments with laptop computers, Blackberry devices, and 800 Mhz. radios.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain and update emergency contact information for state and local public health responders and will exercise its communications network on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue upgrades and enhancements to the IHAN with cascading capacity that will be used to alert and provide information updates to state and local partners. We will work on PHIN Certification for IHAN following our five year PHIN Certification plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has implemented a simplified procedure for a voice and fax broadcasting system. This is part of our Indiana Health Alert Network System. We will deploy this to the field staff and provide them with the ability to use these capabilities within their jurisdiction.
Est. Completion Date:	08/30/2007

6A::CT1a: Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.

Grantee Activity:	The ISDH will utilize the state's syndromic surveillance system, including hospital, pharmacy, and school surveillance, and the state Epidemiology Resource Center, including the agency's nine field epidemiologists deployed within Indiana's Homeland Security Districts, for epidemiologic investigation and disease information. If an investigation indicates that an event may be of urgent public health consequence, the ISDH will utilize ICS and NIMS to support the agency's operations and Department

	Operations Center. Agency operations will include intelligence gathering from surveillance and epidemiology and from the ISDH laboratory, supported by district and local field coordinators. Agency and most local health department emergency response staff are equipped with cell phones and Blackberry data devices, 800 MGH radios that include mutual aid channels and connection to the Indiana Department of Homeland Security, and laptop computers with Air cards. Agency emergency response staff have access to mobile communications tac-packs that include satellite phones. Agency operations will include coordination with the Indiana Department of Homeland Security, including direct linkage with state 24/7 Emergency Operations Center. Agency staff will provide medical functional area expertise to state incident command.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will utilize the ISDH laboratory and the LRN for laboratory analysis and timely reporting.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise SOPs for the agency DOC. The ISDH will train staff designated to support the agency DOC with journal training as part of their DOC development. The journal will be the tool that will enable staff to collect, manage, and coordinate information during an incident. The journal will also serve as a record of tasking and resource allocation. We are going to take advantage of the recovery area at our Disaster Recovery Site and use it as a backup site for our DOC.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop and utilize a standard format for preparing After Action Reviews of actual events and exercises. The use of standardized AARs will enable staff to capture the primary deficiencies and barriers in the response, and to identify and task corrective actions. The ISDH will prepare AARs for responses to actual events that may be of an urgent public health consequence, and for exercises conducted on a quarterly or more frequent basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will implement a Laboratory Information Management System.
Est. Completion Date:	08/30/2007

6A::CT2: Establish and maintain response communications network.

Grantee Activity:	Agency operations will include coordination with the Indiana Department of Homeland Security, including direct linkage with state 24/7 Emergency Operations Center. State Emergency Operations Center utilizes state and federal agency notification protocol.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain 24/7 agency duty officer and contact.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain central office and field staff emergency preparedness personnel with primary, secondary, and redundant communications. Emergency Preparedness staff will be equipped with laptop computers, air cards for wireless communications, cell phones and/or Blackberry devices for phone and electronic mail communications, GETS services and 800 MHZ. radios for redundant communications. Agency emergency response staff will also have access to mobile communications Tac-Packs including satellite radios and portable facsimile machines.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain grants with local health departments and will provide local health departments with laptop computers, Blackberry devices, and 800 MHZ radios. LHDs will also have access to and actively participate in use of the Indiana Health Alert Network (IHAN).
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain and update on a quarterly basis emergency contact information for state and local public health responders. The ISDH will exercise its communications network on not less than a quarterly basis. The ISDH will require local health departments who are subgrantees to exercise their communications networks on a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to enhance the Indiana Health Alert Network (IHAN) with cascading capacity that will be used to alert and provide information updates to state and local partners. We will work on achieving PHIN Certification for IHAN following our five year PHIN Certification plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has implemented a voice and fax broadcasting system for redundant communications, and will enhance and exercise that system.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH Public Health Preparedness program will maintain use of its disaster recovery site to provide backup capabilities for many of our emergency communication capabilities. We will develop a plan for exercising the disaster recovery site to ensure that it provides for continuity of operations.
Est. Completion Date:	08/30/2007

6A::CT3: Implement communications interoperability plans and protocols.

Grantee Activity:	The ISDH will continue enhancement of its 800 MHZ radio system and protocols for use throughout the state. These enhancements will include training of state and local responders on communications protocols and use of equipment.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will also integrate a high frequency radio into our communications procedures. We will look into the Public Health Radio Network.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will continue to work with the Indiana Department of Homeland Security, the Indiana Public Safety Commission, and other state agencies to continue the development of a statewide interoperable communications infrastructure to close existing gaps in radio communications capacity in all 92 counties and with various public health, and public safety responders.
Est. Completion Date:	08/30/2007

6A::CT4: Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.

Grantee Activity:	The ISDH uses standard land lines as our primary voice communication service. We backup that up with cell, satellite and 800 MHZ radio. This provides us with multiple redundant communications capabilities.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will deploy mobile communications tac-packs including satellite phones to district field staff, and will make additional tac-packs available to state and local emergency response teams as needed and requested, as this technology utilizes a different communications infrastructure than our primary system or secondary 800 MGH system.
Est. Completion Date:	08/30/2007

Grantee Activity:	To provide for further redundancy, the ISDH has separate facilities for broadcasting e-mail, voice and fax messages through our Indiana Health Alert Network (IHAN) system.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH Public Health Preparedness program will maintain use of its disaster recovery site to provide alternative communications, Internet access and key application systems. We are going to use the recovery area at the disaster recovery site as a backup operations center, and will equip that site for that purpose.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its redundant communications system on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

6A::CT5: Increase the number of public health experts to support incident command (IC) or unified command (UC).

Grantee Activity:	The ISDH will support a DOC and assign staff, including epidemiology and lab staff, and subject matter experts in radiologic and environmental health, to support DOC functions. This staff will serve as part of a public health functional area supporting the state's emergency operations center. The ISDH will utilize ICS and NIMS to support agency operations. The ISDH will partner with the Indiana Department of Homeland Security to provide NIMS training to state public health responders. The ISDH will ensure that agency staff with designated emergency roles as emergency responders, managers, and command staff complete NIMS training as required by the USDHS. The ISDH will exercise its DOC staff notification procedure and DOC staff activation on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support grants to local health departments for those agencies to employ staff to provide public health subject matter expertise to agency DOCs and to county EOCs. The ISDH will partner with the Indiana Department of Homeland Security to provide NIMS training to local public health responders. The ISDH will require local health department sub-grantees to ensure that their staff with designated emergency roles as emergency responders, managers, and command staff complete NIMS training as required by the USDHS. The ISDH will require local health department sub-grantees to exercise their DOC staff notifications procedure and DOC staff activation on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain and enhance the Learning Management System in partnership with the university of Illinois at Chicago for inclusion and/or development of on-line learning courses in emergency preparedness, including courses on incident command and NIMS. The ISDH will advertise and encourage the use of this resource to state and local health department staff and to their partners and stakeholders.

Est. Completion Date:	08/30/2007

6A::CT6: Increase the use of tools to provide telecommunication and information technology to support public health response.

Grantee Activity:	The ISDH will continue implementation and enhancement of the Indiana Health Alert Network (IHAN) system with cascading features to ensure information exchange with local and state partners. Additional enhancements to the IHAN will include additional security support, access to archived documents, increased access to partners and PHIN MS changes to support Common Alerting Protocols (CAP). We will work on achieving PHIN Certification following our five year PHIN Certification Plan.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will continue use of a broadcast voice and facsimile alerting system, as well as wireless internet and 800 MHZ radios for redundant capacity. We will integrate satellite voice and data into our communications capabilities. We will integrate high frequency radio into our communications capabilities.
Est. Completion Date:	08/30/2007

6A::CT6a: Ensure that the public health agency has "essential service" designation from their telephone provider and cellular telephone provider.

Grantee Activity:	The ISDH worked with the Indiana Office of Technology and our communication vendors (Verizon and ATT) to establish the ISDH as an essential service designation in the event of a declared emergency. The ISDH has received an essential service designation from these vendors. We have also provided key individuals with GETS cards to provide trunk access in an emergency.
Est. Completion Date:	08/30/2007

6A::CT6b: Ensure that the public health agency has priority restoration designation from their telephone provider.

Grantee Activity:	The ISDH worked with the Indiana Office of Technology and our communication vendors (Verizon and ATT) to obtain priority designation for service restoration in the event of a declared emergency. The ISDH has received this designation from these vendors. We have also provided key individuals with GETS cards to provide trunk access in an emergency.
Est. Completion Date:	08/30/2007

6A::CT6c: Ensure that the public health agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's households (e.g., play a recorded message to callers, transfer callers to a voice mail box or answering service)

Grantee Activity:	The ISDH will seek to partner with a vendor for an answering service that can answer and disseminate public information in a public health emergency during a surge. We will work toward developing a system capable of handling 1% of our population at once, through immediate answer and through queuing. The ISDH has identified two vendors capable of providing the agency with this service (simultaneous communication and message delivery to more than 62,000 people at one time) during a declared emergency. The ISDH has engaged one of these vendors for purposes of providing 24/7/365 answering services as part of our agency duty officer system. The ISDH has established a protocol for this vendor in the event additional services would be required to communicate to more than 62,000 people at one time. Ongoing cost to maintain this capacity for guaranteed service is prohibitive. The ISDH will continue to work with these vendors and identify other vendors with this capacity. We will work with the ISDH Family Helpline to ensure that it is prepared to increase staffing as needed during a bio terrorism event or other public health crisis. The ISDH will partner with the Indiana Department of Homeland Security for assistance in achieving compliance.
Est. Completion Date:	08/30/2007

6A::CT7: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

Grantee Activity:	The ISDH will maintain and enhance the Indiana Health Alert Network (IHAN) system with cascading capacity that will be used to alert and provide information updates to state and local partners. We intend to enhance our IHAN system to decrease our overhead in initiating alert messages. We will work on PHIN Certification for IHAN following our five year plan for PHIN Certification.
Est. Completion Date:	08/30/2007

Grantee Activity:	ISDH will also maintain a voice and fax broadcasting system for redundant communications. We will be providing LHD access to IHAN to allow them to send messages within their jurisdiction.
Est. Completion Date:	08/30/2007

Grantee Activity:	In conjunction with our PHIN preparedness measures, we will be developing electronic PHIN MS messaging following Common Alerting Protocols (CAP). This is part of our plan for achieving PHIN Certification for IHAN as part of our five year PHIN Certification plan.

Est. Completion Date:	08/30/2007

Capability 6B: 6B: Emergency Public Information and Warning

6B::CT1: Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.

Grantee Activity:	The ISDH will maintain a public information staff to support crisis communications. Staff includes central office support and five field public information officers, one for each two Indiana Department of Homeland Security Districts. Public information staff is responsible for maintaining and updating contact information to support local and statewide communications. Methods of information dissemination to the public will include the media, the ISDH Web site, and through partners and stakeholders via the Indiana Health Alert Network. Our contact lists will include individuals or organizations that can help quickly reach special populations in a given county, such as Amish communities or those with special medical or mental health needs. Translation and interpretation services, especially Mexican-dialect Spanish, can be provided via the State of Indiana QPA for translation services. Public information officers are also responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications training to local health department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. Field public information officers must also be proficient in facilitating community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIOs are expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIOs will report activities and assess capabilities for public information and risk communication so we can track progress and identify areas needed extra attention.
Est. Completion Date:	08/30/2007

6B::CT1a: Advise public to be alert for clinical symptoms consistent with attack agent.

Grantee Activity:	The ISDH will utilize district public information officers to disseminate information to the media outlets and through other stakeholders in the local communities within their districts. The ISDH maintains a web site and webmaster to provide real time information to the public. Fact sheets on possible attack agents will be made available on the ISDH Web site. Informational brochures on possible attack agents will be sent to local health departments and other organizations that can distribute the brochures at the local level. The fact sheets and brochures will also be available in Mexican-dialect Spanish. Information about clinical symptoms will also be made available to the public through the media, the ISDH Web site and through partners and stakeholders via the Indiana Health Alert Network. Epidemiologists and other experts will be available to discuss clinical symptoms with media outlets. We are changing IHAN to allow using the IHAN communications capabilities to broadcast messages to the media.
Est. Completion Date:	08/30/2007

6B::CT1b: Disseminate health and safety information to the public.

Grantee Activity:	Using the ISDH Crisis Communication Plan, we will disseminate health and safety information to the public through a variety of sources. The Crisis Communication plan includes detailed procedures and responsibilities for ISDH Office of Public Affairs staff. We would implement strategies such as press releases to the media, printed materials on the ISDH Web site, and direct contact with local health departments and other partners/stakeholders via phone, e-mail or the Indiana Health Alert Network to ensure a consistent message. We are changing IHAN to allow using the IHAN communications capabilities to broadcast messages to the media.
Est. Completion Date:	08/30/2007

6B::CT1c: Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.

Grantee Activity:	The ISDH will seek to partner with a vendor for an answering service that can answer and disseminate public information in a public health emergency during a surge. We will work toward developing a system capable of handling 1% of our population at once, through immediate answer and through queuing. The ISDH has identified two vendors capable of providing the agency with this service (simultaneous communication and message delivery to more than 62,000 people at one time) during a

	declared emergency. The ISDH has engaged one of these vendors for purposes of providing 24/7/365 answering services as part of our agency duty officer system. The ISDH has established a protocol for this vendor in the event additional services would be required to communicate to more than 62,000 people at one time. Ongoing cost to maintain this capacity for guaranteed service is prohibitive. The ISDH will continue to work with these vendors and identify other vendors with this capacity. We will work with the ISDH Family Helpline to ensure that it is prepared to increase staffing as needed during a bio terrorism event or other public health crisis. The ISDH will partner with the Indiana Department of Homeland Security for assistance in achieving compliance.
Est. Completion Date:	08/30/2007

6B::CT2: Improve the coordination, management and dissemination of public information.

Grantee Activity:	The ISDH will continue to provide crisis communication training to appropriate ISDH staff and local health departments. Using our contact lists, we will share information with appropriate partners and stakeholders before releasing it to the public to help ensure consistent messages, and will partner with the Indiana Department of Homeland Security to develop protocols for information sharing during an event. As described in the ISDH Crisis Communication Plan, we will use all appropriate methods of dissemination, including faxed and e-mailed press releases to the media, as well as contact with appropriate partners and stakeholders via e-mail, phone or the Indiana Health Alert Network. We are making enhancements to the IHAN to improve our ability to disseminate information. We are broadening our ability to deliver messages, including capabilities to distribute archived communications, creating selection criteria to create a more focused audience and adding a document storage / retrieval system.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require that its local health department sub-grantees exercise their crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain a public information staff to support crisis communications. Staff includes central office support and five field public information officers, one for each two Indiana Department of Homeland Security Districts. Public information staff is responsible for maintaining and updating contact information to support local and statewide communications. Methods of information dissemination to the public will include the media, the ISDH Web site, and through partners and stakeholders via the Indiana Health Alert Network. Our contact lists will include individuals or organizations that can help quickly reach special populations in a given county, such as Amish communities or those with special medical or mental health needs. Translation and interpretation services, especially Mexican-dialect Spanish, can be provided via the ISDH Office of Minority Health. Public information officers are also responsible for developing and maintaining a Crisis Communications Plan, supporting the development of local crisis communications plans, developing public information messages about an event that alert and do not panic a community, providing crisis communications training to local health department staff and other community stakeholders, and maintaining public information resources that will support the state's overall response and recovery. Field public information officers must also be proficient in facilitating community relationships that will mobilize the community if an event were to occur, and that would be capable of supporting the community's productive response and recovery. The PIOs are expected to undertake a variety of tasks to develop these capabilities and achieve a presence with local health departments and their partners. Most, such as organizing and promoting community summits and town hall meetings to plan for an influenza pandemic, will be focused on a particular public health emergency. Some, such as organizing and promoting community public health initiatives such as INShape Indiana, are instrumental to emergency preparedness for the value they provide in establishing linkages with key partners that will later be necessary to mobilize the community for a public health emergency. The PIOs will report activities and assess capabilities for public information and risk communication so we can track progress and identify areas needed extra attention.
Est. Completion Date:	08/30/2007

6B::CT3: Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.

Grantee Activity:	The ISDH will use its existing relationship with the Indiana Division of Mental Health and Addiction to help create and disseminate appropriate messages. Following the principles of Crisis and Emergency Risk Communication, we will make sure that messages are empathetic and simple and that they include positive action steps.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to support the development, equipping, training and incorporation of mental health and behavioral health response teams for the state and each of the 10 Indiana Homeland Security Districts. Teams will support the ESF8 medical functional area for incident command, and will deploy within and outside the state as required for responder support and for services within a community impacted by a disaster including a public health emergency.
Est. Completion Date:	08/30/2007

6B::CT4: Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.

Grantee Activity:	The ISDH will continue to build and maintain relationships with other appropriate state and local agencies/organizations, especially the Indiana Department of Homeland Security, and exercise our ability to form and maintain a Joint Information Center. We will identify key spokespersons for various possible events ahead of time.
Est. Completion Date:	08/30/2007

6B::CT5: Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.

Grantee Activity:	Building on existing relationships with response partners, especially the Indiana Department of Homeland Security, we will develop the capacity to use several different forms of communication to issue public warnings, instructions and information updates. Possible methods of communication include press releases/media briefings, Web site updates, information disseminated via the Indiana Health Alert Network, and personal contact via phone, e-mail or in person. Our five Field Public Information Officers will be responsible for making sure information has been shared appropriately with local health departments. We are enhancing the IHAN application to decrease our overhead in initiating alert messages. We are changing IHAN to allow using the IHAN communications capabilities to broadcast messages to the media.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health departments as sub-grantees to exercise their crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event.
Est. Completion Date:	08/30/2007

6B::CT6: Decrease time needed to disseminate domestic and international travel advisories.

Grantee Activity:	We will establish and maintain relationships and contact information with appropriate state and federal agencies, including other international border states, and with other appropriate organizations who will need to be contacted in order to issue a domestic and/or international travel advisory. The ISDH will use the IHAN for immediate notifications to local, state and federal partners, and to international partners.
Est. Completion Date:	08/30/2007

6B::CT7: Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

Grantee Activity:	Working with subject matter experts, we will create accurate and relevant information to clinicians and other responders through a variety of communication methods. These include working with various state associations and other organizations that can disseminate information to their members. We will post appropriate information on the ISDH Web site. We will also use the Indiana Health Alert Network to provide this information to health care providers including practitioners, hospitals, community and rural health center staff, and other stakeholders. We intend to provide direct field access to our IHAN system. They will be able to use the IHAN communications capabilities within their jurisdictions. Also, in conjunction with our PHIN preparedness measures, we will be developing electronic PHIN MS messaging following Common Alerting Protocols (CAP); this is part of our five year PHIN Certification plan.
Est. Completion Date:	08/30/2007

Capability 6C: 6C: Responder Safety and Health

6C::CT1: Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support.

Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to support the development, equipping, training and incorporation of mental health and behavioral health response teams for the state and each of the 10 Indiana Homeland Security Districts. Teams will support the ESF8 medical functional area for incident command, and will deploy within and outside the state as required for responder support and for services within a community impacted by a disaster including a public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to provide behavioral awareness training to public health responders.
Est. Completion Date:	08/30/2007

6C::CT2: Increase compliance with public health personnel health and safety requirements.

Grantee Activity:	The ISDH will support training for state and local public health personnel to protect personal safety in activities related to their response roles. The ISDH will partner with the Indiana Department of Homeland Security, the Military Department of Indiana Civil Support Team, and local public safety entities to provide training to public health personnel on the use of personal protective equipment and personal safety generally.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the University of Illinois at Chicago to support the development and enhancement of the Learning Management System to include on-line learning courses in emergency preparedness, including courses on the use of personal protective equipment. The ISDH will investigate and support other academic and practical training partnerships for providing health and safety training for public health personnel.
Est. Completion Date:	08/30/2007

6C::CT2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.

Grantee Activity:	The ISDH will partner with local health departments and Indiana Department of Homeland Security to assess community hazards and public health responder roles, to identify PPE needs for responders and

	purchase or support purchase of PPE to address those needs, and to provide training to responders on PPE appropriate to their response roles.
Est. Completion Date:	08/30/2007

6C::CT2b: Develop management guidelines and incident health and safety plans for public health responders (e.g.; heat stress, rest cycles, PPE).

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other public safety entities and external vendors to develop and implement guidelines and plans to manage worker safety for public health responders. The ISDH will partner with the Indiana Division of Mental Health and Addiction to develop and implement guidelines and plans to manage behavior awareness and stress management for public health responders. Guidelines and plans will include training on roles and equipment proper for response, and on mental health and other responder health and safety issues.
Est. Completion Date:	08/30/2007

6C::CT2c: Provide technical advice on worker health and safety for IC and UC.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security, the Military Department of Indiana, and other public safety entities or external vendors to provide training and assist with certification of public health responders in a public health emergency. The ISDH has a seat in the state's emergency operations center and will also coordinate with appropriate state and federal agencies to ensure that public health workforce is appropriately protected for response roles, including ensuring that public health functional area is appropriately trained on worker health and safety.
Est. Completion Date:	08/30/2007

6C::CT3: Increase the number of public health responders that receive hazardous material training.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security, the Military Department of Indiana, and other public safety and external vendors including educational institutions to provide training on hazardous materials safety and use of PPE as would be appropriate to their designated roles during an emergency.
Est. Completion Date:	08/30/2007

Capability 6D: 6D: Isolation and Quarantine

6D::CT1: Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.

Grantee Activity:	The ISDH will ensure that Indiana has and retains legal authority to isolate and/or quarantine individuals and groups of individuals, facilities, animals and food products. The ISDH will use state and agency legal counsel to review existing statutes and rules supporting quarantine and isolation for further development as needed to effectively respond to a public health emergency. Indiana has legal authority to isolate and/or quarantine individuals and groups of individuals pursuant to state statute. The Indiana General Assembly enacted changes in isolation and quarantine law this year to enhance the ability the ISDH and local health departments to use isolation and quarantine in a public health emergency. The ISDH plans to conduct in-service training for ISDH and local health department staff on the use of this authority. The state health officer and each of 94 local health officers have the authority to issue an immediate order for isolation or quarantine of persons, or to seek a court order regarding same. Indiana does not have provisions regarding the isolation or quarantine of a facility, but the state health officer and each local health officer, and the Governor, have statutory authority to close facilities and condemn property. Indiana has statutory authority to quarantine animals and food products through the Indiana Board of Animal Health and the Indiana Department of Agriculture and Indiana Department of Natural Resources. The ISDH meets with these other state agencies on a bi-weekly basis as members of the state's Homeland Security Team. The ISDH will partner with these agencies and with other state and local authorities on identifying and developing procedures for quarantine and isolation of individuals, groups, facilities, animals and food products. The ISDH will investigate partnerships with academic institutions and with other external vendors to provide education and training to the public health and public safety workforce, and to attorneys and judges regarding isolation and quarantine.
Est. Completion Date:	08/30/2007

6D::CT2: Coordinate quarantine activation and enforcement with public safety and law enforcement, including federal authorities with jurisdiction.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security, with state and local public safety entities, and with local health departments to coordinate quarantine activation and enforcement. Partners will provide planning and logistic support for establishing quarantine sites and for monitoring compliance. The ISDH will utilize partnerships to execute quarantine plans.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise procedures for issuing or obtaining an isolation or quarantine order on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require that its local health department sub-grantees exercise their procedures for issuing or obtaining isolation and/or quarantine orders on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

6D::CT3: Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.

Grantee Activity:	The ISDH will partner with local health departments and hospitals and physician networks to establish protocols and guidelines for persons subject to isolation and quarantine.
Est. Completion Date:	08/30/2007

6D::CT4: Coordinate public health and medical services among those who have been isolated or quarantined.

Grantee Activity:	The ISDH will partner with the local health departments, hospitals and physician networks to coordinate quarantine activation and public health and medical services support. Partners will provide planning and logistic support for establishing quarantine sites and for monitoring compliance and treatment.
Est. Completion Date:	08/30/2007

6D::CT5: Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.

Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to develop and implement programs and strategies to address stress management and crisis response for persons who are subject to isolation and quarantine.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to support the development, equipping, training and incorporation of mental health and behavioral health response teams for the state and each of the 10 Indiana Homeland Security Districts. Teams will support the ESF8 medical functional area for incident command, and will deploy within and outside the state as

	required for responder support and for services within a community impacted by a disaster including a public health emergency. Teams will provide responder and community support for events including isolation and quarantine.
Est. Completion Date:	08/30/2007

6D::CT6: Direct and control public information releases about those who have been isolated or quarantined.

Grantee Activity:	The ISDH will maintain crisis communications staff to direct and control public information about the purpose and importance of isolation and quarantine orders, locations, restrictions, and the status of isolations and quarantines.
Est. Completion Date:	08/30/2007

6D::CT7: Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

Grantee Activity:	Using the ISDH Crisis Communication Plan, the ISDH will disseminate health and safety information to the public through a variety of sources. The Crisis Communication Plan includes detailed procedures and responsibilities for ISDH Office of Public Affairs staff. The ISDH will implement strategies such as press releases to the media, printed materials on the ISDH Web site, and direct contact with local health departments and other partners/stakeholders via phone, e-mail or the Indiana Health Alert Network to ensure a consistent message. Existing materials and agency subject matter experts would be utilized to develop appropriate pre-event, event, and post-event messages. We are changing IHAN to allow using the IHAN communications capabilities to broadcast messages to the media.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event. Exercises will include dissemination of health and safety information to the public regarding isolation and quarantine.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require that its local health department sub-grantees exercise their crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event.

	Exercises shall include testing time to disseminate health and safety information to public regarding risk and protective actions regarding isolation and quarantine.
Est. Completion Date:	08/30/2007

6D::CT8: Have or have access to information systems to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration

Grantee Activity:	The ISDH will develop and maintain an information management system capable of tracking isolation and quarantine orders, quarantine site management, and compliance with isolation and quarantine orders. The ISDH will utilize ICS and NIMS for this purpose. The ISDH will utilize a journaling system to collect, manage and disseminate information on isolation and quarantine, and will provide ICS and NIMS training to public health staff for this purpose.
Est. Completion Date:	08/30/2007

Capability 6E: 6E: Mass Prophylaxis

6E::CT1: Decrease the time needed to dispense mass therapeutics and/or vaccines.

Grantee Activity:	The ISDH will revise the state's mass prophylaxis template based on revisions and best practices supported by the CDC and will disseminate to the state's 94 local health departments for their use. The ISDH will develop and conduct mass prophylaxis training based on best practices. The ISDH will maintain grants with local health departments to support local public health coordinators who will be responsible for mass prophylaxis planning and exercises at the local level. The local health departments supported by these grants will be required to utilize the state's mass prophylaxis template for local plans, to make revisions in the templates as may be from time to time required, and to coordinate their plan implementation on a district level.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain preparedness and epidemiology staff to plan for and exercise mass prophylaxis plans in local, district and statewide clinics.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to create District Planning Councils in each of the 10 Homeland Security Districts in the state for purposes of coordinating

	planning and mass prophylaxis on a regional level.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other entities to exercise state and local mass prophylaxis plans. Exercises and training will occur within the local jurisdictions, and some exercises may occur within the Muscatatuck Urban Training Center. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will participate in the HRSA ESAR-VHP system and will establish and maintain a PHIN Directory and an IHAN alerting system to identify and solicit volunteers for mass prophylaxis. The ISDH will enter into mutual aid agreements such as by participating in the Emergency Management Assistance Compact (EMAC) and assist local health departments with mutual aid planning.
Est. Completion Date:	08/30/2007

6E::CT1a: Implement local, (tribal, where appropriate), regional and state prophylaxis protocols and plans.

Grantee Activity:	The ISDH will revise the state's mass prophylaxis template based on revisions and best practices supported by the CDC and will disseminate to the state's 94 local health departments for their use. The ISDH will develop and conduct mass prophylaxis training based on best practices. The ISDH will maintain grants with local health departments to support local public health coordinators who will be responsible for mass prophylaxis planning and exercises at the local level. The local health departments supported by these grants will be required to utilize the state's mass prophylaxis template for local plans, to make revisions in the templates as may be from time to time required, and to coordinate their plan implementation on a district level.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to create District Planning Councils in each of the 10 Homeland Security Districts in the state for purposes of coordinating planning and mass prophylaxis on a regional and local level. The ISDH will partner with the Indiana Department of Homeland Security and other entities to exercise state and local mass prophylaxis plans.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will establish and maintain a PHIN Directory and an IHAN alerting system to identify and

	solicit volunteers for mass prophylaxis. We will integrate the ESAR-VHP volunteer system into IHAN to support volunteer selection. The ISDH will enter into mutual aid agreements such as the Emergency Management Assistance Compact (EMAC) and assist local health departments with mutual aid planning.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop, equip, train and support public health and medical response teams for deployment within or outside the state in response to a public health emergency. Such teams will be augmented by mental health emergency response teams, and will form mobile support units of the Indiana Department of Homeland Security.
Est. Completion Date:	08/30/2007

6E::CT1b: Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.

Grantee Activity:	The ISDH will establish an SNS Workgroup to assist in addressing deficiencies identified using the SNS Assessment Tool. The priorities of the workgroup will include SNS management; security; distribution; cross border planning; and training, exercise and evaluation. The ISDH will participate in CDC SNS site visits and assessments.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other external entities to exercise the SNS warehouse and other aspects of the SNS program, including procedures for requesting the SNS from local to state to federal levels.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain its contract with a central warehouse, and establish a back up warehouse location.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will enhance our SNS distribution plan including alternative distribution methods, procedures for security, inventory tracking, repackaging materials, pediatric dispensing, and identification of a priority point of contact for security planning and response issues.
Est. Completion Date:	08/30/2007

6E::CT1c: Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if

indicated, to the entire jurisdiction within 10 days.

Grantee Activity:	The ISDH will update its protocols for smallpox vaccination clinics, and provide the updated guidance to all LHDs to be secured or incorporated with their mass prophylaxis plans.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will update and maintain a registry of all smallpox vaccinators. Through the use of the IHAN, the ISDH will issue an alert for smallpox vaccinators to deploy to the location in need.
Est. Completion Date:	08/30/2007

6E::CT1d: Have or have access to information systems to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration

Grantee Activity:	The ISDH will develop and maintain a data log or other PHIN-compliant information management system capable of tracking the administration of countermeasures, including the use of isolation and quarantine orders.
Est. Completion Date:	08/30/2007

6E::CT2: Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

Grantee Activity:	The ISDH will require all local health department sub-grantees to identify types and numbers of first responder personnel within their jurisdictions, including volunteers and non-governmental staff. Mass prophylaxis plans will include guidelines and procedures for prophylaxing first responders, including the establishment and storage of pharmaceutical caches, notification of mass prophylaxis clinic activation, and identification and credentialing processes.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will generate and provide to local health departments within each of Indiana's 10 Homeland Security Districts lists of volunteer health care providers who can support emergency response within the local community.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop and conduct training in mass prophylaxis, and will investigate partnerships with educational and other external entities to provide training in mass prophylaxis.

Est. Completion Date:	08/30/2007

6E::CT3: Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)

Grantee Activity:	The ISDH will continue to build and maintain relationships with other appropriate state and local agencies/organizations, especially local health departments, and exercise our ability to form and maintain a Joint Information Center. We will identify key spokespersons for various possible events ahead of time. We will use existing materials and agency subject matter experts to help develop appropriate messages regarding dispensing of medical countermeasures such as locations and times of clinics and information on medicines being dispensed.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its crisis communications plan on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event. These exercises will include testing the time in which it takes to release information regarding the dispensing of countermeasures.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health departments who are sub-grantees to exercise their crisis communications plans on no less than a quarterly basis, testing time for creating and delivering a message about an event that may be of urgent public health consequence, and additionally testing time for creating and delivering guidance to the public to support their recovery following the event. These exercises will include testing the time in which it takes to release information regarding the dispensing of countermeasures.
Est. Completion Date:	08/30/2007

Capability 6F: 6F: Medical Surge

6F::CT1: Improve tracking of cases, exposures, adverse events, and patient disposition.

Grantee Activity:	The ISDH will maintain the Field Epidemiology Program, which includes nine field epidemiologists stationed in 10 Homeland Security Districts, along with syndromic surveillance and quality assurance

	epidemiologists to quickly track cases, exposures, and adverse events.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH Epidemiology Resource Center will maintain a database for case tracking and corresponding laboratory result information. This database, which currently is used to track respiratory disease cases, will be expanded this grant year to include enteric diseases.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the ISDH Hospital Preparedness Advisory Committee and Hospital Preparedness Program, to develop and procure a web-based triage and patient tracking system.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to support our web-based portal to receive and track hospital and local health department information.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise state to local and local to state disease reporting on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require local health departments as sub-grantees to exercise state to local and local to state disease reporting on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

6F::CT1a: Have or have access to information systems that provides these capabilities compliant with PHIN Preparedness Functional Area Outbreak Management

Grantee Activity:	The ISDH will develop and maintain a PHIN with current information on all health care provider volunteers. The ISDH will issue alerts through the PHIN for the need for case investigators. We will work on PHIN Certification following our five year plan for PHIN Certification.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will collaborate with the Indiana Professional Licensing Bureau, and other public health and health professionals entities, to maintain and update the collection of health care provider and case investigation volunteers.
Est. Completion Date:	08/30/2007

6F::CT2: Decrease the time needed to execute medical and public health mutual aid agreements.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to establish District Planning Councils within each of Indiana's 10 homeland security districts. These councils will include representatives from multiple disciplines and local jurisdictions within each district, and those representatives will meet regularly to provide for planning and response, including the development of mutual aid agreements.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support grant agreements with local health departments to hire preparedness staff. The ISDH will require local health department grantees to investigate and enter into mutual aid agreements with local partners including hospitals.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will participate in mutual aid agreements including the Emergency Management Assistance Compact (EMAC).
Est. Completion Date:	08/30/2007

6F::CT3: Improve coordination of public health and medical services.

Grantee Activity:	The ISDH will maintain preparedness staff, including field coordinators and epidemiologists in each of the 10 Indiana homeland security districts, to plan for and mitigate surge capacity in a public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain grant agreements with local health departments to plan for and mitigate surge capacity in a local public health emergency.
Est. Completion Date:	08/30/2007

6F::CT3a: Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity.

Grantee Activity:	The ISDH will investigate and seek to develop epidemiology surge capacity for a public health emergency using university resources, and in partnership with local health departments and health care providers maintaining epidemiology staff. The ISDH will participate in mutual aid agreements such

	as the Emergency Management Assistance Compact (EMAC).
Est. Completion Date:	08/30/2007

6F::CT3b: Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.

Grantee Activity:	The ISDH will link state and local public health coordination to state and local hospital preparedness activities funded by HRSA to plan for and mitigate surge capacity at the state and local level.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to train public health providers on a statewide plan for behavioral awareness and to mitigate surge capacity in a public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to support the creation of District Planning Councils made up of multiple disciplines and jurisdictions from within each of the state's 10 homeland security districts to plan for and coordinate regional surge. This planning and coordination will include establishing mutual aid and resource sharing agreements between partners and among jurisdictions and disciplines. The ISDH will partner with the IDHS to exercise its plans and procedures to manage public health and hospital surge capacity. Exercises will be conducted in local jurisdictions and at the Muscatatuck Urban Training Center.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the HRSA Hospital Preparedness Program and the Hospital Preparedness Advisory Committee to develop or procure a web-based triage and patient tracking system.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop, equip, train and support public health and medical response teams for deployment within or outside the state in response to a public health emergency. Such teams will be augmented by mental health emergency response teams, and will form mobile support units of the Indiana Department of Homeland Security.
Est. Completion Date:	08/30/2007

6F::CT4: Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and

mass prophylaxis support tasks.

Grantee Activity:	The ISDH will develop modules and provide training for investigation and mass prophylaxis clinic activity, and will explore partnerships with external entities including educational entities to provide education and training of health care volunteers on epidemiologic investigation and mass prophylaxis support tasks.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain the Learning Management System (LMS) in partnership with the University of Illinois at Chicago, to provide public health partners and volunteers with on-line education in epidemiology and mass prophylaxis support.
Est. Completion Date:	08/30/2007

6F::CT5: Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.

Grantee Activity:	The ISDH will develop, equip, train and support public health and medical response teams for deployment within or outside the state in response to a public health emergency. Such teams will be augmented by mental health emergency response teams, and will form mobile support units of the Indiana Department of Homeland Security.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will develop contractual and other relationships with physicians to develop a public health curriculum for third-year medical residents and other health care volunteers in areas including epidemiology, infectious disease surveillance, and preparedness. The ISDH will contribute course information into this curriculum and provide training.
Est. Completion Date:	08/30/2007

Capability 6G: 6G: Mass Care

6G::CT1: Develop plans, policies, and procedures for the provision of mass care services to general populations and companion animals in coordination with all responsible agencies

Grantee Activity:	The ISDH and local health departments within Indiana are not responsible for establishing or supporting shelters. Rather, those are emergency management functions. The ISDH will partner with state and local agencies and NGOs (such as the American Red Cross) responsible for establishing shelters during an emergency to support plans and procedures for providing public health and medical support within those shelters. The ISDH will participate in the HRSA ESAR-VHP program for the solicitation and registration of volunteer health providers, and will utilize the Indiana Health Alert Network to solicit support for medical care in shelters. The ISDH will support provide support to credential shelter volunteers.
Est. Completion Date:	08/30/2007

6G::CT2: Develop processes and criteria for conducting an assessment (cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter, identify issues to be addressed within the shelter, and the transference of individuals and caregivers/family members, to medical needs shelters if appropriate

Grantee Activity:	The ISDH and local health departments within Indiana are not responsible for establishing or supporting shelters. Rather, those are emergency management functions. The ISDH will partner with state and local agencies and NGOs (such as the American Red Cross) responsible for establishing shelters to plan for providing public health and medical care within the shelter setting. The ISDH will support the development of an assessment tool to be used by shelter staff and public health and medical support within the shelter to assess the shelter and shelter staff capacity to provide for medical support and special needs. The ISDH will partner with the Indiana Health and Hospice Association to serve on the ISDH advisory committee to support this effort, and will make recommendations to state and local emergency management staff establishing shelters during an emergency.
Est. Completion Date:	08/30/2007

6G::CT3: Develop plans, policies, and procedures to coordinate delivery of mass care services to medical shelters

Grantee Activity:	The ISDH and local health departments within Indiana are not responsible for establishing or supporting shelters. Rather, those are emergency management functions. The ISDH will partner with state and local agencies and NGOs (such as the American Red Cross) responsible for establishing shelters to plan for providing public health and medical care within the shelter setting. The ISDH will partner with the Indiana Health and Hospital Association and the Indiana Health and Hospice Association, and with local health departments to provide for coordination of medical services within the county's all hazards response plans. The ISDH will encourage local health departments to partner with hospitals and local health care providers to identify volunteers to support medical needs in the

	shelter setting.
Est. Completion Date:	08/30/2007

Capability 6H: 6H: Citizen Evacuation and Shelter-In-Place

6H::CT1: Develop plans and procedures to identify in advance populations requiring assistance during evacuation/shelter-in-place

Grantee Activity:	The ISDH and local health departments within Indiana are not responsible for evacuations or for establishing or supporting shelters. Rather, those are emergency management functions. The ISDH will partner with local health departments to provide grants to hire emergency preparedness staff. Local emergency preparedness staff will be required to incorporate planning for medical special needs populations in their all hazards response plans, and to coordinate with local emergency management to ensure that emergency management agencies are aware of those populations for purposes of including them in their evacuation and sheltering plans.
Est. Completion Date:	08/30/2007

6H::CT2: Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation

Grantee Activity:	The ISDH and local health departments within Indiana are not responsible for evacuations. Rather, those are emergency management functions. The ISDH will partner with state agencies responsible for evacuations to identify required medical and public health support in the evacuation plan. The ISDH will partner with local health departments to provide a grant opportunity for hiring local public health coordinators. Local public health coordinators will be required to partner with local emergency management agencies and public safety agencies for the same purpose.
Est. Completion Date:	08/30/2007

6H::CT3: Develop plans and procedures to get resources to those who have sheltered in place (Long term -- 3 days or more)

Grantee Activity:	The ISDH and local health departments within Indiana are not responsible for establishing or supporting shelters. Rather, those are emergency management functions. The ISDH will partner with state agencies responsible for establishing shelters to identify any public health or medical support that may be required to support shelters, and will incorporate that planning into the state's all hazards

	plans. The ISDH will partner with local health departments to provide grants to hire emergency preparedness staff. Local emergency preparedness staff will be required to partner with local emergency management agencies for the same purpose.
Est. Completion Date:	08/30/2007

Goal 7: Recover

Decrease the time needed to restore health services and environmental safety to pre-event levels.

Capability 7A: 7A: Environmental Health

7A::CT1: Conduct post-event planning and operations to restore general public health services.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other state and local agencies to conduct post-event planning and exercises for a public health emergency. Planning and exercises will include mitigating negative impact on business and commerce within a community and restoring community to pre-event status with an emphasis on maintaining public health services at pre-event levels. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills to support plans for incident recovery and community restoration. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations. The ISDH intends to expand the use of post-event planning to cover more activities as a step to enhancing this capability for public health emergencies.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to support the creation of District Planning Councils in each of the 10 Homeland Security Districts in Indiana. District Planning Councils will be composed of representatives from public and private sector entities within each district, and from multiple political jurisdictions within each District. District Planning Councils activity will include planning for recovery and restoration of community and community services following a public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support local health departments by providing those entities with grants to support local public health coordinators. Local public health coordinators will be responsible for, among other things,

	engaging in post-event planning and collaboration within their local communities to restore the community to pre-event status.
Est. Completion Date:	08/30/2007

7A::CT2: Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.

Grantee Activity:	The ISDH will maintain laboratory and crisis communication and public affairs staff sufficient to develop and deploy interim guidance to the state and to local communities during and immediately following a public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain partnerships with state and local agencies responsible for monitoring and developing guidance based on subject matter expertise concerning environmental, food security and safety, and other hazards related to the public health emergency.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will exercise its crisis communications capability to issue messages of an event that may have an urgent public health consequence, and messages that include interim guidance to the community regarding the risks and protective measures they should take during the event. Exercises will occur on no less frequent a basis than quarterly.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with local health departments to provide funding to hire local public health coordinators who will engage in emergency preparedness activities. The ISDH will require that local health department sub-grantees exercise their crisis communications capability to issue messages of an event that may have an urgent public health consequence, and messages that include interim guidance to the community regarding the risks and protective measures they should take during the event. Exercises will occur on no less frequent a basis than quarterly.
Est. Completion Date:	08/30/2007

Goal 8: Recover

Increase the long-term follow-up provided to those affected by threats to the public's health.

Capability 8A: 8A: Economic and Community Recovery

8A::CT1: Develop and coordinate plans for long-term tracking of those affected by the event.

Grantee Activity:	The ISDH will maintain epidemiology capacity to develop and coordinate plans for tracking persons affected by an event. The ISDH Epidemiology Resource Center will track populations affected by public health events as part of surveillance following an outbreak to identify any additional cases or further disease activity, and will continue the investigation should additional cases be identified.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the HRSA Hospital Preparedness Program and Hospital Preparedness Advisory Committee to develop or procure a web-based patient tracking system for use during and following a public health emergency.
Est. Completion Date:	08/30/2007

8A::CT2: Improve systems to support long-term tracking of cases, exposures, and adverse event reports

Grantee Activity:	The ISDH will continue to support field epidemiologists and use that staff to assist local health departments with tracking cases and exposures and tracing contacts.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH Epidemiology Resource Center and ISDH Laboratories have developed a shared database to track cases and corresponding laboratory results to maintain the most current case status and disease agent confirmation. Currently the database is used to track respiratory disease cases and lab results, but will be expanded this year to include enteric diseases.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will continue to use the Vaccine Adverse Event Reporting System (VAERS) for tracking adverse event reports.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the HRSA Hospital Preparedness Program and Hospital Preparedness Advisory Committee to develop or procure a web-based patient tracking system for use during and following a public health emergency.
Est. Completion Date:	08/30/2007

8A::CT3: Increase the availability of information resources and messages to foster community's return to self-sufficiency.

Grantee Activity:	The ISDH will maintain field and central office crisis communications and public information staff to develop and rapidly deploy information regarding a public health emergency and the community's restoration to pre-event status.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain and enhance the availability of public health and restorative information on the agency's web site, and will continue to support a 24/7/365 web master to develop and rapidly deploy changes to that message.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the Division of Mental Health and Addiction, which is part of another state agency, to identify information resources and develop messages that can help foster a community's return to self-sufficiency. This will include information on centers that provide mental health services. The messages that are developed will be disseminated through a variety of sources, including the media, and will empathetically offer information and recommendations to the public. This information will also be posted on the ISDH Web site.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will identify and disseminate appropriate literature or other resources to local health departments and other agencies that can distribute the literature at the local level.
Est. Completion Date:	08/30/2007

Goal 9: Improve

Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Capability 9A: 9A: Planning

9A::CT1: Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other entities to develop and support exercises of our plans including but not limited to SNS receipt and distribution, mass prophylaxis, and communications. These exercises will involve coordination with all of our state, local and federal partners, and will include exercises and tests of local mass prophylaxis capabilities, the

	state and local interoperability using redundant radio communications, the Indiana Health Alert Network messaging system, our agency department operations center, and our disaster recovery site. The ISDH will participate in exercises on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with local health departments to provide funding for those agencies to hire a public health coordinator to do emergency preparedness activities. The ISDH will require local health department grantees to participate in exercises conducted by the ISDH, and to conduct their own exercises in areas requiring local measures under the cooperative agreement. The ISDH will require that the local health departments participate in exercises on no less than a quarterly basis.
Est. Completion Date:	08/30/2007

9A::CT2: Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions.

Grantee Activity:	The ISDH will develop and use a standard After Action Report format as required by the CDC. The ISDH will prepare After Action Reports within 60 days of the event or exercise. The ISDH will use the IDHS and other entities such as educational entities to assist the agency in identifying deficiencies as part of the after action reports from the exercises conducted. The ISDH will develop and implement strategies to resolve deficiencies and will retest capabilities using exercises and/or in responses to actual events and hoaxes as they occur. The ISDH plans to also select a sample of public health events that would not otherwise involve an urgent public health consequence and conduct a quality assurance review on the use of AAR and corrective action development and implementation using those routine events.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require that local health department sub-grantees use a standard After Action Report format as required by the CDC, and that they prepare After Action Reports on no less frequent a basis than within 60 days of the event or exercise.
Est. Completion Date:	08/30/2007

9A::CT3: Decrease the time needed to implement corrective actions.

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other entities to develop and support exercises of our plans including but not limited to SNS receipt and distribution, mass prophylaxis, and communications. These exercises will involve coordination with all of our state, local

	and federal partners, and will include exercises and tests of local mass prophylaxis capabilities, the state and local interoperability using redundant radio communications, the Health Alert Network messaging system, our agency department operations center, and our disaster recovery site. The ISDH will use the IDHS and other entities such as educational entities to assist the agency in identifying corrective actions for any deficiencies noted as part of the after action review from the exercises. The ISDH will develop and implement strategies to resolve deficiencies and will retest capabilities using exercises and/or in responses to actual events and hoaxes as they occur. The corrective actions will be tied directly to recommendations and include time frames for implementing.
Est. Completion Date:	08/30/2007

9A::CT4: Decrease the time needed to re-test areas requiring corrective action.

Grantee Activity:	The ISDH will retest for evaluation of the corrective actions within 120 days of the After Action Report in which those corrective actions were identified. The corrective actions will be tied directly to recommendations and include time frames for implementing.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will require that local health department sub-grantees retest for evaluation of any corrective actions on no less frequent a basis than within 120 days of the After Action Report in which those corrective actions were identified. The corrective actions will be tied directly to recommendations and include time frames for implementing.
Est. Completion Date:	08/30/2007

CRI

Cities Readiness Initiative

Capability 11A: 11A: Cities Readiness Initiative

11A::CT1: Summarize progress on SNS activities over the last year. This should include updates on items 2 and 3 below.

Grantee Activity:	The ISDH significantly improved its rating on the SNS program during this past (current) grant year. Of the core functions identified on the SNS Assessment Tool, seven previously rated red were upgraded to amber. Two core functions previously rated as red were upgraded to green: Distribution and Tactical Communications. Three additional functions were rated green: Developing an SNS Plan, Command and

	Control, and Requesting SNS. A multi-agency planning workgroup was established, and partnerships with state agencies, including the Indiana Department of Homeland Security, the Indiana Department of Transportation (INDOT), the Indiana State Police (ISP), and the Military Department of Indiana (National Guard) have been established. The ISDH entered into formal written agreements with INDOT for transportation services to distribute SNS materials, and with ISP for security services at the RSS and during distribution to PODs across the state. The state SNS plan was revised and updated, and revised standard operating procedures were completed. Security plans for the primary RSS have been developed and are in place. An alternate RSS site was identified, and an inventory management system is in use with back-up. Local Health Departments have been provided a planning template for mass prophylaxis/POD operations, and training on the SNS local assessment tool. Local Health Departments have developed standard operating procedures and continue to enhance and exercise their plans. Local Health Departments have also participated in CDC SNS site visits, and are scheduled for follow-up visits before the conclusion of the current grant year. Eleven functional exercises on the distribution, receipt, storage and security of the SNS were conducted. The ISDH and Local Health Departments have exercised the receipt and distribution of the SNS at single and multiple PODS. The ISDH hosted the CDC's Mobile Training Team in November, 2005, and provided training to 120 participants. The ISDH participated in the Executive Briefing for the two new Lean Forward MSAs (Indianapolis and Cincinnati, OH), and participated in baseline assessments with Indiana CRI jurisdictions for the Chicago MSA and the Indianapolis MSA.
Est. Completion Date:	08/30/2007

11A::CT2: Summarize the current status of plans for antibiotic distribution within the designated city – indicating the number of Points of Distribution (PODs) that the city currently is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.

Grantee Activity:	The ISDH has partnered with the 20 local health departments within the Indiana-funded CRI MSAs to further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. The local health departments have coordinated their plans with local EMAs, public safety agencies, local medical providers, and organizations representing special needs populations. The ISDH has encouraged these local health departments to incorporate into their plans alternate methods of dispensing medications such as utilizing the USPS as appropriate, and to include procedures for volunteer recruitment and training, comprehensive security measures, and coordinated plans for health communications and the dissemination of public information. The seven local Indiana jurisdictions within the Chicago, IL, MSA plan a total of 26 PODs, requiring an estimated 1828 staff and 581 volunteers to provide prophylaxis to their jurisdictions'

	population of 861,865 within 48 hours. The ten jurisdictions within the Indianapolis MSA plan a total of 51 PODs, requiring an estimated 15,230 staff and 2632 volunteers to provide prophylaxis of their MSA population of 1,621,613 within 48 hours. The three local Indiana jurisdictions within the Cincinnati, OH, MSA plan a total of 4 PODs, requiring 100 staff and 95 volunteers to provide prophylaxis of their jurisdictions' population of 77,284 within 48 hours. There are four local Indiana jurisdictions within the Louisville, KY, MSA. Louisville is a Lean Forward CRI for FY 06-07. The Indiana counties within this CRI are not currently funded as part of the Indiana CRI award. The ISDH is otherwise working with these counties to support their preparedness activities, including those geared toward supporting the CRI metrics. These counties plan a total of 14 PODs, requiring 339 staff and 245 volunteers to provide prophylaxis their jurisdictions' population of 236,507 within 48 hours.
Est. Completion Date:	08/30/2007

11A::CT3: Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour deadline. Note: See the full Guidance document for more details on the HHS and USPS joint policy decision regarding CRI cities.

Grantee Activity:	The ISDH will partner with the 20 local health departments within the Indiana-funded CRI MSAs (Chicago, Indianapolis, and Cincinnati) to further develop, test and enhance their scalable mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. The ISDH has offered each local health department within these CRI jurisdictions with a grant opportunity to hire a local public health coordinator to work on preparedness activities. These LPHC grants will be funded in part with CRI funds to cover a percentage of the local public health coordinator's salary. The ISDH will provide guidance, technical assistance, and training to ensure the enhancement of local mass prophylaxis plans in accordance with the requirement to provide antibiotics to their total populations within 48 hours. The ISDH will incorporate CRI activities within the LPHC grant agreements, and will require those local health department sub-grantees that elect to participate in the grant opportunity to also participate in the CDC CRI assessments and to develop strategies and plans to move toward achieving the metrics set forth in that tool.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will identify a lead (Indiana) local health department within each of the Chicago, IL, Indianapolis, and Cincinnati, OH, MSAs and provide funding to support additional planning, travel, training, and testing of activities to support this initiative. Each lead local health department within the individual MSAs will be provided a grant with a majority of the CRI funds allocated to the MSA. The ISDH will work with the lead local health departments within those jurisdictions to plan and build

	infrastructure to achieve the CRI metrics in accordance with the CRI strategy for those jurisdictions.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will partner with the LHDs in the four CRI jurisdictions in the Louisville, KY, MSA (not funded as part of Indiana's award) to provide guidance, technical assistance, and training as they begin to plan the enhancement of their local mass prophylaxis plans to meet the CRI requirement to provide antibiotics to their total populations within 48 hours. The ISDH will provide each of these local health departments with a grant opportunity through base preparedness funding to support a local public health coordinator to engage in preparedness activities.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will support a state CRI Coordinator position to serve as the primary contact with the CDC and the IL, OH, and KY CRI Coordinators. The Indiana CRI Coordinator will provide on-going coordination, guidance, technical assistance and training to the 24 local CRI jurisdictions to facilitate the development, implementation, and enhancement of their mass prophylaxis plans. The CRI Coordinator will participate in assessment site visits, evaluate the related performance measures, and collect the metrics data for the required progress reports.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will participate in the Louisville Executive Briefing on the CRI with the four Indiana local health departments that are part of the Louisville, KY, MSA, as scheduled, and will participate in the baseline assessment site visits as scheduled.
Est. Completion Date:	08/30/2007

11A::CT4: Describe actions that will be taken over the next budget year to ensure that jurisdictions within an MSA will have coordinated mass prophylaxis activities and health communication messaging across the MSA.

Grantee Activity:	The ISDH will maintain the 10 Indiana Homeland Security Districts and has identified and employed ISDH district field staff in each of those 10 districts. Each district has a district public health coordinator, a district epidemiologist, and a district public information officer. Each district also has a field homeland security coordinator. This district staff meets together monthly, and is responsible for coordinating activities and plans among each of the local health departments within the district. With limited exceptions, each of the CRI MSAs fall within the same district. All of the Indiana local health departments within the Chicago MSA also fall within Indiana Homeland Security District 1. All of the Indiana local health departments within the Cincinnati MSA also fall within Indiana Homeland Security District 9. Three of the four Indiana local health departments within the Louisville MSA also fall within

	Indiana Homeland Security District 9, and one falls within District 8. Eight of the 10 Indiana local health departments within the Indianapolis MSA also fall within Indiana Homeland Security District 5. One county within this MSA falls in District 7, and another falls within District 8. The local health departments within each of these MSAs also gather together on a monthly basis to coordinate planning, and these meetings include other emergency responders and stakeholders within the district. Coordinated inter operable communications and risk communication and public information strategies and procedures will be addressed as these district meetings continue, and will be incorporated into the all hazards CEMPs.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH, in partnership with the Indiana Department of Homeland Security, has developed a planning strategy to establish formal District Planning Councils within each Indiana Homeland Security District. These councils will include representation from the political subdivisions within each district, and from each discipline with a stake in emergency response and preparedness. The ISDH will continue to support the formation of these councils.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain and enhance the Indiana Health Alert Network (IHAN). The IHAN serves as Indiana's primary alerting and notification infrastructure. The ISDH will enhance the IHAN to provide for coordinated messaging within and among each of the designated MSAs.
Est. Completion Date:	08/30/2007

Level 2 Lab

Level 2 Chemical Laboratory

Capability Lab2 3A: 3A: Public Health Laboratory Testing

3A::CT1: Accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.

Grantee Activity:	The ISDH CT Lab will accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH lab is qualified for the toxic metal screen and cyanide.
Est. Completion Date:	08/30/2007

Grantee Activity:	The method validation data for arsenic and selenium in urine has been submitted to the LRN for approval.
Est. Completion Date:	08/30/2007

Grantee Activity:	Nerve agent validation will begin after the LC/MS/MS instrumentation is received and training is completed.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will complete validation for blood metals; mercury, lead and cadmium.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will maintain backup staff available for analysis and sample preparation. Training of additional surge staff is ongoing with four to five individuals trained and qualified by competency on each method.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH is recruiting a Ph.D. level scientist (Chemist/Clinical Toxicologist) to develop and interpret the methods and serve as technical supervisor.
Est. Completion Date:	08/30/2007

3A::CT2: Demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds, heavy metals, and nerve agents) in CLINICAL specimens within 24 hours of the request from CDC. Currently, CDC methods for Level-Two chemical agents use the analytical techniques of inductively coupled plasma mass spectrometry and gas chromatography mass spectrometry. The list of Level-Two chemical agents will expand as methods are developed or modified. Tandem mass spectrometry methods are not required for Level-Two chemical agents.

Grantee Activity:	The ISDH CT Lab will demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds and heavy metals) in CLINICAL specimens within 24 hours of the request from CDC.
Est. Completion Date:	08/30/2007

Grantee Activity:	The method validation data for arsenic and selenium in urine has been submitted to the LRN for approval.
Est. Completion Date:	08/30/2007

Grantee Activity:	Nerve agent validation will begin after the LC/MS/MS instrumentation is received and training is completed.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH will complete validation for blood metals; mercury, lead and cadmium.
Est. Completion Date:	08/30/2007

3A::CT3: Develop and maintain plans and procedures for adequate and secure : A. clinical specimen transport and handling B. worker safety C. appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens D. staffing and training of personnel E. quality control and assurance F. triage procedures for prioritizing intake and testing of specimens or samples before analysis, G. secure storage of critical agents and samples of forensic value H. appropriate levels of supplies and equipment needed to respond to chemical terrorism events I. securing facilities, reagents, and equipment J. Special requirements

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate and secure clinical specimen transport and handling.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate and secure worker safety and Bio-Safety Level (BSL) conditions for working with clinical specimens.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate staffing and training of personnel.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate quality control and assurance.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate triage procedures for prioritizing intake and testing of specimens or samples before analysis.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate secure storage of critical agents and samples of forensic value.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for maintaining appropriate levels of supplies and equipment needed to respond to chemical terrorism events.

Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for securing facilities, reagents, and equipment.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has created a quality assurance administrator position and is actively recruiting to fill that position.
Est. Completion Date:	08/30/2007

Grantee Activity:	The ISDH has created a safety coordinator position and is actively recruiting to fill that position.
Est. Completion Date:	08/30/2007

3A::CT4: Maintain one Ph.D. chemist, or an individual with equivalent experience (M.S. with 5 years experience), and multiple laboratory support personnel.

Grantee Activity:	The ISDH is currently recruiting for a Ph.D. level scientist (Chemist/Clinical Toxicologist) to develop and interpret the methods and serve as technical supervisor.
Est. Completion Date:	08/30/2007

3A::CT5: Procure and maintain the following equipment: ICP-MS, GC-MSD

Grantee Activity:	The ISDH CT Lab will procure and maintain equipment, including: ICP-MS, GC-MSD, API 4000 (ABS), HPLC 1100, Rapid Trace 5 Module Workstation, TurboVap LV Workstation and a Chroma Speciation Kit.
Est. Completion Date:	08/30/2007

APPENDIX A – Pandemic Influenza Phase 2 Funds Letter of Intent

Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

Indiana State Department of Health

An Equal Opportunity Employer

July 14, 2006

Ms. Angela Webb
Acquisition & Assistance Branch VI
Procurement and Grants Office
Centers for Disease Control and Prevention
2920 Brandywine Road
Atlanta, GA 30341-4146

Re: Cooperative Agreement U90/CCU517024-07, Public Health Preparedness and Response for Bioterrorism Cooperative Agreement, ending 08/30/2007

Dear Ms. Webb:

We are in receipt of the July 7, 2006, letter from Ms. Sylvia Dawson, soliciting our request for Public Health Emergency Preparedness (Program Announcement AA154) Supplemental Funds for Pandemic Influenza Phase II. The Distribution Chart set out as Appendix 1 to that solicitation letter states that Indiana's share of the Phase 2 allocation of that funding is $4,601,761.

By this letter, I am requesting that the total amount of this allocation be added to our current award. Indiana is requesting this supplemental funding for the purpose of further supporting pandemic influenza preparedness and response.

If you have any questions or concerns regarding this request, please contact Mr. Michael Hurst at (317) 234-3545 or Ms. Carolyn M. Dawson at (317) 233-7396. Fiscal management questions should be directed to Mr. Kenneth Mayfield at (317) 233-7328.

Sincerely,

Michael A. Hurst
Executive Director
Public Health Preparedness & Emergency Response

Linda L. Brown
Director
Finance Division

Cc: Keesler King, CDC, OTPER Project Officer
Carolyn M. Dawson, ISDH, PHPER
Kenneth Mayfield, ISDH, Finance

APPENDIX B – 2007 Exercise Schedule

Master Exercise Schedule for the Grantee Fiscal Year 2006

September 2006

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1				
2				
3				
4				
5				
6				
7	Full-Scale	Post Office BDS	District	Local Emergency Management
8				
9				
10				
11				
12	Drill	Pan Flu	Local	Local Public Health
13	Drill	Communication	District	State Public Health
14	Functional	SNS	District	State Public Health
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26	Drill	Communication	State	State Public Health
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

October 2006

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1				
2				
3				
4	Drill	Pan Flu	Local	Local Public Health
5				
6	Drill	Pan Flu	Local	Local Public Health
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17	Drill	Pan Flu	Local	Local Public Health
18	Drill	Pan Flu	Local	Local Public Health
19	Drill	Communication	District	State Public Health
20				
21				
22				
23				
24	Drill	Communication	State	State Public Health
25				
26				
27	Table Top	Pan Flu	State	State Emergency Management
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

November 2006

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1				
2				
3				
4				
5				
6				
7	Drill	Pan Flu	Local	Local Public Health
8				
9	Drill	Pan Flu	Local	Local Public Health
10				
11				
12				
13	Table Top	Mass Prophy	Local	Local Public Health
14				
15				
16				
17	Drill	Communication	District	State Public Health
18				
19				
20	Drill	Warehouse Ops SNS	State	State Public Health
21				
22				
23				
24	Table Top	Mass Prophy	State	State Emergency Management
25				
26				
27				
28	Drill	Communication	State	State Public Health
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

December 2006

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1				
2				
3				
4	Drill	Pan Flu	Local	Local Public Health
5				
6	Drill	Pan Flu	Local	Local Public Health
7				
8				
9				
10				
11				
12				
13	Drill	Communication	District	State Public Health
14				
15				
16				
17				
18				
19	Drill	Communication	State	State Public Health
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

	January	2007		
Day	**Exercise Type**	**Exercise Focus**	**Scope**	**Lead Agency**
1				
2				
3				
4				
5				
6				
7				
8				
9	Table Top	Pan Flu	Local	Local Public Health
10				
11	Table Top	Pan Flu	Local	Local Public Health
12				
13				
14				
15	Drill	Communication	District	State Public Health
16	Table Top	Pan Flu	Local	Local Public Health
17				
18	Table Top	Pan Flu	Local	Local Public Health
19	Table Top	Mass Prophy	State	State Emergency Management
20				
21				
22				
23	Drill	Communication	State	State Public Health
24				
25				
26				
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

February 2007

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1				
2				
3				
4				
5				
6	Table Top	Pan Flu	Local	Local Public Health
7				
8	Table Top	Pan Flu	Local	Local Public Health
9				
10				
11				
12				
13	Table Top	Pan Flu	Local	Local Public Health
14	Drill	Communication	District	State Public Health
15	Table Top	Pan Flu	Local	Local Public Health
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27	Drill	Communication	State	State Public Health
28	Functional	BT Mass Prophy	State	State Emergency Management
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

March 2007

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1	Functional	BT Mass Prophy	State	State Emergency Management
2	Functional	BT Mass Prophy	State	State Emergency Management
3				
4				
5				
6	Table Top	Pan Flu	Local	Local Public Health
7				
8	Table Top	Pan Flu	Local	Local Public Health
9				
10				
11				
12				
13	Table Top	Pan Flu	Local	Local Public Health
14	Drill	Communication	District	State Public Health
15	Table Top	Pan Flu	Local	Local Public Health
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27	Drill	Communication	State	State Public Health
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

	April	2007		
Day	**Exercise Type**	**Exercise Focus**	**Scope**	**Lead Agency**
1				
2				
3	Functional	Pan Flu	Local	Local Public Health
4				
5	Functional	Pan Flu	Local	Local Public Health
6				
7				
8				
9				
10	Full-Scale	SNS	State	State Public Health
11	Functional	Pan Flu	Local	Local Public Health
12				
13	Functional	Pan Flu	Local	Local Public Health
14				
15				
16				
17	Drill	Communication	District	State Public Health
18				
19				
20				
21				
22				
23				
24	Drill	Communication	State	State Public Health
25				
26				
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

	May	2007		
Day	**Exercise Type**	**Exercise Focus**	**Scope**	**Lead Agency**
1				
2				
3				
4				
5				
6				
7				
8	Functional	Pan Flu	Local	Local Public Health
9				
10	Functional	Pan Flu	Local	Local Public Health
11				
12				
13				
14				
15	Functional	Pan Flu	Local	Local Public Health
16				
17	Functional	Pan Flu	Local	Local Public Health
18				
19				
20				
21				
22	Drill	Communication	District	State Public Health
23				
24	Drill	Communication	State	State Public Health
25				
26				
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

	June	2007		
Day	**Exercise Type**	**Exercise Focus**	**Scope**	**Lead Agency**
1				
2				
3				
4				
5	Full-Scale	Pan Flu	District	State Public Health
6	Full-Scale	Pan Flu	District	State Public Health
7				
8				
9				
10				
11				
12	Full-Scale	Pan Flu	District	State Public Health
13	Full-Scale	Pan Flu	District	State Public Health
14				
15	Drill	Communication	District	State Public Health
16				
17				
18				
19	Full-Scale	Pan Flu	District	State Public Health
20	Full-Scale	Pan Flu	District	State Public Health
21				
22				
23				
24				
25				
26	Drill	Communication	State	State Public Health
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

	July	2007		
Day	**Exercise Type**	**Exercise Focus**	**Scope**	**Lead Agency**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10	Full-Scale	Pan Flu	District	State Public Health
11	Full-Scale	Pan Flu	District	State Public Health
12				
13				
14				
15				
16				
17	Full-Scale	Pan Flu	District	State Public Health
18	Full-Scale	Pan Flu	District	State Public Health
19	Drill	Communication	District	State Public Health
20	Full-Scale	Pan Flu	District	State Public Health
21	Full-Scale	Pan Flu	District	State Public Health
22				
23				
24	Drill	Communications	State	State Public Health
25	Full-Scale	Pan Flu	District	State Public Health
26	Full-Scale	Pan Flu	District	State Public Health
27				
28				
29				
30				
31				

Master Exercise Schedule for the Grantee Fiscal Year 2006

August 2007

Day	Exercise Type	Exercise Focus	Scope	Lead Agency
1				
2				
3				
4				
5				
6				
7	Full-Scale	Pan Flu	District	State Public Health
8	Full-Scale	Pan Flu	District	State Public Health
9				
10				
11				
12				
13				
14	Full-Scale	Pan Flu	District	State Public Health
15	Full-Scale	Pan Flu	District	State Public Health
16				
17				
18				
19				
20				
21	Drill	Communication	District	State Public Health
22				
23				
24				
25				
26				
27				
28	Drill	Communication	State	State Public Health
29				
30				
31				

APPENDIX C – NIMS Statement of Adoption

Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

Indiana State Department of Health

An Equal Opportunity Employer

September 29, 2005

J. Eric Dietz
Executive Director
Indiana Department of Homeland Security
302 West Washington Street
Indianapolis, IN 46204

Dear Mr. Dietz:

The Indiana State Department of Health recognizes the importance of complying with the federal requirements for the National Incident Management System. We further acknowledge our role as an emergency responder as defined by the United States Department of Homeland Security.

The Indiana State Department of Health agrees to adopt the concepts and principles of NIMS and names Gary Couch, Program Director, Public Health Preparedness and Emergency Response, 317.234.3787, gcouch@isdh.in.gov, as our NIMS Coordinator to work with the Indiana Department of Homeland Security on any future NIMS compliance issues. Our agency has completed or will soon be completing the following actions that are required for NIMS compliance:

- Directing staff to take the IS-700 NIMS Awareness Course,
- Completing a baseline assessment of our agency to determine our level of compliance with the NIMS standards, and
- Initiating and integrating the use of the Incident Command System within our agency.

Should you have any questions, please contact me.

Sincerely,

Judith A. Monroe

JUDITH A. MONROE, M.D.
STATE HEALTH COMMISSIONER

APPENDIX D – NIMS Statement of Compliance: FFY2005 Requirements Certification

U.S. Department of Homeland Security
Emergency Preparedness & Response Directorate / FEMA
NIMS Integration Center and the
Office for State & Local Government Coordination & Preparedness
Office for Domestic Preparedness

Homeland Security

The National Incident Management System FY05 Certification

Please sign and return this form attention to the Office for Domestic Preparedness at the CSID fax number (202) 786-9920 on or before September 30, 2005.

I certify that ~~Alabama~~ Indiana, in coordination with local governmental and tribal entities, has successfully complied with the following minimum FY05 National Incident Management System (NIMS) compliance requirements contained in the September 8, 2004 letter from the DHS Secretary to the nation's governors and in accordance with ODP's FY05 ODP Homeland Security Grant Program:

- **Incorporated NIMS into existing training programs and exercises;**
- **Ensured that Federal preparedness funding, including DHS Homeland Security Grant Program and the Urban Areas Security Initiative (UASI), support NIMS implementation at the State and local levels** (in accordance with the eligibility and allowable uses of the grants);
- **Incorporated NIMS into Emergency Operations Plans (EOP);**
- **Promoted intrastate mutual aid agreements;**
- **Coordinated and provided technical assistance to local entities regarding NIMS;**
- **Institutionalized the use of the Incident Command System (ICS);**

This includes ongoing activities at the state, territorial, tribal and local levels, whereby jurisdictions should support the successful adoption and implementation of the NIMS through:

- **Formally recognizing the National Incident Management System (NIMS) and adopting the NIMS principles and policies.** States, territories, tribes, and local entities have established via legislation, executive orders, resolutions, or ordinances the formal adoption of the NIMS;

- **Completing the NIMS Awareness Course: "National Incident Management System, An Introduction" - IS 700.** This independent study course explains the purpose, principles, key components and benefits of NIMS for all emergency personnel with a direct role in emergency preparedness, incident management or response;

- **Establishing a NIMS baseline by determining which NIMS requirements have been accomplished.** The NIMS Capability Assessment Support Tool (NIMCAST) is available as a voluntary web-based self-assessment system for use by states, territories, tribes, and local governments to evaluate their incident response and management capabilities;

- **Institutionalizing the use of the Incident Command System (ICS).** If the state, territorial, tribal, and local entities are not already using ICS, they must institutionalize the use of ICS (consistent with the concepts and principles taught by DHS) across the entire response system. Institutionalization is demonstrated in both the jurisdiction's policy and organizational/operational activities; and

- **Establishing a timeframe and developing a strategy for full NIMS implementation.** States should be working with tribal and local governments to develop strategies for statewide compliance with the NIMS.

(Name & Tile of SAA Official): J. ERIC DIETZ

(Name of State or Territory): INDIANA

Signature: _____ Date: 30 Sep 05

APPENDIX E – SF 424: Application For Federal Assistance

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application	Pre-application
[ ] Construction	[ ] Construction
[X] Non-Construction	[ ] Non-Construction

2. DATE SUBMITTED 07/15/2006	**Applicant Identifier** *3610/103200:* PS Project 400361010320071 & PS Project 400361010320072
3. DATE RECEIVED BY STATE	**State Application Identifier**
4. DATE RECEIVED BY FEDERAL AGENCY	**Federal Identifier** U90/CCU517024-07

5. APPLICANT INFORMATION

Legal Name: Indiana State Department of Health	**Organizational Unit:**
Organizational DUNS: 82-479-9407	**Department:** Indiana State Department of Health
Address:	**Division:** Public Health Preparedness & Emergency Response (PHPER)
Street: 2 N. Meridian Street, 6F	**Name and telephone number of the person to be contacted on matters involving this application** *(give area code)* **:**
City: Indianapolis	**Prefix:** Mr. / **First Name:** Michael
County: Marion County	**Middle Name:** A.
State: Indiana / **ZIP:** 46204	**Last Name:** Hurst
Country: United States of America	**Suffix:**
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 3 5 -- 6 0 0 0 1 5 8	**Phone Number** *(give area code)*: (317) 234-3545 / **FAX Number** *(give area code)*: (317) 233-7873

8. TYPE OF APPLICATION:
[ ] New [X] Continuation [ ] Revision

If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
(See back of form for description of letters)
Other *(specify)*:

7. TYPE OF APPLICANT *(See back of form for Application Types)*
State
Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
Department of Health & Human Services, Centers for Disease Control and Prevention

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 9 3 2 8 3
TITLE: Centers for Disease Control & Prevention_Investigations and Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Public Health Preparedness and Emergency Response for Bioterrorism

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Statewide

13. PROPOSED PROJECT:

Start Date:	Ending Date:
08/31/2006	08/30/2007

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant:	b. Project:
Tenth	State of Indiana

15. ESTIMATED FUNDING:

a.	Federal	$ 14,333,573 .00
b.	Applicant	$ .00
c.	State	$ .00
d.	Local	$ .00
e.	Other: Direct Assistance	$ 13,203 .00
f.	Program Income	$ .00
g.	TOTAL	$ 14,346,776 .00

16. Is Application Subject To Review By State Executive Order 12372 Process?

a. [ ] YES. This Preapplication/Application was made available to the State Executive Order 12372 Process for review on:
DATE: _____

b. [X] NO. Program is not covered by E.O. 12372
OR Program has not been selected state for review

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation [X] NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	**First Name** Sue	**Middle Name** E.
Last Name Uhl		**Suffix**
b. Title Deputy State Health Commissioner		**c. Telephone Number (give area code)** (317) 233-7102
d. Signiture of Authorized Representative Sue Uhl		**e. Date signed** 07/14/2006 7/14/06

OMB Approval No. 0348-0044

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	TOTAL (g)
1. U90/CCU517024-04 **FA**	93.283	$ 0	$	$ 14,333,573	$ 0	$ 14,333,573
2.						0
3. U90/CCU517024-04 **DA**	93.283	0		13,203		13,203
4.						0
5. TOTALS		$ 0	$ 0	$ 14,346,776	$ 0	$ 14,346,776

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				TOTAL
	(1) **Base**	(2) **CRI**	(3)	(4)	(5)
A. Personnel	$ 3,613,178	$ 40,421	$	$	$ 3,653,599
B. Fringe Benefits	1,335,835	19,344			1,355,179
Consultants	494,440	0			494,440
C. Travel	257,809	0			257,809
D. Equipment	664	0			664
E. Supplies	236,511	0			236,511
F. Contractual	4,824,423	598,071			5,422,494
G. Construction	0	0			0
H. Other	1,993,866	0			1,993,866
I. Total Direct Charges (sum of 6A-6H)	$ 12,756,725	$ 657,836	$ 0	$ 0	$ 13,414,561
J. Indirect Charges	912,138	6,873			919,011
K. TOTALS (sum of 6 I and 6 J)	$ 13,668,864	$ 664,709	$ 0	$ 0	$ 14,333,573
7. Program Income	$ 0	$ 0	$ 0	$ 0	$ 0

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$ 0
9.				0
10.				0
11.				0
12. TOTALS *(sum of lines 8 - 11)*	$ 0	$ 0	$ 0	$ 0

SECTION D - FORECASTED CASH NEEDS

		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	**FA=**$14,333,573 **DA=**$13,203	$ 14,333,573	$ 3,583,393	$ 3,583,393	$ 3,583,393	$ 3,583,393
14. Non-Federal		0	0	0	0	0
15. TOTAL *(sum of lines 13-14)*		$ 14,333,573	$ 3,583,393	$ 3,583,393	$ 3,583,393	$ 3,583,393

(A) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(B) First	(C) Second	(D) Third	(E) Fourth
16. U90/CCU517024-07 **F**ederal **A**ssistance	$ 14,333,573	$	$	$
17. U90/CCU517024-07 **D**irect **A**ssistance	13,203			
18.				
19.				
20. TOTALS *(sum of lines 16-19)*	$ 14,346,776	$ 0	$ 0	$ 0

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	$13,414,561	**22.** Indirect Charges:	$919,011

23. Remarks: Please See "Appendix I" to reference a copy of the state's current Indirect Cost Agreement. Indirect Cost is computed at the current rate of 11.5% against a Federal Assistance direct cost base, which excludes equipment, renovations, and contracts. The current rate is effective through 06/30/07, and is subject to change.

DRAFT

2006 Application for Indiana -

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Tot. Direct Assist.		$	$	$ 0.00	$	$ 0.00
2. Tot. Financial Assist.				14,333,573.00		14,333,573.00
3. Tot. Direct Assist.				13,203.00		13,203.00
4.				0.00		0.00
5. Totals		$ 0.00	$ 0.00	$ 14,346,776.00	$ 0.00	$ 14,346,776.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Tot. Direct Assist.	(2) Tot. Financial Assist.	(3) Tot. Direct Assist.	(4)	(5)
a. Personnel	$	$ 3,653,599.00	$ 13,203.00	$	$ 3,666,802.00
b. Fringe Benefits		1,355,180.00			1,355,180.00
c. Travel		257,809.00			257,809.00
d. Equipment		664.00			664.00
e. Supplies		236,511.00			236,511.00
f. Contractual		5,916,934.00			5,916,934.00
g. Construction					0.00
h. Other	0.00	1,993,866.00			1,993,866.00
i. Total Direct Charges *(sum of 6a-6h)*	0.00	13,414,563.00	13,203.00	0.00	13,427,766.00
j. Indirect Charges		919,010.00			919,010.00
k. TOTALS *(sum of 6i and 6j)*	$ 0.00	$ 14,333,573.00	$ 13,203.00	$ 0.00	$ 14,346,776.00
7. Program Income	$	$	$	$	$ 0.00

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Prescribed by OMB Circular A-102

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$ 0.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL *(sum of lines 8-11)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
13. Federal	$ 0.00	$	$	$	$
14. Non-Federal	0.00				
15. TOTAL *(sum of lines 13 and 14)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTAL *(sum of lines 16-19)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

OMB Approval No. 0348-0040

ASSURANCES -- NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (**a**) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (**b**) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (**c**) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§ 794), which prohibits discrimination on the basis of handicaps; (**d**) the Age Discrimination act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (E) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (**f**) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (**g**) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (**h**) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (**i**) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (**j**) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.

10 Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973. (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more. or more.

11 Will comply with environmental standards which may be prescribed pursuant to the following: (**a**) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (**b**) notification of violating facilities pursuant to EO 11738; (**c**) protection of wetland pursuant to EO 11990; (**d**) evaluation of flood hazards in floodplains in accordance with EO 11988; (**e**) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (**f**) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§ 7401 et seq.); (**g**) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (**h**) protection of the endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12 Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13 Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.)

14 Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15 Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16 Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17 Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18 Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Deputy State Health Commissioner
APPLICANT ORGANIZATION	**DATE SUBMITTED**
Indiana State Department of Health	07/14/2006

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why, should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transaction in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
   (1) The dangers of drug abuse in the workplace;
   (2) The grantee's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee, to be engaged in the performance of the grant, be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(E) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For the purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93)

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements, or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote a non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Deputy State Health Commissioner
APPLICANT ORGANIZATION	DATE SUBMITTED
Indiana State Department of Health	07/14/2006

Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:

[C]
a. Contract
b. Grant
c. Cooperative Agreement
d. Loan
e. Loan Guarantee
f. Loan Insurance

2. Status of Federal Action:

[A]
a. Bid/Offer/**Application**
b. Initial Award
c. Post-Award

3. Report Type:

[A]
a. Initial Filing
b. Material Change

For Material Change Only:
Year _____ Quarter _____
Date of Last Report _____

4. Name and Address of Reporting Entity:

[X] Prime [ ] Subawardee

Tier _____, *if known:*

*****ISDH is an agency of the State of Indiana. It is Illegal for an agency of the state to Lobby.**

Congressional District, *if known:*

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, *if known:*

6. Federal Department/Agency:

Department of Health & Human Services, Centers for Disease Control and Prevention

7. Federal Program Name/ Description:

Centers for Disease Control & Prevention_Investigations and Technical Assistance

CFDA Number, *if applicable:* 93.283

8. Federal Action Number, ***if known:***

U90/CCU517024-07

9. Award Amount, ***if known:***

$ 14,346,776

10. a. Name and Address of Lobbying Entity
(if individual, last name, first name, MI):

b. Individuals Providing Services *(including address of different from No. 10a.)*
(if individual, last name, first name, MI):

11. Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Sue Uhl

Print Name: Sue E. Uhl

Title: Deputy State Health Commissioner

Telephone No.: 317-233-7102 Date: 07/14/2006

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OMB Approval No. 0920-0428

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC, Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes, and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [ ] NEW [X] Noncompeting Continuation [ ] Competing Continuation [ ] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

		Included	NOT Applicable
1.	Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	X	
2.	Proper Signature and Date on PHS-5161-1 "Certifications" page	X	
3.	Proper Signatures and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	X	
4.	If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
	[X] Civil Rights Assurance (45 CFR 80)	On File	
	[X] Assurance Concerning the Handicapped (45 CFR 84)	On File	
	[X] Assurance Concerning Sex Discrimination (45 CFR 86)	On File	
	[X] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	On File	
5.	Human Subjects Certification, when applicable (45 CFR 46)		X

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

		Included	NOT Applicable
1.	Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?		X
2.	Has the appropriate box been checked for item #16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372? (45 CFR Part 100)	X	
3.	Has the entire proposed project period been identified in item #13 of the SF-424 (FACE PAGE)?	X	
4.	Have biographical sketch(es) with job description(s) been attached, when required?		X
5.	Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	X	
6.	Has the 12 month detailed budget been provided?	X	
7.	Has the budget for the entire proposed project period with sufficient detail been provided?	X	
8.	For a Supplemental application, does the detailed budget address only the additional funds requested?		X
9.	For Competing Continuation and Supplemental applications, has a progress report been included?		X

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Name	Linda L. Brown
Title	Director of Finance
Organization	Indiana State Department of Health
Address	2 N. Meridian St. Indianapolis, IN 46204
E-mail Address	Lbrown@isdh.state.in.us
Telephone Number	(317) 233-7113
Fax Number	(317) 233-7477

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name	Michael A. Hurst
Title	Preparedness & Response Executive Director
Organization	Indiana State Department of Health
Address	2 N. Meridian St. Indianapolis, IN 46204
E-mail Address	mhurst@isdh.state.in.us
Telephone Number	(317) 234-3545
Fax Number	(317) 233-7873

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

1	3	5	6	0	0	0	1	5	8	A	8

[redacted] HIGHEST DEGREE EARNED: J.D.

(OVER)

PART D: **A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, described in section 501(C)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A Statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported; or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Intergovernmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review; (2) increase the ability of State and local elected officials to influence Federal decisions; and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal *Register* on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

OMB Approval No. 0348-0040

ASSURANCES -- NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (**a**) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (**b**) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (**c**) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§ 794), which prohibits discrimination on the basis of handicaps; (**d**) the Age Discrimination act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (E) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (**f**) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (**g**) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (**h**) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (**i**) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (**j**) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

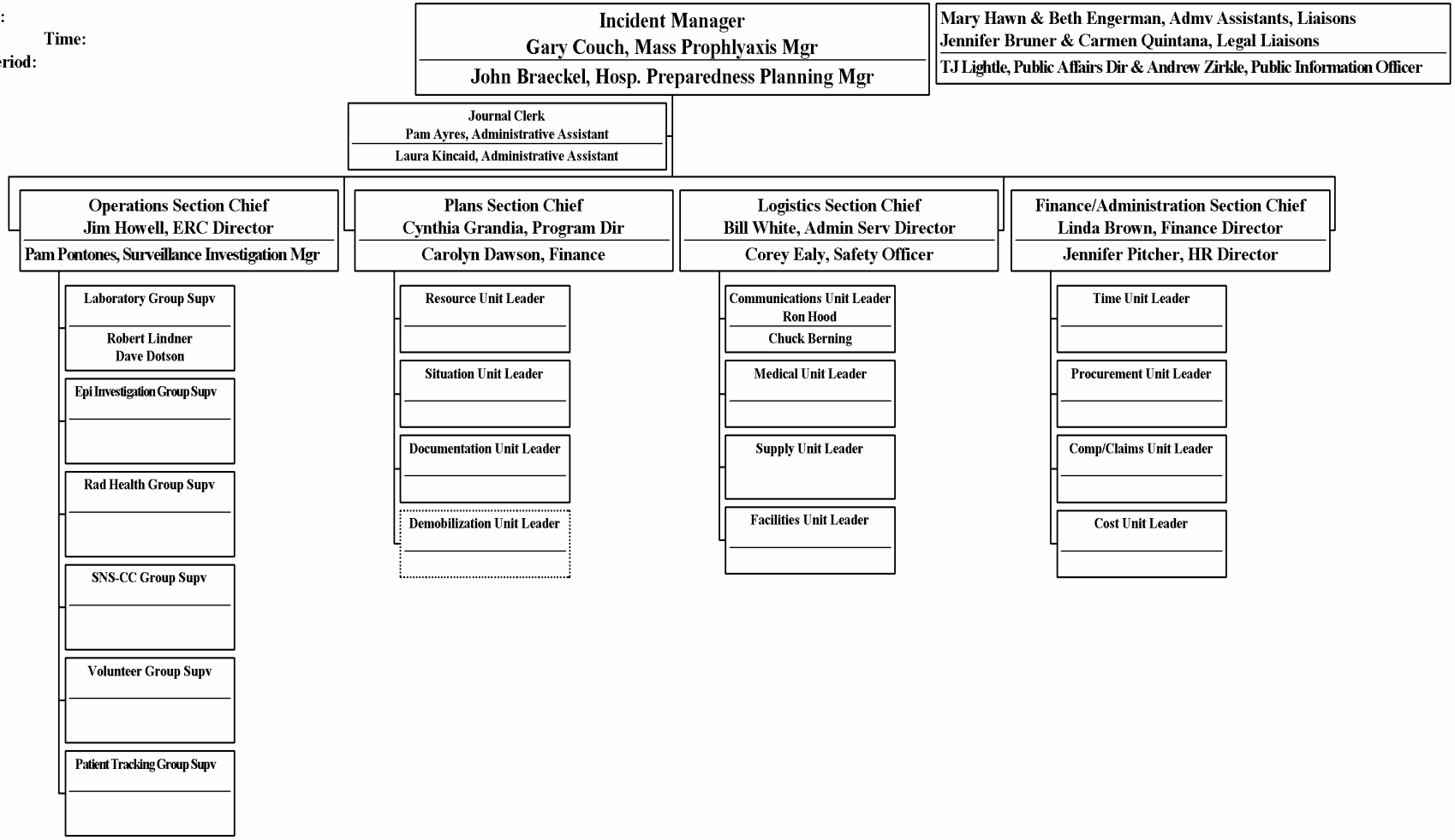
8. Will comply, with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.

APPENDIX H – Incident Command Structure – ISDH Department Operations Center

Annex C - Organization Chart to ISDH Department Operations Center Standard Operating Procedure

Incident Name:
Date: **Time:**
Operational Period:



APPENDIX I – Indirect Cost Agreement

STATE AND LOCAL RATE AGREEMENT

EIN #: 1356000158A1

DATE: February 21, 2006

DEPARTMENT/AGENCY:
Indiana Department of Health
2 North Meridian Street
Indianapolis IN 46204-

FILING REF.: The preceding Agreement was dated May 24, 2005

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD FROM	TO	RATE(%)	LOCATIONS	APPLICABLE TO
FIXED	07/01/05	06/30/06	7.6	All	All Programs
FIXED	07/01/06	06/30/07	11.5	All	All Programs
PROV.	07/01/07	UNTIL AMENDED	11.5	All	All Programs

*BASE:
Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.

DEPARTMENT/AGENCY:
Indiana Department of Health

AGREEMENT DATE: February 21, 2006

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

Equipment Definition -
Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of $500 or more per unit.

FRINGE BENEFITS:

FICA
Retirement
Group Insurance
Worker's Compensation
Unemployment Insurance

DEPARTMENT/AGENCY:
Indiana Department of Health

AGREEMENT DATE: February 21, 2006

SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

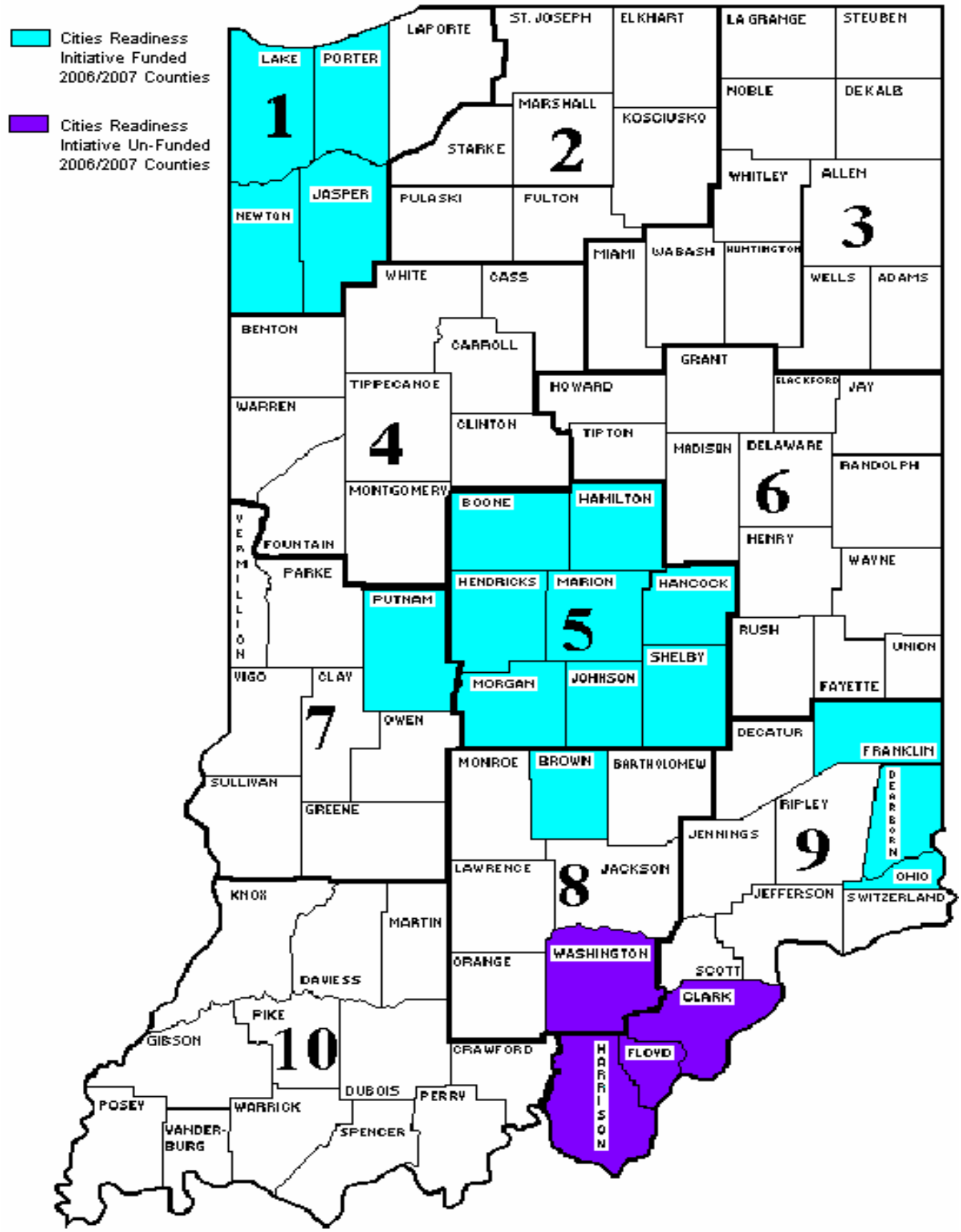
E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE DEPARTMENT/AGENCY:
Indiana Department of Health
(DEPARTMENT/AGENCY)
Lance Rhodes
(SIGNATURE)
LANCE RHODES LANCE RHODES
(NAME)
ASSISTANT COMMISSIONER/CHIEF OPERATING OFFICER
(TITLE)
03/06/06
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:
DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)
(SIGNATURE)
Henry Williams
(NAME)
DIRECTOR, DIVISION OF COST ALLOCATION-
(TITLE) CENTRAL STATES FIELD OFFICE
February 21, 2006
(DATE) 5328

HHS REPRESENTATIVE: Pamela Page
Telephone: (214) 767-6505

APPENDIX J – Indiana Homeland Security District Map


Cities Readiness Initiative Funded 2006/2007 Counties
Cities Readiness Intiative Un-Funded 2006/2007 Counties
1
2
3
4
5
6
7
8
9
10
LAKE
PORTER
LAPORTE
ST. JOSEPH
ELKHART
LA GRANGE
STEUBEN
NOBLE
DEKALB
MARSHALL
KOSCIUSKO
STARKE
WHITLEY
ALLEN
NEWTON
JASPER
PULASKI
FULTON
MIAMI
WABASH
HUNTINGTON
WELLS
ADAMS
WHITE
CASS
BENTON
CARROLL
GRANT
TIPPECANOE
HOWARD
BLACKFORD
JAY
WARREN
CLINTON
TIPTON
MADISON
DELAWARE
RANDOLPH
MONTGOMERY
BOONE
HAMILTON
VERMILLION
FOUNTAIN
HENRY
PARKE
WAYNE
HENDRICKS
MARION
HANCOCK
PUTNAM
RUSH
UNION
SHELBY
VIGO
CLAY
MORGAN
JOHNSON
FAYETTE
OWEN
DECATUR
FRANKLIN
MONROE
BROWN
BARTHOLOMEW
SULLIVAN
DEARBORN
GREENE
RIPLEY
JENNINGS
LAWRENCE
JACKSON
OHIO
KNOX
JEFFERSON
SWITZERLAND
MARTIN
WASHINGTON
ORANGE
SCOTT
DAVIESS
CLARK
PIKE
GIBSON
CRAWFORD
FLOYD
HARRISON
DUBOIS
PERRY
POSEY
WARRICK
VANDER-BURG
SPENCER

APPENDIX K – Regenstrief Institute (Contract): PHESS 2006-2007 Budget

Projected Regenstrief Costs for 2006/2007 (YEAR 3)			PLEASE NOTE: Includes a 3.75 % CPI Adjustment for all Costs other than "In-Process" Hospitals as of 08/30/06										
08/31/06 through 08/30/07													
	TOTALS	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August
# of Hospitals connected	77	65	7	5	0	0	0	0	0	0	0	0	0
HRSA Funded Partial Connection Fees for all "In-Process" as of 08/30/06 (Est. 7 In-Progress)	$ 34,000	$ 34,000.00											
CDC Funded Partial Connection Fees for all "In-Process" as of 08/30/06	$ 49,000	$ 49,000.00											
Re-connects due to IT System change and reconfiguration (11 projected of 77)	$ 77,000	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ 7,000.00	$ -
17 Existing Rad & Lab Connections as of 08/30/06	$ 63,495	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25	$ 5,291.25
65 Estimated & Connected Hospitals as of 08/30/06	$ 242,775	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25	$ 20,231.25
Sept Connections (12 Partials)	$ 41,085		$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00	$ 3,735.00
Oct Connections	$ -												
Nov Connections	$ -												
Dec Connections	$ -												
Jan Connections	$ -												
Feb Connections	$ -												
Mar Connections	$ -												
April Connections	$ -												
May Connections	$ -												
June Connections	$ -												
July Connections	$ -												
August Connections	$ -												
Software License Fee Cost	$ 107,578	$ 8,964.87	$ 8,964.86	$ 8,964.87	$ 8,964.86	$ 8,964.87	$ 8,964.86	$ 8,964.87	$ 8,964.86	$ 8,964.87	$ 8,964.86	$ 8,964.87	$ 8,964.86
TOTALS	$ 614,933	$ 124,487.37	$ 45,222.36	$ 45,222.37	$ 45,222.36	$ 45,222.37	$ 45,222.36	$ 45,222.37	$ 45,222.36	$ 45,222.37	$ 45,222.36	$ 45,222.37	$ 38,222.36
HRSA Budget	$ 111,000	18.05%											
CDC Approved Budget		0.00%											
Additional CDC Funds Needed	$ 503,933	81.95%											

Indiana State Department of Health
Public Health Preparedness & Emergency Response
08/31/06 through 08/30/07

APPENDIX L – University of Illinois, CADE (Contract): LMS draft Maintenance Agreement with Budget

Project: Educating a Public Health Workforce for Indiana
Project Number: 788

The Center for the Advancement of Distance Education (CADE) is a self-supporting unit within the School of Public Health at the University of Illinois at Chicago. CADE developed and provides continued support for the ISDH Learning Management System (LMS). As of 2006, ISDH is part of an LMS partnership which allows all the partners the opportunity to use any and all the functions developed by all the partners and to share in the cost of partner agreed upon enhancements. Since continued development and enhancement of the LMS requires input and review by ISDH, ISDH agrees to provide the necessary information in a timely manner and agrees to participate in communications with CADE and the partner network to ensure that CADE can meet the timeframes agreed upon.

Deliverables:

1. LMS Enhancements **$15,000**

ISDH and the other LMS partners are in the process of selecting LMS enhancements from a list developed by all LMS partners. All the partners will jointly select and prioritize the features to be developed within the total budget made available from all the partners. Enhancements may include any of the following: Enhanced calendar to allow filtering/sorting, admin control over system emails, ability to give course co-ownership between administrators, make quizzes in use editable, copy quiz functionality, copy course section functionality, archive users, move course format, url, and CMS ID to section, make mass email html-capable with user option for text only, allow attachments to mass emails, create random email address generator for mass emailing surveys, allow user access to completed courses (content), ability to archive course sections, add ability to edit navigation menu, system will remember users show/hide settings from home page, modify global "log on as user" function to not record data when browsing, course registration field to include 3 options: first time registrant, review/audit course, and retake to pass, allow course admin options for where course is to appear (open, closed, both). Partners communicate via partner's website and conference calls as needed to agree on all enhancements by August 30th 2006.

Agreed upon enhancements to be completed by August 30, 2007.
Payment of $15,000 is due upon completion of enhancements.

(Payment calculated at hourly rate of $150/hr, amounting to 100 hours of enhancement work.)

2. LMS Hosting and Maintenance for one year **$20,500**

The hosting and maintenance agreement is required to access the LMS. See hosting and maintenance descriptions following this section.

For project period of August 31, 2006 through August 30, 2007.

$17,000 for Maintenance/License renewal and access to LMS

System Maintenance/License renewal and access to the LMS: (2 payments due in the following manner- first payment due March 1st, 2007 ($8500), second payment due August 30th,' 2007 ($8500).

$ 3,500 for Hosting – includes server space required as courses are added to the LMS. This cost includes an additional 25 GB of space @ $700/5 GB for course package storage.

(2 payments due in the following manner- first payment due March 1st, 2007, second payment due August 30th,' 2007, payment to reflect actual server storage usage at time of billing.)

TOTAL $ 35,500

Hosting Terms – Indiana LMS 06-07

CADE will host the LMS using the existing platform and directory structure.

CADE will host LMS using the existing platform and directory structure on CADE servers while an active maintenance contract is in effect.

.

Physical Security: CADE servers are stored in locked temperature controlled server room. The room is accessed via a locked numeric keypad.

Network Security

Cisco PIX firewall: To ensure the security of CADE servers, workstations and laptops, the entire CADE IP subnet is protected by a Cisco PIX firewall. Ports used for webcasts and web traffic are the only ports accessible outside the Cisco PIX firewall. CADE staff machines, SQL queries, IDs and passwords are not accessible from outside the PIX firewall.

Cisco VPN client: CADE staff members that access our servers remotely must initiate a VPN session to CADE's office LAN using the Cisco VPN client. Any data transmitted to CADE servers are encrypted and sent through a secure tunnel to ensure the security and integrity of the data.

Server and file backups: Veritas Backup Exec is used to backup servers and computers. Incremental backups run nightly. Full server backups are completed each weekend and kept off-site. SQL Server databases are backed up locally every 4 hours.

Software Related Security: CADE staff review Security Bulletins daily to assure that security patches are installed on all servers and workstations. CADE servers also run an application that scans for patches and updates. Patches/updates are applied immediately. For critical updates, servers are rebooted immediately; for non-critical updates they are rebooted after 11:00PM cst. All CADE servers run Symantec Antivirus – virus files are updated daily. Servers are configured for real time virus protection and scheduled scans are run once a week on Sunday nights.

Temperature: The CADE server room has three sources of air conditioning and uses software to monitor the room temperature and humidity. If the temperature or humidity in the server room exceeds thresholds IT staff is notified via phone and email. CADE has a 24 hour maintenance contract with an HVAC company to assure that equipment is kept operational.

Power Failure: If the server room loses power, IT staff is notified via phone and the servers initiate a controlled shutdown. This ensures that no data is lost. When power is restored the servers restart and IT staff log into the servers remotely and confirm that all necessary services are running on each server.

Server Support after Hours: IT staff is on call to provide server-related support to *CADE staff members only.* All client support requests must come through the CADE Helpdesk at http://support.cade.uic.edu or through your CADE Project Coordinator.

Scheduled Maintenance: CADE operates under a quarterly update schedule, and will make every effort to limit maintenance to these scheduled dates. The dates for scheduled maintenance are December 1st, March 1st, June 1st, and September 1st, taking place between the hours of 5pm and 10pm. When needed, additional maintenance will be scheduled between 10 -10.30 PM in an effort to limit site disruption. Servers may be off line during this time.

Maintenance includes:

Service Pack Updates: Internally, CADE may discover bugs/errors (see definition below) and design flaws within a client's system and may initiate a service pack update to improve system functionality. Service pack issues will be promoted according to the promotion schedule.

Data Storage: All system data storage is included in the standard maintenance cost with the exception of course package data associated with either CADE's LCMS, or course packages uploaded from external CMS's. The following tiered pricing structure will be applied to course package storage, up to 5 GB is stored free of charge, followed by $700 for each additional 5 GB.

Up to 5 GB	Free
10 GB	$700
15 GB	$1400
20 GB	$2100

Bugs/Errors: Bugs are errors which occur when the client accesses the CADE developed site and include any use of the system that results in the following application error message. CADE staffs are automatically notified via email when this occurs.

Error Found

There has been an application error, our technicians have been notified of the issue and will try to correct it as soon as possible.

Please try your action again

Critical Errors: Critical errors i.e. Inability to use a frequently visited part of the site or site is down.

Non-critical Errors: Are errors that can be resolved with a work-around that does not impede the use of the system. Some non-critical design/logic errors (determined at the discretion of CADE) may also be considered bugs.

Online submission of issues via our helpdesk located at: http://support.cade.uic.edu/.
CADE and its clients are partners in the resolution of an issue. Clients are expected to fulfill reasonable troubleshooting tasks as recommended by CADE. Client issues (as defined below) should be submitted, by the Client Project Coordinator using help desk, for the following reasons:

- Problems accessing the product via the Internet on supported platforms and browsers/versions.
- Connection issues between the CADE-developed product and supported products.
- Problems with CADE-developed product functionality (broken links, error messages, etc.) on more than one user machine.

Revisions and enhancement requests submitted through the online submission form are not part of this agreement and will be submitted to your account manager for pricing.

Response Time Within 48 Hours: This assures that your request will be acknowledged via our online help desk, logged and routed to the appropriate personnel within 48 hours. It does not guarantee resolution within 48 hours as this is contingent on the issue and the availability of resources needed to address it. If clients are unable to provide sufficient information to resolve an issue, support may be delayed and resolution may take longer if CADE staff availability has changed.

Issue Resolution: CADE uses the following priority scale to determine times for delivering a fix to a submitted problem.

Bug – Critical	Critical issues as defined above will be resolved as soon as possible, usually within 24 hours.
Bug – High	High priority issues will be resolved as soon as possible, but may be dependent on promotion schedules (see "scheduled maintenance" above) to release to the live website.

Bug – Medium	Medium priority issues will typically be released on the next quarterly maintenance date (see "scheduled maintenance" above), but possible sooner depending on available CADE resources.
Bug – Low	Low priority issues will be released on the next quarterly maintenance date (see "scheduled maintenance" above).

Support Services

a. Maintain System operation in conformity with Scope of Services. CADE shall use commercially reasonable best efforts to attempt to correct any nonconformities brought to its attention, send technical bulletins, update user guides and other materials as may be released by CADE, and supply Client with System Updates.

b. Resolve all other material errors, consistent with standards for similar software. In the course of resolving errors, Client agrees to make reasonable efforts to cooperate with CADE in resolving such errors.

c. Review nonconformities promptly after notification of the problem is received by CADE from Client. In the event the Nonconformity is caused by an error or malfunction of the System, CADE will work diligently to correct the Nonconformity. CADE will not be responsible for providing services under this Agreement to the extent a Nonconformity is caused by: (1) Client or third party modification(s) to the System, Enhancements or Updates, (2) misuse of the System, Enhancements or Updates or use of the System, Enhancements or Updates in a manner for which they were not intended, (3) use of the System on computing equipment which is operating outside the environmental or maintenance requirements of its manufacturer, (4) failure of Client to access the most recent version, release and Update of the System provided that Client had a reasonable opportunity to access this (5) Client error in the use of the System, (6) the data tables or program files being written to outside the normal operation of the System itself, other than by CADE or (7) the failure of any hardware or third party software component if not provided by CADE. If it is determined that the Nonconformity is due to any of the causes as specified in the preceding sentence, at Client's request and at CADE's discretion, subject to written agreement of the parties, such Nonconformity shall be investigated and to the extent within CADE's control, corrected. Client shall pay CADE's then-current time and materials rate for all services provided to correct such problem.

The following items are not generally supported by CADE and should be handled by the client's IT staff:

- Installation, set-up and configuration of operating products, browser versions, database products and third party applications.
- Resolution of network, product and/or other errors not directly related to the CADE-developed product.
- Using the CADE-developed product with 'Alpha' versions, 'Beta' versions, or non-certified versions of operating products, service packs, database products and/or third party applications.
- Alterations or revisions made by non-CADE entities to the CADE-developed product.
- Client network configurations or client side browser configurations.

CADE provides customer support 52 weeks per year, Monday through Friday (excluding holidays), 8:00 AM to 5:00 PM.

University Holidays

Labor Day
Thanksgiving Day
Christmas Day
New Year's Day
Martin Luther King Day
Memorial Day
Independence Day

Client Responsibilities. Client shall provide CADE with examples of the Nonconformity and any supporting materials reasonably requested by CADE. Before submitting a nonconformity Client must confirm the nonconformity can be reproduced on two separate machines.

Client Representative. Client shall designate a representative to coordinate Client operations with the System, screen problems, and handle all testing and maintenance issues with CADE.

Force Majeure. Neither party will be in breach of this Agreement if the performance of its duties is prevented by a strike, war, natural disaster or other similar event beyond the control of such party, and the affected party shall be given additional time to perform, equal to the delay.

Additional Service. Client may purchase additional services at CADE's current customary rates.

APPENDIX M – 2005/2006 Mid-Year Financial Status Reports

Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

Indiana State Department of Health

An Equal Opportunity Employer

May 30, 2006

Ms. Angela Webb
Centers for Disease Control & Prevention (CDC)
Acquisition & Assistance, Branch VI
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

Re: Cooperative Agreement U90/CCU517024-06, Public Health Preparedness and Response for Bioterrorism cooperative agreement, ending 08/30/2006.

Dear Ms. Webb:

Attached are an original and two copies of each of the Estimated Financial Status Reports for the Public Health Preparedness and Response for Bioterrorism cooperative agreement for the fiscal year that ends 08/30/06. Please note that page 2 of the Combined FSR provides the funding break-out by project.

If you have any programmatic questions regarding this report, please contact Mr. Michael Hurst at (317) 234-3545 or Ms. Carolyn Dawson at (317) 233-7396. For fiscal matters, please contact Mr. Thomas Hinkle at (317) 234-3435.

Sincerely,

Linda L. Brown
Director, Finance Division

Enclosures

cc: Michael A. Hurst, PHPER Executive Director
Carolyn M. Dawson
Finance File

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
DHHS, PHS, CDC	U90/CCU517024-06	0348-0039	1	2 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
35-6000158 DUNS #: 82-479-9407	3610/103200 - Combined FSR	☐ Yes ☒ No	☐ Cash ☒ Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
08/31/05	08/30/06	08/31/05	05/30/06

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$ -	$ 7,110,386	$ 7,110,386
b. Recipient share of outlays	$ -	$ -	$ -
c. Federal share of outlays	$ -	$ 7,110,386	$ 7,110,386
d. Total unliquidated obligations	$ -	$ 12,868,148	$ 12,868,148
e. Recipient share of unliquidated obligations	$ -	$ -	$ -
f. Federal share of unliquidated obligations	$ -	$ 12,868,148	$ 12,868,148
g. Total Federal share *(Sum of lines c and f)*	$ -	$ 19,978,534	$ 19,978,534
h. Total Federal funds authorized for this funding period	$ -	$ -	$ 19,979,361
i. Unobligated balance of Federal funds *(Line h minus line g)*	$ -	$ -	$ 827

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*

☐ Provisional ☐ Predetermined ☐ Final ☒ Fixed

b. Rate	c. Base	d. Total Amount	e. Federal Share
7.6% 08/31/05 TO 05/30/06	$ 3,366,719	$ 255,871	$ 255,871

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

Please See Page 2 for the Break-Out by Project.

13 Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number, and extension)
Sue Uhl Deputy State Health Commissioner	(317) 233-7877
Signature of Authorized Certifying Official	**Date Report Submitted**
Nancy Rhodes for	5/25/06

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

Indiana State Department of Health

Public Health Preparedness and Emergency Response for Bioterrorism

Budget Period: 08/31/05-08/30/06

	Award Amount	Total Outlays	Total Unliquidated Obligations	Additional Estimated Obligations	Total Estimated Obligated & Expended	Unobligated Balance of Federal Funds
BASE	$ 17,669,938	$ 6,930,386	$ 5,065,257	$ 5,674,295	$ 17,669,938	$ -
EWIDS	15,000	-	-	15,000	$ 15,000	-
CRI	286,827	-	286,000	-	$ 286,000	827
PanFlu	$ 2,007,596	$ 180,000	$ 1,396,031	$ 431,565	$ 2,007,596	$ -
GRAND TOTALS	**$ 19,979,361**	**$ 7,110,386**	**$ 6,747,288**	**$ 6,120,860**	**$ 19,978,534**	**$ 827**

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
DHHS, PHS, CDC	U90/CCU517024-06	0348-0039	1	2 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
35-6000158 DUNS #: 82-479-9407	3610/103200 - Base FSR	☐ Yes ☒ No	☐ Cash ☒ Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
08/31/05	08/30/06	08/31/05	05/30/06

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$ -	$ 6,930,386	$ 6,930,386
b. Recipient share of outlays	$ -	$ -	$ -
c. Federal share of outlays	$ -	$ 6,930,386	$ 6,930,386
d. Total unliquidated obligations	$ -	$ 10,739,552	$ 10,739,552
e. Recipient share of unliquidated obligations	$ -	$ -	$ -
f. Federal share of unliquidated obligations	$ -	$ 10,739,552	$ 10,739,552
g. Total Federal share *(Sum of lines c and f)*	$ -	$ 17,669,938	$ 17,669,938
h. Total Federal funds authorized for this funding period	$ -	$ -	$ 17,669,938
i. Unobligated balance of Federal funds *(Line h minus line g)*	$ -	$ -	$ -

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*

☐ Provisional ☐ Predetermined ☐ Final ☒ Fixed

b. Rate	c. Base	d. Total Amount	e. Federal Share
7.6% 08/31/05 TO 05/30/06	$ 3,366,719	$ 255,871	$ 255,871

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13 Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number, and extension)
Sue Uhl Deputy State Health Commissioner	(317) 233-7877
Signature of Authorized Certifying Official	Date Report Submitted
Lance Rhodes for	5/25/06

Previous Editions not Usable

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FINANCIAL STATUS REPORT

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3. Recipient Organization (Name and complete address, including ZIP code)

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
35-6000158 DUNS #: 82-479-9407	3610/103200 - EWIDS FSR	☐ Yes ☒ No	☐ Cash ☒ Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
08/31/05	08/30/06	08/31/05	05/30/06

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$ -	$ -	$ -
b. Recipient share of outlays	$ -	$ -	$ -
c. Federal share of outlays	$ -	$ -	$ -
d. Total unliquidated obligations	$ -	$ 15,000	$ 15,000
e. Recipient share of unliquidated obligations	$ -	$ -	$ -
f. Federal share of unliquidated obligations	$ -	$ 15,000	$ 15,000
g. Total Federal share *(Sum of lines c and f)*	$ -	$ 15,000	$ 15,000
h. Total Federal funds authorized for this funding period			$ 15,000
i. Unobligated balance of Federal funds *(Line h minus line g)*			$ -

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*

☐ Provisional ☐ Predetermined ☐ Final ☒ Fixed

b. Rate	c. Base	d. Total Amount	e. Federal Share
7.6% 08/31/05 TO 05/30/06	$ -	$ -	$ -

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13 Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number, and extension)
Sue Uhl Deputy State Health Commissioner	(317) 233-7877
Signature of Authorized Certifying Official	**Date Report Submitted**
Lana Rhody for	5/25/06

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FINANCIAL STATUS REPORT

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3. Recipient Organization (Name and complete address, including ZIP code)

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
35-6000158 DUNS #: 82-479-9407	3610/103200 - CRI FSR	☐ Yes ☒ No	☐ Cash ☒ Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
08/31/05	08/30/06	08/31/05	05/30/06

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$ -	$ -	$ -
b. Recipient share of outlays	$ -	$ -	$ -
c. Federal share of outlays	$ -	$ -	$ -
d. Total unliquidated obligations	$ -	$ 286,000	$ 286,000
e. Recipient share of unliquidated obligations	$ -	$ -	$ -
f. Federal share of unliquidated obligations	$ -	$ 286,000	$ 286,000
g. Total Federal share *(Sum of lines c and f)*	$ -	$ 286,000	$ 286,000
h. Total Federal funds authorized for this funding period	$ -	$ -	$ 286,827
i. Unobligated balance of Federal funds *(Line h minus line g)*	$ -	$ -	$ 827

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*

☐ Provisional ☐ Predetermined ☐ Final ☒ Fixed

b. Rate	c. Base	d. Total Amount	e. Federal Share
7.6% 08/31/05 TO 05/30/06	$ -	$ -	$ -

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13 Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number, and extension)
Sue Uhl Deputy State Health Commissioner	(317) 233-7877
Signature of Authorized Certifying Official	Date Report Submitted
Nancy Checks for	5/25/06

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2 North Meridian Street
Indianapolis, IN 46204

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
35-6000158 DUNS #: 82-479-9407	3610/103200 - PanFlu FSR	☐ Yes ☒ No	☐ Cash ☒ Accrual

8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
08/31/05	08/30/06	08/31/05	05/30/06

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$ -	$ 180,000	$ 180,000
b. Recipient share of outlays	$ -	$ -	$ -
c. Federal share of outlays	$ -	$ 180,000	$ 180,000
d. Total unliquidated obligations	$ -	$ 1,827,596	$ 1,827,596
e. Recipient share of unliquidated obligations	$ -	$ -	$ -
f. Federal share of unliquidated obligations	$ -	$ 1,827,596	$ 1,827,596
g. Total Federal share *(Sum of lines c and f)*	$ -	$ 2,007,596	$ 2,007,596
h. Total Federal funds authorized for this funding period	$ -	$ -	$ 2,007,596
i. Unobligated balance of Federal funds *(Line h minus line g)*	$ -	$ -	$ -

11. Indirect Expense

a. Type of Rate *(Place "X" in appropriate box)*

☐ Provisional ☐ Predetermined ☐ Final ☒ Fixed

b. Rate	c. Base	d. Total Amount	e. Federal Share
7.6% 08/31/05 TO 05/30/06	$ -	$ -	$ -

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13 Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number, and extension)
Sue Uhl Deputy State Health Commissioner	(317) 233-7877
Signature of Authorized Certifying Official	**Date Report Submitted**
Nancy Rhodes for	5/25/06

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Indiana State Department of Health
Public Health Preparedness & Emergency Response
08/31/06 through 08/30/07

APPENDIX N - N. Frame (DR Site)
DISASTER RECOVERY SITE
Budget Detail

MONTHLY RECURRING CHARGES

Item Description	No. of Units	Monthly Cost per Unit	Total Monthly Cost	Total Annual Cost
Cabinet, Full – 40U Service	2	$500	$1,000	$12,000
Power, 20 Amp service for 2 cabinets	40	$9	$360	$4,320
UPS, 20 Amp usage for 2 cabinets	40	$3	$120	$1,440
Internet bandwidth usage	2	$125	$250	$3,000
Cross-Connect, GigE usage	1	$50	$50	$600
Router purchase level 4 Cisco Router	1	$150	$150	$1,800
Router equip assur pgm level 4	1	$81	$81	$972
Router svc level 2-nFrame managed	1	$70	$70	$840
Loop Gigabit, IGCN	1	$5,077	$5,077	$60,924
TOTALS			**$7,158**	**$85,896**

NON-RECURRING CHARGES

Item Description	No. of Units	Monthly Cost per Unit	Total Non-Recurring Cost
Back-up Server Switch	1		$1,050.00
			$0.00
TOTALS			**$1,050.00**

TOTAL ANNUAL CONTRACT **$86,946.00**