Mitchell E. Daniels, Jr.
Governor

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

Indiana State Department of Health

An Equal Opportunity Employer

October 24, 2007

Ms. Sylvia Dawson, Grants Management Officer
Ms. Angela Webb, Grants Management Specialist – Regions 5, 6, 7, 8, 9
Acquisition & Assistance Branch VI
Procurement and Grants Office
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

Re: Cooperative Agreement 5U90TP517024-08, Public Health Preparedness and Response for Bioterrorism cooperative agreement, ending 08/09/2008.

Dear Ms. Dawson & Ms. Webb:

Attached you will find a copy of the Indiana State Department of Health's Budget Year 8 application for continued federal funding for the Public Health Preparedness & Emergency Response cooperative agreement. Specifically, it is a reallocation of funds previously awarded but restricted due to the delay in federal release of the IPR part 2 guidance documents.

This application has been submitted within the PERFORMS system as required and a hard copy original is being mailed to your office. If you have any questions or concerns regarding this request, please feel free to contact Mr. Gary Couch at (317) 234-3545 or Ms. Carolyn M. Dawson, at (317) 233-7396. Fiscal management questions should be directed to Mr. Roger Palamara, at (317) 233-7319.

Sincerely,

Gary O. Couch
Executive Director
Public Health Preparedness and Emergency Response Division

Beverly Flanagan
Deputy Director of Business Processes
Finance Division

PERFORMS Management Information System

ACTIVE Application

Summary | Budget | Work Plan | Assessment Tools | Local Health Concurrence | Properties |

IN | Application Summary

Budget Year: 2007 Due: 13 days IN

Logged In:: Carolyn Dawson (Grantee User Level 1)

Budget

This is a summary of your current Budget Request. The Total Award amount is pre-populated based on the Cooperative Agreement formula calculation.

Budget Overview

Source	Funding	Allocated	Unallocated
Base	$12,108,452	$12,108,452	$0
EWIDS	$15,000	$15,000	$0
CRI	$745,731	$745,731	$0
Pan Flu	$3,559,641	$3,559,641	$0
Real-Time Disease Detection	$551,785	$551,785	$0

* The **Budget Overview** box displays the overall status of funds as you develop your budget.

View Discrepancies

* The **Discrepancies** box displays a working list of current missing information or missing links between your line item allocations and workplan. These items must be cleared before submitting your final application.

Reports: Budget Detail:

Budget Justification:

Work Plan

This is a summary of your current Work Plan.

Work Plan Overview

Status	Count
Approved	14

* The **Work Plan Overview** box indicates the status of your work on your priority projects.

View Discrepancies

* The **Discrepancies** box includes a working list of priority projects that have not been approved or contain errors. Click on items in the list to go to them in your Work Plan.

Workplan Detail (No Budget):

Budget Associations to Workplan:

Local Health Concurrence

You must do one of the following:

1. Fill out the Local Health Concurrence template. Select the Local Health Concurrence link to access the template.

   or

2. Attach Proof of Local Health Department Concurrence as stated in the Assessment form found in the Assessment section. Upload attachment(s) in the Application Attachment section on this page.

View Discrepancies

Assessments

Assessments	Progress
IPR Part II Overarching Requirements for Indiana	100%

Application Documents

These are the required attachments necessary for completing your application.

Please complete the rest of the information and upload the forms for submission.

Documents	Description
SF424A Form - Summary	System generated Summary SF424A Document for the entire grant.
SF424A Form - Part 1	System generated SF424A Document for the primary Funding Sources
SF424A Form - Part 2	System generated SF424A Document for additional Funding Sources

Application Attachment

You MUST attach the required documents in order to submit. Allowed file types are .pdf, .doc, .xls, .ppt, .mdb, .mpp., .vsd, .txt and .zip.

Required:

- Signed cover Letter for Application (1 attached)
- Signed 424 (1 attached)
- 424A (1 attached)
- Currently Approved Indirect Cost Rate Agreement (1 attached)

Optional:

- Workplan
- Budget
- Coverpage
- Redirection Supporting Document
- FSR
- NGA

Form SF424	Downloadable SF424 Form
Form SF424B Form	Downloadable SF424B (Assurances) Form

- Incident Command Structure (ICS) Org Structure
- Proof of Local Health Department Concurrence
- Other

Application Attachment

Name - Description	Type	Uploaded
SF424A - PERFORMS Generated SF424A	424A	10/25/2007 - Carolyn Dawson
Appendix J - Regenstrief Institute Contract Budget Details	Budget	10/24/2007 - Carolyn Dawson
Appendix I - IHETS/UITS Contract & Budget Details	Budget	10/24/2007 - Carolyn Dawson
Appendix G - Health Care Excel - Mass Fatality Planning Proposal	Budget	10/24/2007 - Carolyn Dawson
Appendix E - CRI Funding Allocation Worksheet	Budget	10/24/2007 - Carolyn Dawson
Appendix D - NIMS Certification Assurance	Workplan	10/24/2007 - Carolyn Dawson
Appendix A - Indiana District Map	Other	10/24/2007 - Carolyn Dawson
Appendix F - Purdue Homeland Security Exercise Scope of Work & Budget	Budget	10/24/2007 - Carolyn Dawson
Appendix H-2 - Indiana University Center for Bioethics Budget	Budget	10/24/2007 - Carolyn Dawson

Appendix H-1 - Indiana University Center for Bioethic Scope of Work	Budget	10/24/2007 - Carolyn Dawson
Appendix C - Indiana State Department of Health Organizational Chart	Other	10/24/2007 - Carolyn Dawson
Appendix B - Indiana Indirect Cost Rate Agreement	Currently Approved Indirect Cost Rate Agreement	10/24/2007 - Carolyn Dawson
SF424 Application for Federal Assis - Revised from original 30% Allocation request	Signed 424	10/24/2007 - Carolyn Dawson
Signed Cover Letter - Application letter signed by both Preparedness Director and Business Office	Signed cover Letter for Application	10/24/2007 - Carolyn Dawson

Final Submission!

The application has been Successfully submitted!

2004 - Centers for Disease Control and Prevention
PERFORMS (Build: 5.0.2.21)

IPR Part II Overarching Requirements for Indiana

Privileged Communication
Centers for Disease Control and Prevention
Public Health Preparedness and Emergency Response for Bioterrorism
Program Announcement AA154
Reported as of: 10/25/2007 (Draft)

NIMS Compliance

Question #	Question Text	Answer
1	Meet National Incident Management System (NIMS) compliance requirements. State, local, territorial, and tribal governments are considered to be in full NIMS compliance if they have adopted and implemented the Fiscal Year 2005 and Fiscal Year 2006 compliance activities. Adoption and/or implementation has been self-certified each year by the Governor's office for each state and territory, which includes local and tribal governments. Additional information on achieving compliance is available through the NIMS Integration Center (NIC) at http://www.fema.gov/emergency/nims/.	

PHIN Compliance

Question #	Question Text	Answer
2	The PAHPA charges the HHS Secretary to establish a nationwide integrated system to support public health terrorism prevention and response. CDC's vision for this system is articulated in the PHIN Requirements and Certification Criteria (http://www.cdc.gov/phin/resources/index.html). To be eligible to receive Fiscal Year 2007 federal preparedness funding assistance, and in keeping with the Executive Order: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs (which can be found at http://www.whitehouse.gov/news/releases/2006/08/20060822-2.html, applicants must use standards recognized by the Secretary of Health and Human Services in supported public health systems. These standards include the Health Information Technology Standards Panel (HITSP) biosurveillance data standards, the American Health Information Community Minimum Data Set for Biosurveillance and Electronic Health Record lab result reporting standards and others (these standards can be accessed via http://www.hhs.gov/health/standards/background and http://www.hhs.gov/health/standards/recognition). This requirement applies to the implementation, acquisition and upgrade of health information technology systems that support public or population health. In your narrative, describe plans for implementing interoperable systems consistent with PHIN to support the following functions as they relate to CDC Preparedness Goals (CDC Goals are included in Appendix 9): • Identification of public health incidents (CDC Preparedness Goal 2) • Analysis of data about health incidents (CDC Preparedness Goals 3, 4, & 5) • Communication of information about health incidents (CDC Preparedness Goal 6) • Intervention in public health incidents (CDC Preparedness Goal 6) If you believe you have already described your plan in the Cross-Cutting Section or elsewhere in Part 1 of your Interim Progress Report, you may copy and paste that answer in this section.	

We continue to focus on PHIN Certification. We have been following closely developments related to the

Version 2.0 of the certification requirements. We have participated in several work groups and are developing a understanding of the requirements.

One of our strong points is communications and we are very comfortable with the emphasis on communications in Version 2.0. We recently partnered with the CDC and four other states in a cross border communications project which we demonstrated at the PHIN Conference. We have implemented PHIN MS communications protocols. We expect to be certified in Partner Communications and Alerting (PCA) in the next grant year.

We are implementing a new INEDSS system which will prepare us for certification in surveillance. We have an outbreak management system (OMS) but it was not PHIN compliant under the Version 1 requirements. We are looking at the next release of the CDC's OMS and are waiting for its availability. Our work with INEDSS overlaps OMS and we feel we are well on the way to certification in both areas.

We have looked at several options for improving our abilities with Countermeasure Response Administration (CRA). We are currently focusing on automated methods for capturing the data required from CRA. Our goal for the next year is to develop our ability to capture the data and evaluate application options to secure PHIN Certification.

State Office On Aging

Question #	Question Text	Answer
3	Engage the State Office for Aging or equivalent office in addressing the emergency preparedness, response and recovery needs of the elderly. If you have addressed this requirement in the Cross-Cutting Section or elsewhere in Part 1 of your Interim Progress Report, please copy and paste that answer into the area provided. If you have not yet worked with your State Office for Aging or equivalent office, please describe the activities you will undertake to engage this resource in planning on behalf of the elderly in your communities.	

The Indiana State Department of Health (ISDH) has identified special needs population planning as a gap in our current preparedness and response planning efforts. Upon identification of this gap in August of 2007, we formed a steering committee to provide direction and recommendations to the State to address this planning gap. This committee's membership includes the Department of Aging, Department of Faith Based Organizations, ISDH Long Term Care, Mental Health, Local Health Departments, and Nursing Home Associations from the private sector. It was determined by the committee that the first step in eliminating this gap, was that the ISDH needed to narrow the scope of our planning effort to focus specifically on the state's older population. As a result, we are currently working with the committee to develop a planning template for nursing homes/long–term care facilities to develop their preparedness plans. We are also going to conduct a Table Top Exercise to evaluate our plan in conjunction with the Department of Aging. Please refer to Priority Project number 2007–0008, within the Work plan section of our application, for more specific details on the activities we will focus our attention on during the current budget cycle.

Emergency Preparedness Plans Public Comment

Question #	Question Text	Answer
4	Solicit public comment on emergency preparedness plans and their implementation, including the establishment of an advisory committee or similar mechanism to ensure ongoing public comment.If you have already addressed this in Part 1 of your Interim Progress Report, please copy and paste that answer into the area provided. If you have not, please describe the	

	activities you will undertake to address this requirement.

The ISDH will maintain the Public Health Preparedness Senior Advisory Committee (SAC), previously established to solely support the state's preparedness planning activities. The SAC was created and convened by the State Health Commissioner originally back in early 2003. Other than internal Public Health Preparedness (PHP) and Hospital Preparedness staff, this advisory committee includes representatives from the following:

• Indiana Department of Homeland Security;
• Local Health Departments: Health Officers, Health Administrators or other representative;
• Indiana Health and Hospital Association;
• Indiana Rural Health Association;
• Indiana Poison Control Center;
• Indiana Office of Mental Health & Addiction;
• Indiana Office of Management & Budget;
• Indiana Department of Administration;
• NGOs with a stake in preparedness planning;

The ISDH convenes the SAC for quarterly meetings, and meetings are chaired by the state's PHP Program Director (CDC cooperative agreement Principal Investigator). The ISDH has enhanced and broadened membership to include support for pandemic influenza planning and the ESAR–VHP advisory committee for volunteer solicitation and management. We are also establishing sub–advisory committees to address rural health issues, special needs population, and statewide local/district preparedness and response operations re–organization.

In the past, ISDH has simply provided information regarding activities that were underway as a means to communicate project updates throughout the year. This group was never given any charges or issues to resolve. However, that is changing and we are restructuring this committee to actively engage the skill sets of its incumbents, to create solutions and address issues that can not solely be tackled from the top down.

As we move out of just a planning phase and more into mitigation, exercise, response, and recovery, it is our belief that this restructuring is essential. With the shift of activities of the committee, it will also be necessary for us to change the membership of the SAC. It is our hope that this will also resolve a barrier we have been facing over the last year, which is complacency of existing representatives.

Under the current year, ISDH held a meeting on September 28, 2007, inviting a representative from each Local Health Department throughout the state to participate. The purpose of this meeting was to discuss National trends in Preparedness; provide a high level overview of the contents of the CDC federal fiscal year 2007 cooperative agreement guidance; Review capacities built as a result of Indiana's participation in the cooperative agreement over the last 7 years; present previous budget history to illustrate the changes in funding and forecasted future on the availability of federal funds to sustain state and local preparedness; changes in the program objectives and the ISDH's intent to make FFY2007 a transition year to a new organizational structure for preparedness and response; proposed use of FFY 2007 funds based on transitional budget cycle; ISDH's intent to convene a sub–advisory steering committee to facilitate forward momentum of a district based organizational structure for Indiana; and to discuss concerns over the termination of the Local Public Health Coordinator grant program. This meeting was co–facilitated by the State Health Commissioner and Preparedness branch managers. Participants other than LHD staff included other internal ISDH Senior management and program directors as well as a representative from the Governor's office. Although not all LHDs were in attendance at this meeting, 51 of 93 Counties were represented which serve approximately 4.2 million Hoosiers or just over 67% of the state's population.

In addition, to soliciting public comment through our SAC and to ensure transparency in our work, ISDH will continue to post ASPR/CDC guidance documents, funding applications, progress reports, and state operational plans on our website for review by our partners and the public. Over the next budget cycle, we will work on further development of our website, to allow the public and our partners to post comments, constructive criticism, and recommendations in relation to these postings.

Hospital Engagement

Question #	Question Text	Answer
5	Conduct activities to inform and educate the hospitals within your jurisdiction on the role of such hospitals in the emergency plan.These activities should be done in coordination with the Hospital Preparedness coordinator in your State. Briefly describe your activities in this area, including the role of the Hospital Preparedness coordinator.	

The Indiana State Department of Health (ISDH), Public Health Preparedness & Emergency Response Division (PHPER) includes the Hospital Planning & Preparedness program (HPP). The HPP is fully integrated into the state's health preparedness program. In addition, to coordinating and facilitating Hospital preparedness with direct input from the Indiana Hospital Association, the director and staff are involved or directly responsible for managing various State level overarching initiatives. These activities include, but are not limited to strategic national stockpile program activities, managing the CHEMPACK program, ESAR–VHP development, recruiting and credentialing of Health Care professional volunteers, and participation in the joint exercise program.

The HPP played a large role in our participation in the National Exercise Ardent Sentry, a nuclear event in Indianapolis. The PHPER has formed Community Advisory Groups (CAGs) that discuss many issues dealing with ESF8. One of the CAGs is developing Alternate Standards of Care protocol for the state, to better enhance our ability to react in a surge situation such as a Pandemic Influenza outbreak. The HPP Coordinator chairs this group.

PHPER contracted with Purdue University to developing Alternate Care Site plan templates for all size counties/hospitals in a surge situation. These templates will be utilized by the HPP for hospitals and counties in setting up alternate care sites within the counties and the districts.

The HPP is setting up a state wide bed tracking system for all 143 participating hospitals that will further help manage surge situations. The bed tracking system will be expanded to handle ER divert status, track inventories of critical supplies and equipment, as well as patients.

In addition, the HPP has been directly involved in the oversight and installation of Visual Dx, a visual diagnostic software tool within hospital emergency rooms and infectious disease departments, as well as Local Health Departments sporadically throughout the state. It is our hope that this tool will allow Medical personnel to more quickly identify and diagnose patients presenting in these facilities with uncommon symptoms that could be directly related to an infectious disease outbreak or exposure from a biological, chemical or radiological agent.

PHPER has field staff teams composed of Public Health Coordinators, Epidemiologists, Public Information Officers, and HPP Area Hospital Coordinators that work with hospitals and local health departments. This coming year PHPER is planning a series of Pandemic Influenza Table Top Exercises in each district with HPP hospitals and local health departments moving us toward a statewide Table Top Exercise and a state functional exercise.

Cities Readiness Initiative (CRI)

Question #	Question Text	Answer
6	Report on your plans and capabilities to receive, distribute and dispense statewide mass prophylaxis which includes your Cities Readiness Initiative (CRI) jurisdictions. Each awardee that receives specific funding to support the participation of at least one city or metropolitan area in CRI must follow the guidance for Table One – Existing CRI Recipients included in	

	Appendix 3: Cities Readiness Initiative; included in the Guidance for Budget Year 8. Additionally please provide the following information in narrative form:
6a	Describe what your objectives are related to your plans and capabilities to receive, distribute and dispense statewide mass prophylaxis which includes your CRI jurisdictions during Budget Period 8. Include barriers that you need to overcome, dates of collaborative planning meetings and a progressive training and exercise schedule that includes seminars, workshops, table-top exercises, games, drills, functional and full scale exercises.

The ISDH significantly improved its rating on the State Technical Assistance Review (STAR) assessment of the SNS program during the Budget year 2007 earning a score of 91 out of 100. Significant improvements were noted in the areas of Distribution and Tactical Communications. Our improved scores were achieved by working closely our RSS partners in the private sector and the Indiana Department of Transportation (INDOT), the Indiana State Police (ISP), and the Indiana Department of Homeland Security (IDHS) at the state level. 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. Security plans for the primary RSS are in place. An alternate RSS site was identified and an inventory management system, with back–up, is in use. The ISDH hosted the CDC's Mass Antibiotic Dispensing Training in May 2007 providing training to 86 participants. Indiana also successfully exercised the SNS plan in May 2007 in conjunction with our annual CDC site visit.

The ISDH identified a lead Indiana local health department within the Chicago, IL and Indianapolis CRI MSAs to coordinate activities. Each of the 3 Indiana local health departments located in the Cincinnati, OH MSA also received funding to support planning, travel, training, and exercises to support this CRI activities. ISDH staff worked 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. The ISDH participated in the Louisville Executive Briefing and ISDH staff completed baseline assessments of the Indiana counties within the Louisville, KY MSA in March 2007, as well as, the follow–up assessments in August 2007. ISDH staff attended monthly Louisville, KY CRI meetings in Budget period 7 and plans to continue to do so in Budget period 8.

The ISDH partnered with 24 local health departments within the Indiana–funded CRI MSAs to further develop, test and enhance their mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. The ISDH also provided LHDs with a mass prophylaxis planning template to assist in the planning efforts. LHDs coordinated their plans with local EMAs, public safety agencies, local medical providers, and organizations representing special needs populations. The ISDH has encouraged LHDs to incorporate alternate methods of dispensing medications, such as the use of closed PODs for businesses, drive–throughs and other methods as appropriate. ISDH asked LHDs to describe their procedures for volunteer recruitment and training, implementation of security measures, and coordination of communications and dissemination of public information. In the past LHDs have had difficulty engaging Law Enforcement in the completion of Site Security Assessments. In response to local security issues, ISDH staff developed relationships with Indiana Sheriffs and Chiefs of Police organizations in an effort to gain Law Enforcements' commitment to participating in the local initiative.

Objectives for the upcoming year CRI/SNS activities include: 1) updating the State SNS plan based on the AAR/IP from the May 2007 Full–Scale SNS exercise; 2) continue collaboration and planning with out of state CRI partners; 3) develop and host CRI/SNS education and training for state and local partners; 4) develop and conduct state and local drills and functional/full–scale exercises to test state and local mass prophylaxis capabilities. Some barriers for that may impede our ability to accomplish our objectives include: 1) delayed receipt of grant guidance, length of time for CDC review and approval, and length of time to navigate the State's contract approval process will effectively shorten the project period to approximately 6 months; 2) decreased funding has forced Indiana to overhaul the entire preparedness and emergency response program to limit funding to local health departments. The ISDH has cut funding of personnel at the local level and will offer a deliverable–based contract for LHDs until June 30th, 2008. New district models are being explored and this is a point of contention at the local level. The lack of personnel at the local level to implement public health emergency preparedness activities may impede LHDs' departments' ability to run a POD and provide mass prophylaxis to their population.

In Budget year 8, ISDH plans to collaborate more closely IDHS to leverage resources to meet planning, training, and exercise goals. The ISDH will attend regular meetings with the Indiana Homeland Security Team (HST), which meets two times per month, typically every other week. This group includes partners from all state agencies, as well as, representative from local government and the private sector. The ISDH SNS/CRI program will utilize this group as a collaborative planning group. The ISDH is collaborating with the IDHS Training and Exercise Division to develop and conduct a series of trainings and exercises utilizing a biological scenario. This will allow the SNS/CRI program multiple opportunities to train and exercise. Seminars are scheduled for November and December followed by a Tabletop exercise (TTX) in March 2008, a series of workshops in April 2008, a functional exercise (FE) in June 2008, and culminating in a full scale exercise (FSE) in October 2008. The ISDH will also conduct SNS/RSS activation drill by February 2008. During the same time period, the locals will also complete POD activation and throughput exercises by May 2008. The March 2008 TTX is a collaborative effort involving ISDH, IDHS, SNS/CRI, LHD, EMA and hospitals. We will use the results from these exercises AAR/IP to develop corrective action plan to address weaknesses and improve Indiana SNS/CRI programs.

6b	Describe how you have or will transition from the development of a mass prophylaxis strategic plan to the development of an operational plan; include your available tactical capabilities and acquisition plans to acquire the resources necessary to execute your mass prophylaxis campaign. Include development and resolution timelines.

In order to transition to operational plans, the ISDH will utilize data from the follow–up LTAR assessments of the Indiana CRI jurisdictions to develop technical assistance and training materials to assist CRI MSAs. Although LHDs made progress in the planning and implementation of their mass prophylaxis plans, the areas of Security and Training, Exercise and Evaluation need work. ISDH plans to develop LTAR technical assistance and training tools in Budget period 8. Non–CRI Local Health Departments completed baseline assessments during August 2007. These jurisdictions will also receive the LTAR technical assistance and training tools available to CRI funded jurisdictions. The ISDH will partner with the 23 Local Health Departments within the Indiana–funded CRI MSAs (Chicago, IL Indianapolis, Cincinnati, OH and Louisville, KY), as well as Indiana's funded non–CRI Local Health Departments, to further develop, test and enhance their mass prophylaxis/POD plans to support antibiotic distributions to their entire populations within 48 hours. This year we will move our lead county in the Northwest Indiana/Chicago, IL CRI MSA from Porter to Lake County. Lake County has the largest population of the local health departments within the Chicago, IL MSA and is physically closer to Chicago to make for easy collaboration. State staff will provide guidance, technical assistance, and training to CRI local health departments for the enhancement of their local mass prophylaxis plans to meet the CRI requirement to provide antibiotics to their total population within 48 hour goal.

Indiana is considering moving toward a District preparedness and response model. Potentially, a district team with expertise in planning, exercise and volunteer management will be hired to assist in local and district preparedness efforts. In CRI districts, a CRI specialist will be added to the district team. The purpose of the district team is provide on–going coordination, guidance, technical assistance and training to the 23 local CRI jurisdictions in the evolution of their mass prophylaxis plans into SOPs. ISDH will continue to support a state CRI Coordinator position to serve as the primary contact with the Chicago, IL, Cincinnati, OH, and Louisville, KY CRI Coordinators. State staff will participate in planning meetings, assessment site visits, evaluate the related performance measures, and collect the data for the required progress reports. It is believed that a district (regional) model, managed by a not–for–profit group is the most cost–effective use of preparedness funds. It is anticipated that legislative action will be required to establish the not–for–profit and standing up the District teams will not take place until late spring 2008.

6c	Describe an operational drill or functional exercise that you will conduct during the funding period and how you will use the results of the exercise evaluation/corrective action plans to improve your operational plans to receive, distribute and dispense mass prophylaxis.

Using the data from the May 2007 SNS exercise AAR/IP the ISDH will develop and disseminate planning guidance, training materials, and exercises to address the areas in need of improvement. ISDH is developing an Indiana specific desk aide for the LTAR to assist in improving operational plans. ISDH will include a packet of information such as State policies related to SNS/CRI for LHDs to incorporate into their plan. The ISDH is also in the process of adapting SNS drills developed initially by the RAND Corporation.

The ISDH will develop SNS/POD call down and activation drills, as well as, SNS/POD set up, distribution and throughput exercises.

Real Time Disease Detection (RTDD)

Question #	Question Text	Answer
7	Describe plans to pursue real-time disease detection. Each of the 62 PHEP awardees has been awarded a portion of $35 million authorized through the PAHPA to improve real-time disease detection (RTDD). These funds are to be used as described below, with objectives accomplished through a sub-award mechanism. Awardee expenses in support of these activities may be included in the budget. Awardees and sub-recipients are reminded that federal funds can be used to augment but not supplant federal, state, and local funds currently used for the same activity. Recent discussions and publications have used the term "real time" to describe the rapid assimilation or gathering and availability of information for use in event mitigation, curative action decision-making, or case definition or diagnosis efforts. Previous applications of real time efforts and technology have been subject to user interpretations of interval of data entry, the accessible nature of the information, the static versus dynamic aspects of the system, user entry versus automation, and the continuity of data flow. Substantial federal effort and resources have been dedicated to describing program objectives. These objectives facilitate the goal of real time acquisition and use of information or data markers. These objectives included surveillance, logistical measures, accountability, material and resource availability and use, and information tracking. For the purpose of meeting the intent of this funded program and to provide a clear and informative aid to the officials and personnel implementing measures to meet these objectives, any use of the term “real time” should be described as an application in which information or data are immediately collected and received without any or virtually no time delay. Events that occur in real time (i.e., occurring virtually at that particular moment) are dynamic -- not static -- and available immediately and continuously. In your narrative, describe your plans to achieve the objectives listed under A and/or B.	

7a	Poison Control Center Partnerships:
	
	All 62 PHEP awardees are required to carry out objectives through a Poison Control Center or professional organizations in the field of poison control.
	
	• Collaborate with a poison control center or professional organization in the field of poison control to improve the early detection, surveillance, and investigative capabilities of poison control centers for chemical, biological, radiological and nuclear events, which may include:
	  o Establishing systems to collect and submit near real-time poison center data relevant to rapid disease and detection of a chemical, radiological, or biological “event” electronically for review and analysis by a professional organization in the field of poison control and rapid reporting of suspicious events back to the relevant state health departments and the CDC;
	  o Establishing priority health conditions and syndromes and points of contact at state health departments, the American Association of Poison Control Centers (AAPCC), and CDC;	

- Developing protocols to investigate reports of priority health conditions and syndromes;
- Planning to provide surge capacity in the event of chemical, biological, radiological or nuclear threat or exposure; or
- Expanding existing telecommunication equipment to enhance the available number of workstations at each regional poison control center.

- Improve the capabilities of poison control centers to provide information to health care providers and the public with regard to chemical, biological, radiological, or nuclear threats or exposures, in consultation with the appropriate state, local, and tribal public health entities.

Funding will support the acquisition (hire or contract) of staff, equipment, supplies, and training for awardees and subcontractors.

Every state and territory is served by a professional organization in the field of poison control, a state Poison Control Center, or a Regional Poison Control Center. For example, the Oregon Poison Control Center is a regional center that serves the citizens of Oregon, Alaska, and Guam.

Those awardees that do not have a resident Poison Control Center in their state or local jurisdiction are required to fulfill the intent of the award by distributing funds to and collaborating with a state or regional Poison Control Center or a professional organization in the field of poison control that serves their respective state or territory.

Please see the following links for additional information about the program as well as a directory of Poison Control and Prevention Centers.
http://newsroom.hrsa.gov/releases/2007/PromotePoisonControl.htm
http://www.aapcc.org/findyourcenter.htm

Designated as the regional poison information center for Indiana by the ISDH and certified by the American Association of Poison Control Centers, the Indiana Poison Center (IPC) serves as an information resource and response network for poison and toxin exposures throughout Indiana. In 2006, the IPC received almost 83,000 calls for assistance and about 20,000 calls for information. Given the large amount of data generated by its outreach capabilities and statewide audience, the IPC would be a valuable partner to obtain surveillance data and to disseminate public health information.

The ISDH has a long history of collaboration with the IPC which can be leveraged to implement and sustain this surveillance partnership. In previous grant years, the ISDH entered into a contractual relationship with IPC to obtain surveillance data and establish syndrome definitions for reporting. In the last grant year, however, funding constraints necessitated the termination of that contract. Funding provided for the IPC would ensure continuation and strengthening of IPC activities to provide real–time surveillance data to the ISDH that is not presently captured.

The ISDH will establish a contract with IPC for the budget period following receipt of the notice of grant award. Several activities are planned for gathering surveillance data and enhancing telephone system capability. Surveillance activities include collaborating with ISDH to establish, write, and activate surveillance definitions in the National Poison Data System (NPDS); analyzing this data system to provide anomaly alerts to ISDH 24/7/365; implementing encrypted, web–based access to a replicated IPC database to credentialed, external users, such as ISDH staff; and implementing an encrypted, web–based health care facility database including hospital resources and capabilities, antidote/antimicrobial inventories, and lab capabilities. Telephone system enhancements include augmenting the current IPC system with automatic call distribution, warm–line technology, remote site capabilities, emergency response back–up, addition of answering nodes emergently, and enhanced hearing–impaired function and enhancing the IPC caller database to collect public health data necessary for outbreak surveillance and investigation. The ISDH will establish additional contracts with vendors to provide IT interfaces between ISDH and IPC systems and to conduct/facilitate an exercise evaluating the response capabilities of the abovementioned deliverables.

Early Warning Infectious Disease Surveillance (EWIDS)

Question #	Question Text	Answer
8	Are you accepting EWIDS funding?	Yes
9	HHS' Assistant Secretary for Preparedness and Response (ASPR), continues to provide supplemental funds for the purpose of developing and enhancing cross-border early warning infectious disease surveillance efforts for selected states, those sharing a common land-border with Mexico, and a land- or Great Lakes maritime-border with Canada, to facilitate early detection and situational awareness for infectious disease threats outside the U.S. which could impact U.S. health security. The aim of the U.S. Border States EWIDS project continues to be to enhance coordination among neighboring states along the U.S. - Mexico border and the U.S.- Canada borders to: 1. Improve early warning epidemiological surveillance capabilities at the state/province, local and tribal level; 2. Strengthen capacity for cross-border detection, reporting and prompt investigation of infectious disease outbreaks; 3. Explore mechanisms to create interoperable systems to share surveillance (including laboratory) data; and 4. Develop the public health workforce to undertake these activities. In your narrative, describe the EWIDS activities you plan for Budget Period 8. Additional information regarding expected activities can be found in Appendix 10.	

The ISDH will actively participate as a member of the Great Lakes Border Health Initiative (GLBHI). The GLBHI is a collaboration of tribal, local, state, provincial, and federal partners from Michigan, Minnesota, New York, Wisconsin, Pennsylvania, Ohio, and Ontario, Canada. The GLBHI strives to identify opportunities to improve collaborative early warning infectious disease surveillance and reach agreements regarding the type of infectious disease information to be shared, the manner in which to share it, and a 24/7 response protocol among jurisdictions, including contact information and roles.

Indiana is recognized as a border state with Canada through Lake Michigan and the St. Lawrence Seaway. Three states bordering Indiana (Illinois, Michigan, and Ohio) share this border as well. Currently, Indiana has not participated in the GLBHI due to lack of staffing and more recently, lack of funding. However, given recent disease outbreaks in these states and Canada, and the fact that pathogens know no borders, Indiana must collaborate with other jurisdictions to conduct epidemiological and laboratory surveillance and appropriate public health response. The availability of EWIDS funding and full staffing will allow Indiana to actively participate in the GLBHI.

Level 1 Surge Capacity Chemical Laboratory

Centers for Public Health Preparedness (CPHP)

Question	Question Text	Answer

#		
12	CDC supports a network of Centers for Public Health Preparedness (CPHP) to develop, deliver and evaluate competency-based training and education programs based on identified needs of state and local public health agencies for building workforce preparedness and response capabilities. If you have indicated in Part 1 of your Interim Progress Report that you have not yet worked with the CPHPs, describe your plans to establish such a relationship in order to increase the number, type and distribution of health professionals who are prepared to respond to a public health emergency.	

None of the CDC network of CPHPs are located within the state if Indiana. However, the Indiana State Department of Health (ISDH) does maintain working relationships with a number of Educational Institutions to deliver and provide competency based education and training to Indiana state and local public health and hospital personnel. On occasion, these partnerships and other projects will directly involve collaboration with a network CPHP. For instance, the ISDH along with our Indiana media broadcast & print associations planned and executed activities in recognition of preparedness week. Beginning with a proclamation issued by the governor, the week of September 10, 2007 was declared Indiana Preparedness Week. ISDH collaborated with the Advanced Practice Center for Public Health Emergency Preparedness and Response of Montgomery County, Maryland on a preparedness pamphlet that was reproduced and distributed to every Elementary and Junior High School student in Indiana. The "Everybody Ready" pamphlets were also distributed to citizens at hospitals, local health departments, libraries, pharmacies and retail stores throughout the state.

In conjunction with the University of Illinois at Chicago, the ISDH will maintain and enhance the Indiana Learning Management System for inclusion and/or development of on–line learning courses in emergency preparedness. These courses include state specific training for lab personnel; other courses being determined by program managers within the ISDH; a simulation for participation in a large scale response as a result of natural disaster or pandemic; as well as system linkages to courses on Incident Command and NIMS, public health, law, emergency preparedness offered by FEMA, EMI, or other online centers for Public Health Preparedness such as the NY/NJ Public Health Training Center, the North Carolina Center for Public Health Preparedness, Tulane University's South Central CPHP, and the Indiana Mid–America Public Health Training Center (MAPHTC). ISDH will promote and encourage the use of this resource to state and local health department staff, partners and stakeholders.

The following are a couple of different training and education based projects/partnerships the ISDH will continue to sustain under budget year 8 with resident non–CPHP Educational Institutions for continued Preparedness training for state and local government and hospital personnel, students, and residents:

• The ISDH will maintain a contract with an MD to develop curriculum for medical and nursing students and residents, specific to preparedness.

• The ISDH PHP Strategic National Stockpile manager and Deputy Director of Planning will continue work initiated with Butler University's College of Pharmacy & Health Sciences to train personnel and students who will assist the ISDH in countermeasure response and dispensing of pharmaceuticals during a public health emergency or pandemic response.

• The ISDH will continue to collaborate with the Indiana University Center for Bioethics to develop and exercise an ethical framework for decision making and policy development during a Pandemic.

• The PHPER division will collaborate with other ISDH program areas to conduct a Public Health Law conference in conjunction with the Indiana Continuing Legal Education Foundation (ICLEF). This conference will focus on enforcement of laws and regulations that protect health and ensure safety for Indiana judges and lawyers. The preparedness segment will likely focus on Isolation & Quarantine orders and/or school closure authority during a pandemic or other infectious disease outbreak.

• The ISDH will work with Purdue University to develop, conduct, and evaluate exercises to identify planning and training gaps that may exist at the state and local level.

Local Health Department/Tribal Concurrence

Question #	Question Text	Answer
13	CDC requires that the process used by the applicant to engage local health departments and American Indian/Alaska Native tribal governments or tribal organizations located within their boundaries to reach concurrence for the proposed use of non-earmarked cooperative agreement funds, including those for pandemic influenza preparedness, be documented in the Interim Progress Report. (Non-earmarked cooperative agreement funds are those funds not designated for the Cities Readiness Initiative program, the Early Warning Infectious Disease Surveillance program, or currently established Level 1 Chemical Laboratories.) Your description of these processes should have been included in Part 1, Section 1, Item 2 and Item 6, where applicable. In this Part 2 submission of your Interim Progress Report, evidence must be demonstrated separately for local health officials and tribal entities.	
13a	Documentation for local health department concurrence may be accomplished by: • Completing a list in PERFORMS noting the consensus of a majority of local health officials whose collective jurisdictions encompass a majority of the state's population; or • Attaching in PERFORMS the statement of the President of the State Association of County and City Health Officials (SACCHO) that a majority of local health officials whose collective jurisdictions encompass a majority of the state's population agree with the SACCHO's decision. In addition, state applicants will be required to provide signed letters of concurrence upon request. Attachment Instructions: Submit a copy of the letter(s) of concurrence in the Application Attachments section found at the bottom of the Application Summary page.	
13b	Which option did you choose?	Completed Local Health Concurrence template in PERFORMS
13c	Documentation for tribal concurrence may be accomplished by: • Attaching in PERFORMS a letter of concurrence from the Indian Health Board representing the tribes within your jurisdiction; or • Attaching individual letters of concurrence from the American Indian/Alaska Native tribes within the jurisdiction; or • Attaching a Word document describing the reasons for any lack of concurrence and the steps the state has taken to address them. Attachment instructions: Submit a copy of the letter(s) of Tribal concurrence in the Application Attachments section found at the bottom of the Application Summary page.	

Number	Priority Project	Status
2007-0003	Consolidated Volunteer Management	Approved

What: We have developed a number of different methods for identifying volunteers (e.g. ESAR-
VHP volunteers, SNS Volunteers, Medical Reserve Corps, ...). We need to consolidate them as a single source. We will consolidate them following the structure that we use for ESAR-VHP. There are two foci with this project. First, we need to establish global ESAR-VHP volunteer access procedures and second, modify the ESAR-VHP system to allow loading other volunteer types while still preserving the integrity of ESAR-VHP.

Why: We need a set of common procedures for locating different types of volunteers. While there are unique requirements for each type of volunteer and we need to be able to maintain the integrity of each type of volunteer, we need to have a common method for accessing volunteers. This will allow faster access to volunteers to fill a specific need.

How: We have developed a system to store volunteers as part of our ESAR-VHP system. It is very effective and we decided to use it as a prototype for how we want to maintain all our volunteers. We need to modify the ESAR-VHP volunteer selection process to support the broader volunteer base. We also need to modify the core volunteer structure to support different types of volunteers but still provide the necessary integrity and security associated with each volunteer database.

Where: We will maintain the volunteer information at the Department of Health but provide access to the data at local, district and state levels based upon need and the type of volunteers requested.

Who Is Responsible: The State Department of Health is responsible for maintaining the data. For licensed professionals (e.g. ESAR-VHP volunteers), the Department of Health is responsible for verification and credentialing. District, local health departments and hospitals may provide and request volunteers.

Start: 08/31/2007

End: 06/30/2008

New or Ongoing: New

Focus:
CRI
Pan Flu
PHEP Base

Themes: Volunteer Management

Partner Type:
Agencies, regional
Agencies, state
County Health Association
Local Board of Health

Audience Type:
Administrative support staff
Administrators
Bioterrorism coordinators
Hospital management/administrators
Local public health preparedness personnel
Preparedness personnel
Public health directors
Volunteers

Performance Measures: Performance Measure 6A

Pan Flu Thematic Areas:
Facilitating Medical Surge
Mitigate the Impact of an Influenza Pandemic on Workers in the State
Sustain/Support 17 Critical Infrastructure Sectors & Key Assets

Associate to Goals:

Goal - Target Capability - Critical Task	Description
	Maintain a SAC to integrate

Goal 1: Prevent, Capability 1A, Critical Task 1	preparedness efforts across the jurisdiction and leverage funding streams
Goal 6: Control, Capability 6F, Critical Task 4	Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.
Goal 6: Control, Capability 6F, Critical Task 5	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.
Goal 6: Control, Capability 6G, Critical Task 1	Develop plans, policies, and procedures for the provision of mass care services to general populations and companion animals in coordination with all responsible agencies

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	A method for selecting volunteers based upon specific search criteria.	10/04/2007	Number	1	0	We will develop a method to select volunteers based upon established requirements. We will test and verify the extract process.
2	Providing secured local access.	10/04/2007	Number	93	0	We will develop a method that allows secured access to local entities and has sufficient security to protect the confidentiality of the volunteers.
3	Delivering a database design that supports multiple volunteer types and allows for unique characteristics for each volunteer.	10/04/2007	Number	1	0	We will establish a technical architecture that allows loading of additional volunteer types. We will test and verify the process.

2007-0004 Approved

Assess & Evaluate Local Health Department CERC Plans

What: Greater than 90 percent of local health department CERC plans will be assessed and revised based upon ability to provide timely public information in the event of a crisis and/or emergency situation. Local health department staff should be able to locate and access the CERC plan in their health department. The CERC plan should include staff assignments in regards to public information, how messages are developed, verfied, and approved for dissemination, potential health department spokespersons (as identified by the health officer), and different communication channels used to disseminate the public health message(s). The local CERC plan should also address how to reach stakeholders and special populations. All local plans should be updated, at a minimum, annually.

Why: Due to staff turnover at the local and state levels, we have some gaps in public information. We recently had an E. coli outbreak in one of our counties. This county has not had a field public information officer for over a year. Their

CERC plan is outdated and does not account for local staff changes. As a result, the health department had a couple of different spokespersons at the beginning of the outbreak and didn't contact the state department of health until they were overwhelmed by the media. Had the local health department been familiar with their CERC plan and staff assignments, a lot of the issues could have been avoided. A field public information officer was sent to the county as soon as the Risk Communication Director was made aware of the issue. The field public information officer proved to be an asset and alleviated a great deal of the burden for the local health department. Assessing and reviewing the local plans is the best option at this time because we are restructuring our state field public information staff. Field public information officers will now be responsible for covering a third of the state instead of just two districts. Additionally, we are transitioning away from local public health coordinator positions (LPHC) at the county level. The LPHCs have been the point of contact for most field public information officers. The field public information officers will need to get acquainted with their new counties and assist counties with modifying plans to account for the lack of LPHCs. We are assuming that most local health departments will be interested in self-sufficiency and being prepared to deal with the media during a crisis. Most of the crisis and emergency risk communication principles overlap and can be used for daily public information dissemination as well. We are hoping the local health departments continue to see the value in training and exercising their health department staff in dealing with the media. The field public information officers are always ready and willing to respond to a localized incident. However, in the event of a multi-county or statewide event (such as pandemic influenza), the counties will have to handle their own media relations. There are 93 local health departments and only three field public information officers. The field public information officers can provide guidance and support during bigger events, but the local health departments need to be prepared to provide timely, specific information to the affected public during a crisis. By assessing and updating local CERC plans, we hope to improve coordination, management, and dissemination of public information.

How: State field public information officers will meet with local health officers, administrators, and/or office managers to assess the CERC plans. Based upon review, the state field public information officers will make revisions and have plans signed by the local health officer.

Where: This project will be conducted at the local level throughout the State of Indiana.

Who Is Responsible: The Risk Communication Director will lead the charge in assessing the local CERC plans. The field public information officers will do the assessments, revise plans, and ensure plans are signed by the local health officer (or designee).

Start: 11/01/2007

End: 06/30/2008

New or Ongoing: Ongoing

Focus:
Pan Flu
PHEP Base

Themes:
Local Public Health
Partnerships
Planning
Risk Communications

Partner Type:
Local Board of Health
Media/Public relations/Public Affairs

Audience Type:
Administrative support staff
Administrators
Allied health professionals
At-risk populations
Bioterrorism coordinators
Business and civic leaders
Chemical terrorism coordinators
Children
Communications providers
Conference organizers

Coroners/medical examiners
Dental professionals
Educators
Elected officials
Environmental health professionals
Epidemiologists
First responders
Food services agents/providers
General public
Health Centers (Community, Migrant, Rural)
Hospital management/administrators
Infection control practitioners
Information specialists/technical support staff
Laboratorians
Laboratories
Law enforcement/public safety
Legal professionals
Local public health preparedness personnel
Media representatives
Mental and behavioral health professionals
Nurses
Nursing home managers
Pharmacists
Physicians
Preparedness personnel
Public health directors
Public health educators
Public health information provider
Public health nurses
Public health vaccination staff
Public information officers
Researchers
Urgent care clinics
Veterinarians
Volunteers

Performance Measures: Performance Measure 6B

Pan Flu Thematic Areas: Communication
State Plans Must Conform to all NRP/NIMS Requirements

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 6: Control, Capability 6B, Critical Task 1	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.
Goal 6: Control, Capability 6B, Critical Task 1a	Advise public to be alert for clinical symptoms consistent with attack agent.
Goal 6: Control, Capability 6B, Critical Task 1b	Disseminate health and safety information to the public.
Goal 6: Control, Capability 6B, Critical Task 2	Improve the coordination, management and dissemination of public information.
Goal 6: Control, Capability 6B, Critical Task 4	Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.
Goal 6: Control, Capability 6B, Critical Task 5	Decrease time needed to issue public warnings, instructions, and

Goal 6: Control, Capability 6B, Critical Task 7	information updates in conjunction with response partners. Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Assess and update greater than 90 percent of local CERC plans during the current budget cycle	10/12/2007	Ratio	84 / 93	0 / 93	Local CERC plan

2007-0005 Approved

Interoperable communications

What: We have made a significant investment in communications technologies. We established a strategic, five year vision of where we want to be in terms of establishing interoperable communications between the health department and key partners. As part of that vision we have established specific short term projects to help us achieve our goal. For the coming year our plan focuses on two key goals:

First we want to merge key technologies to form what we are calling a "Command and Go Kit". This will merge several diverse technologies (satellite, cellular, HF, tac paks, Salamanders, 800 MHz, etc.) into a portable kit that we can use to set up a command structure anyplace that it is needed. This kit will allow us to effectively manage communications with key partners.

Second we need to automate cross border communications. We have been working with the CDC and four other states on developing a common procedure based upon PHIN MS. We completed the prototype and need to put it in production. When completed we will schedule a PCA (Partner Communications and Alerting) PHIN Certification Assessment.

Why: While we have a number of communications options, we need to focus on establishing effective communications with our different partners. We view it as a necessity to have an integrated communications plan that establishes primary and alternative communications with district, local health departments, hospitals and other emergency agencies.

How: We have already defined communications methods with key partners. We need to assemble the Command and Go kit and configure each component so the work with each other. We also need to document key communications protocols for our partners and integrate these protocols into the kit.

Cross border communications involves working with the CDC to finalize standards and integrate them into our system. We need to do final testing and put it in production. We are already participating in PCA workgroups with the intent of achieving PHIN Certification. We view the workgroups as a vehicle for us to identify the changes we need to make to achieve certification.

Where: All work will be done at the department of health. We will continue to work with key partners on establishing and testing communication protocols.

Who Is Responsible: The department of health will be responsible for initiating the contact with various key partners. Based upon working with key partners we will document the communications procedures in the Command and Go kit.

Start: 08/31/2007

End: 06/30/2008

New or Ongoing: Ongoing

Focus: Pan Flu
PHEP Base

Themes:
Border
Emergency Operation Centers
Exercises
Hospital and Clinic Coordination
Interoperable Communications
IT: Enhancement/Development
Local Public Health
Partnerships
PHIN Compliance

Partner Type:
Agencies, federal
Agencies, state
Hospitals
Local Board of Health

Audience Type:
Administrative support staff
Administrators
Bioterrorism coordinators
Communications providers
Epidemiologists
First responders
Hospital management/administrators
Information specialists/technical support staff
Local public health preparedness personnel
Preparedness personnel
Public health directors

Performance Measures: Performance Measure 6A

Pan Flu Thematic Areas: Communication

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 1: Prevent, Capability 1A, Critical Task 1	Maintain a SAC to integrate preparedness efforts across the jurisdiction and leverage funding streams
Goal 2: Detect and Report, Capability 2A, Other Critical Task	"Other Critical Task" is selected when the Priority Project serves one or more available Critical Task selections but also serves additional (undefined) Critical Tasks, or if none of the Critical Tasks apply.
Goal 6: Control, Capability 6A, Critical Task 1	Decrease the time needed to communicate internal incident response information.
Goal 6: Control, Capability 6A, Critical Task 2	Establish and maintain response communications network.
Goal 6: Control, Capability 6A, Critical Task 3	Implement communications interoperability plans and protocols.
Goal 6: Control, Capability 6A, Critical Task 4	Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.
Goal 6: Control, Capability 6A, Critical Task 6	Increase the use of tools to provide telecommunication and information technology to support public health response.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
	As part of our long term plan for interoperable communications we will					

1	deliver a "Command and Go Kit" providing integrated communication technologies.	10/12/2007	Number	1	0	One "Command and Go Kit"
2	Automate cross border communications and a completed PHIN Certification Assessment.	10/12/2007	Ratio	2 / 2	0 / 2	Cross border communications in production. Completed PHIN Certification Assessment.

2007-0006 Approved

INEDSS (Indiana National Electronic Disease Surveillance System implementation

What: We currently have a surveillance system that is labor intensive and to a great extent paper based. INEDSS provides reporting and additional surveillance functionality that will replace our current paper based systems. This will also replace our current process for passing data to NETSS. We are focusing on the implementation of Electronic Lab Reporting, Confidential Disease Reporting and Case Investigation.

Why: Our current system did not offer enough functionality and was labor intensive. It was prone to problems associated with manual systems. INEDSS provides us with increased functionality and accountability. It positions us to comply with PHIN Certification requirements.

How: We are wrapping up development of a web-based application. We are currently testing it and are developing a pilot program involving labs, hospitals and local health departments. We are currently partnering with the Regienstrief Institute for lab data and are pursuing interfaces with RHIOs.

Where: Work is done primarily at the Department of Health but involves labs, hospitals and local health departments across the state.

Who Is Responsible: The Department of Health has overall responsibility but works directly with a number of local and regional organizations as part of capturing data and the implementation.

Start: 08/01/2007

End: 06/30/2008

Focus: PHEP Base

Themes:
Epidemiology
Evaluation
Hospital and Clinic Coordination
IT: Enhancement/Development
Lab: Biological
Local Public Health
PHIN Compliance
Surveillance

Partner Type:
Agencies, state
Centers for Disease Control and prevention
Hospitals
Laboratories, clinical
Laboratories, hospital
Laboratories, private
Local Board of Health

Audience Type:
Administrators
Allied health professionals
Epidemiologists
Hospital management/administrators
Infection control practitioners
Information specialists/technical support staff
Laboratories
Physicians
Preparedness personnel

Public health directors
Public health information provider
Public health nurses

Performance Measures: None

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 2: Detect and Report, Capability 2A, Critical Task 1	Increase the use of disease surveillance and early event detection systems
Goal 2: Detect and Report, Capability 2A, Critical Task 1a	Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents)
Goal 2: Detect and Report, Capability 2A, Critical Task 1b	Develop and maintain systems to receive reports 24/7/365
Goal 2: Detect and Report, Capability 2A, Critical Task 1c	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.
Goal 2: Detect and Report, Capability 2A, Critical Task 1e	Assess timeliness and completeness of disease surveillance systems annually
Goal 2: Detect and Report, Capability 2A, Critical Task 2	Increase sharing of health and intelligence information within and between regions and states with federal, local and tribal agencies.
Goal 2: Detect and Report, Capability 2A, Critical Task 2a	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
Goal 2: Detect and Report, Capability 2B, Critical Task 2	Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.
Goal 4: Detect and Report, Capability 4A, Critical Task 1	Increase source and scope of health information.
Goal 4: Detect and Report, Capability 4A, Critical Task 2	Increase speed of evaluating, integrating, analyzing for, and interpreting health data to detect aberrations in normal data patterns.
Goal 4: Detect and Report, Capability 4A, Critical Task 3	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
Goal 4: Detect and Report, Capability 4A, Critical Task 4	Improve effectiveness of health intelligence and surveillance activities.
Goal 4: Detect and Report, Capability 4A, Critical Task 5	Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.
Goal 5: Investigate, Capability 5A, Critical Task 1	Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.
Goal 5: Investigate, Capability 5A, Critical Task 2	Conduct epidemiological investigations and surveys as surveillance reports warrant.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	We will deliver processes, forms and reports to support: Electronic Lab Reporting Confidential Disease Reporting Case Investigation	10/05/2007	Ratio	3 / 3	0 / 3	These are processes we will deliver.

2007-0007 Approved

Mass Fatality Planning Project - Phase 2

What:	Contract to provide services related to mass fatality planning services
Why:	Presently phase one of this contract is completed and phase two will show any trends, gaps, generalities and statistical analysis which will contain an overall analysis of the data from the needs assessment.
How:	Revising the phase one report titled Indiana Field Guide for the Management of Dead Bodies during an Influenza Pandemic. Revise the Needs Assesment Survey format into an electronic version which will be provided to each county. Develop a training program for all counties in Indiana and to provide that training.
Where:	All Indiana Counties
Who Is Responsible:	Dr. Ted Bailey, Assistant Commissioner, Bob Clifford Deputy Director Planning and Health Care Excel
Start:	12/03/2007
End:	06/30/2008
New or Ongoing:	Ongoing
Focus:	Pan Flu
Themes:	Emergency Operation Centers Local Public Health Needs Assessment Pandemic Influenza Planning Recovery Response/Countermeasures Training
Partner Type:	Academic / educational institution Agencies, federal Agencies, regional Agencies, state Community health centers

Coroners / medical examiners
Department of Emergency Management

Audience Type: Coroners/medical examiners
Educators
Local public health preparedness personnel
Preparedness personnel
Public health directors

Performance Measures: None

Pan Flu Thematic Areas: Fatality Management

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 6: Control, Capability 6F, Critical Task 3b	Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.
Goal 6: Control, Capability 6F, Other Critical Task	"Other Critical Task" is selected when the Priority Project serves one or more available Critical Task selections but also serves additional (undefined) Critical Tasks, or if none of the Critical Tasks apply.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Update the Indiana Field Guide for the Management of Dead Bodies During a Pandemic Influenza. Reformat the Guide and the Needs Assessment into an electronic survey version. Provide to each county and require their response into a data collection program provided by the contractor. The survey results will be analyzed and incorporated into the training program. The first training will be general and in group format. The second training program will be county specific and allow them to incorporate their work into their Mass Fatality Operations Plan.	10/19/2007	Ratio	93 / 93	30 / 93	Completed County Mass Fatality Operations Plans.

2007-0008 Approved

Special Needs Population Plan (Aging)

What: Create a plan to assure the inclusion of the Special Needs Population (SNP) for aging in the state preparedness and response plan. Presently, we do not have a state plan to prepare or respond to any SNP's. Our intent is to write a basic operations plan that will allow us to begin preparing and assisting SNP's in developing plans for responding to "all hazards" events. The elderly population is a large and growing part of our "at risk" community.

Why: This is an area of vulnerability that we have not adequately prepared for. Local health departments are unsure of what role the state will play in helping prepare for an event or the role the state expects them to play. Our SNP's are not yet aware of our preparedness or response plans.

How: We will develop a plan together with specific state agencies and partner with associations that represent large numbers of elderly citizens. Our first priority will be to build a basic plan for the largest elderly SNP's to reach the greatest number of people in the shortest time. The basic plan will be directed primarily to the "not for profit" and for "profit" associations. These represent the continuum of long term care, services and housing for the elderly in Indiana.

Where: Statewide

Who Is Responsible:
PHPER Deputy Director, Planning - Primary
Indiana Family Support Services Agency (Aging)
ISDH Long Term Care
Indiana Faith Based Agency
Indiana Association of Homes and Services for the Aging
Indiana Health Care Association

Start: 10/31/2007

End: 06/30/2008

Focus: PHEP Base

Themes:
At-risk Populations
Partnerships
Planning
Recovery
Response/Countermeasures
Training

Partner Type:
Agencies, state
Community-based organizations (CBO)
Department of Family and Children Services
Faith-based organizations
Healthcare association
Local Board of Health
Mental and behavioral health professionals
Private sector business

Audience Type:
Local public health preparedness personnel
Nursing home managers
Pharmacists
Physicians
Preparedness personnel
Other, please specify - Indiana Long Term Care (for profit and not for profit providers)

Performance Measures: None

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 1: Prevent, Capability 1A, Critical Task 2	Support incident response operations according to all-hazards plan that includes identification and planning for populations with special needs

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	To build a basic preparedness and response plan that will initially provide for large populations of elderly citizens through associations that represent the continuum of long term care, services and housing for	10/18/2007	Ratio	100 / 100	10 / 100	100 percent of the basic plan written and preparedness/response communications established with all Indiana long term care facilities previously mentioned in the how: Section.

2	Indiana's elderly population. To establish a communications conduit through the long term care associations and the ISDH. The following grant year will allow us to identify additional elderly populations and add them to our base plan.	10/18/2007	Ratio	5 / 5	3 / 5	Number of LTC associations engaged in the planning process
3	Continue our "train the trainer" PREPARE Course for long term care facilities.	10/18/2007	Number	4	0	Number of courses conducted during this budget cycle

2007-0009 Approved

Automated Data Capture of Pharmaceuticals Dispensed

What: To achieve PHIN certification in Countermeasure Response Administration we need to be able to electronically capture information from medication dispensed as part of a mass prophy or from a SNS POD. We evaluated a number of approaches and have decided on using manual forms that we feed through a back office scanner with ICR / OCR capabilities. That will provide us with both the actual image and electronic data. We will populate a database and provide access to the data as needed.

Why: We need the data to comply with CDC PHIN Certification requirements and to feed internal systems.

How: We have purchased high speed scanners and evaluated ICR /OCR software. We will design the form(s), establish the back office functions and document the processes and procedures to capture images and electronic data.

Where: The development will be done at the department of health. Actual execution will occur at back offices set up in district locations around the state.

Who Is Responsible: We have a CRA team that is responsible for the design and implementation. They will also be responsible for insuring the system is PHIN compliant. We will work with the district and local staff on establishing operational responsibilities. The department of health has overall responsibility for maintaining the data.

Start: 01/02/2008

End: 06/30/2008

New or Ongoing: Ongoing

Focus: Pan Flu

Themes:
Local Public Health
Pandemic Influenza
PHIN Compliance
Response/Countermeasures

Partner Type:
Centers for Disease Control and prevention
County Health Association
Hospitals

Audience Type:
General public
Information specialists/technical support staff
Local public health preparedness personnel
Preparedness personnel
Public health vaccination staff

Performance Measures: None

Pan Flu Thematic Areas: Antiviral Drug Distribution Plan - submitted separately
Mass Vaccination

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 1: Prevent, Capability 1A, Critical Task 4a	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.
Goal 2: Detect and Report, Capability 2A, Other Critical Task	"Other Critical Task" is selected when the Priority Project serves one or more available Critical Task selections but also serves additional (undefined) Critical Tasks, or if none of the Critical Tasks apply.
Goal 6: Control, Capability 6E, Critical Task 1	Decrease the time needed to dispense mass therapeutics and/or vaccines.
Goal 6: Control, Capability 6E, Critical Task 1b	Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.
Goal 6: Control, Capability 6E, Critical Task 1d	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

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Capability to scan and store images of pharmaceutical countermeasure dispensing forms.	10/10/2007	Ratio	2 / 2	1 / 2	Percentage of components needed to complete the scanning process and store the data collected.
2	Document scanning process and standard procedures to be used during dispensing.	10/11/2007	Number	1	0	A fully documented standard operating procedure
3	Create a database/system capable of tracking of pharmaceutical countermeasures dispensed.	10/11/2007	Number	1	0	A fully operational PHIN compliant system

2007-0011 Approved

Pandemic Influenza Web Based StarLIMS Interface

What: ISDH is implementing STARLIMS in the laboratory. The system does not provide a user friendly web based interface that effectively allows submitters to electronically submit data with samples and track and retrieve reports. ISDH has developed it's own interface LIMSNET and this now needs to be rapidly extended to meet the timelines of the upcoming influenza season,

including addition of functionalities to enable sentinel physicians and other data users to track both individual results and patterns. The LIMSNET interface needs to be modified to provide that capability. The LIMSNET interface will also be modified for messaging capability

Why: To allow submitters to electronically submit samples data, track and retrieve reports, and for the lab to be able send real time messages to the submitters that will be seen upon login. Also to send messages to provide status information and protocols for proper handling and shipment of specimens and notification and report protocols for suspected novel influenza cases. Availability of this message system will help in complying with PHIN Certification requirements.

How: The LIMSNET interface will be enhanced to enable additional functions needed for electronic submission and reporting, tracking and of individual and patterns of results along with providing a real time messaging capability.

Where: Work is done primarily at the Department of Health, but involves work and training for sentinel labs, sentinel physicians, local health departments, other state agencies and federal agencies on implementation.

Who Is Responsible: The Department of Health has overall responsibility, but will need to work with sentinel labs, sentinel physicians, local health departments, other state agencies and federal agencies on implementation.

Start: 08/01/2007

End: 06/30/2008

New or Ongoing: Ongoing

Focus: Pan Flu

Themes:
At-risk Populations
Epidemiology
Evaluation
Exercises
Hospital and Clinic Coordination
Interoperable Communications
IT: Enhancement/Development
IT: Steady State/Maintenance
Lab: Biological
Local Public Health
Pandemic Influenza
PHIN Compliance
Risk Communications
Surveillance
Training

Partner Type:
Agencies, federal
Agencies, regional
Agencies, state
Centers for Disease Control and prevention
Community health centers
Coroners / medical examiners
Critical affiliates, such as APHL, CSTE
Department of Emergency Management
Health Centers (Community, Migrant, Rural)
Hospitals
Laboratories, animal
Laboratories, clinical
Laboratories, hospital
Laboratories, private
Local Board of Health
Private sector business
Sentinel surveillance physicians, frontline clinicians

Audience Type:
Epidemiologists
Health Centers (Community, Migrant, Rural)
Laboratorians
Laboratories
Nurses
Physicians

Public health nurses
Urgent care clinics

Performance Measures: None

Pan Flu Thematic Areas: Surveillance and Laboratory

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 3: Detect and Report, Capability 3A, Critical Task 1	Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.
Goal 3: Detect and Report, Capability 3A, Critical Task 2	Increase the exchange of laboratory testing orders and results.
Goal 3: Detect and Report, Capability 3A, Critical Task 2a	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.
Goal 3: Detect and Report, Capability 3A, Critical Task 2b	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.
Goal 3: Detect and Report, Capability 3A, Other Critical Task	"Other Critical Task" is selected when the Priority Project serves one or more available Critical Task selections but also serves additional (undefined) Critical Tasks, or if none of the Critical Tasks apply.
Goal 3: Detect and Report, Other Capability	"Other Capability" is selected when the Priority Project serves one or more available Target Capability selections but also serves additional (undefined) Target Capabilities, or if none of the Target Capabilities apply.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	A LimsNet interface with messaging capability	10/11/2007	Ratio	1 / 1	0 / 1	Percentage complete

2007-0012 Approved

Great Lakes Border Health Initiative (EWIDS Project)

What: The ISDH will actively participate as a member of the Great Lakes Border Health Initiative (GLBHI). The GLBHI is a collaboration of tribal, local, state, provincial, and federal partners from Michigan, Minnesota, New York, Wisconsin, Pennsylvania, Ohio, and Ontario, Canada. The GLBHI strives to identify opportunties to improve collaborative early warning infectious disease

	surveillance and reach agreements regarding the type of infectious disease information to be shared, the manner in which to share it, and a 24/7 response protocol among jurisdictions, including contact information and roles.
Why:	Indiana is recognized as a border state with Canada through Lake Michigan and the St. Lawrence Seaway. Three states bordering Indiana (Illinois, Michigan, and Ohio) share this border as well. Currently, Indiana has not participated in the GLBHI due to lack of staffing and more recently, lack of funding. However, given recent disease outbreaks in these states and Canada, and the fact that pathogens know no borders, Indiana must collaborate with other jurisdictions to conduct epidemiological and laboratory surveillance and appropriate public health response. The availability of EWIDS funding and full staffing will allow Indiana to actively participate in the GLBHI.
How:	The ISDH will send at least three representatives to the annual GLBHI conference and actively participate in the six GLBHI workgroups, including potential travel to workgroup meetings. The ISDH will also send at least two representatives to a Security and Prosperity Partnership of North America workshop on cross-border early warning infectious disease surveillance should that workshop be scheduled. The ISDH will also host conference calls, estimated at one per month, for the GLBHI steering committee or workgroups.
Where:	Site of annual conference and locations of workgroup meetings
Who Is Responsible:	Lead: Director of Surveillance and Investigation Community Partners: State/provincial health departments of Minnesota, Wisconsin, Michigan, Ohio, Pennsylvania, and Ontario, Canada. Roles/contributions include data and information sharing, coordinating surveillance systems to include cross-border data, protocols for determining data parameters and methods of sharing data.
Start:	10/11/2007
End:	08/09/2008
Focus:	EWIDS
Themes:	Border Epidemiology Lab: Biological Pandemic Influenza Partnerships Surveillance Tribal
Partner Type:	Agencies, federal Agencies, state Agencies, tribal Emergency response agency/organization Hospitals Laboratories, clinical Media/Public relations/Public Affairs Other, please specify - Legal experts
Audience Type:	Allied health professionals Bioterrorism coordinators Epidemiologists Laboratorians Legal professionals Local public health preparedness personnel Preparedness personnel Public health nurses Public information officers
Performance Measures:	Performance Measure 2A

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 2: Detect and Report, Capability 2A, Critical Task 1	Increase the use of disease surveillance and early event

	detection systems
Goal 2: Detect and Report, Capability 2A, Critical Task 1b	Develop and maintain systems to receive reports 24/7/365
Goal 2: Detect and Report, Capability 2A, Critical Task 1c	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.
Goal 2: Detect and Report, Capability 2A, Critical Task 2	Increase sharing of health and intelligence information within and between regions and states with federal, local and tribal agencies.
Goal 2: Detect and Report, Capability 2A, Critical Task 2a	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
Goal 5: Investigate, Capability 5A, Critical Task 1	Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.
Goal 5: Investigate, Capability 5A, Critical Task 2	Conduct epidemiological investigations and surveys as surveillance reports warrant.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Attendance at GLBHI annual conference	10/11/2007	Number	3	0	Individuals
2	Active participation in each of six GLBHI workgroups	10/11/2007	Ratio	5 / 5	0 / 5	At least one individual participating in each workgroup
3	Hosting of monthly conference calls	10/12/2007	Number	8	0	1 call per month

2007-0013 Approved

Indiana Poison Center Surveillance Data (RTDD Project)

What: Designated as the regional poison information center for Indiana by the ISDH and certified by the American Association of Poison Control Centers, the Indiana Poison Center (IPC) serves as an information resource and response network for poison and toxin exposures throughout Indiana. In 2006, the IPC received almost 83,000 calls for assistance and about 20,000 calls for information.

Why: Given the large amount of data generated by its outreach capabilities and statewide audience, the IPC would be a valuable partner to obtain surveillance data and to disseminate public health information. Funding provided to the IPC would ensure continuation and strengthening of IPC activities. The ISDH has a long history of collaboration with the IPC which can be leveraged to implement and sustain this surveillance partnership.

How: The ISDH will establish a contract with IPC for the budget period following receipt of the notice of grant award. Several activities are planned for gathering surveillance data and enhancing telephone system capability. Surveillance activities include collaborating with ISDH to establish, write, and activate surveillance definitions in the National Poison Data System (NPDS); analyzing this data system to provide anomaly alerts to ISDH 24/7/365; implementing encrypted, web-based access to a replicated IPC database to credentialed, external users, such as ISDH staff; and implementing an encrypted, web-based health care facility database including hospital resources and capabilities, antidote/antimicrobial inventories, and lab capabilities. Telephone system enhancements include augmenting the current IPC system with automatic call distribution, warm-line technology, remote site capabilities, emergency response back-up, addition of answering nodes emergently, and enhanced hearing-impaired function and enhancing the IPC caller database to collect public health data necessary for outbreak surveillance and investigation. The ISDH will establish additional contracts with vendors to provide IT interfaces between ISDH and IPC systems and to conduct/facilitate an exercise evaluating the response capabilities of the above mentioned deliverables.

Where: Indiana Poison Center, Indianapolis
ISDH, Indianapolis

Who Is Responsible: Lead: Director of Surveillance and Investigation
Community Partners: Indiana Poison Center (IPC) will provide contractual deliverables related to intake call data access, anomaly alerts, health care facility resource tracking, enhanced IP phone system, and enhanced IPC caller database. Accountability measures will be stated in the deliverable-based contract. Deliverables must be met according to specifications within the stated timeframe to receive funding.

Start: 10/10/2007

End: 08/09/2008

Focus: RTDD

Themes: At-risk Populations
Epidemiology
Exercises
Partnerships
Risk Communications
Surveillance

Partner Type: Other, please specify - Regional Poison Center

Audience Type: At-risk populations
Epidemiologists
General public

Performance Measures: None

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 2: Detect and Report, Capability 2A, Critical Task 1	Increase the use of disease surveillance and early event detection systems
Goal 2: Detect and Report, Capability 2A, Critical Task 1b	Develop and maintain systems to receive reports 24/7/365
Goal 2: Detect and Report, Capability 2A, Critical Task 1c	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.
Goal 2: Detect and Report, Capability 2A, Other Critical Task	"Other Critical Task" is selected when the Priority Project serves one or more available Critical Task selections but also serves additional (undefined) Critical Tasks, or if none of the Critical Tasks apply.
Goal 4: Detect and Report, Capability 4A, Critical Task 4	Improve effectiveness of health intelligence and surveillance activities.
Goal 5: Investigate, Capability 5A, Critical Task 1	Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Establish, write, and activate surveillance definitions in the National Poison Data System (NPDS).	10/12/2007	Number	10	0	Definitions of syndrome complexes to identify possible biological agents, toxins, or chemicals.
2	Analyze call data based on surveillance definitions and provide anomaly alerts to ISDH 24/7/365.	10/12/2007	Ratio	95 / 100	0 / 100	95% of anomaly alerts are provided to ISDH within 30 minutes of detection.
3	Implement encrypted web-based access to replicated IPC database for credentialed ISDH users.	10/12/2007	Number	1	0	Access to above database is provided within 132 days of start of contract term.
4	Enhance IP-based telephone system at IPC to include automatic call distribution, warm-line technology, remote agent capability, back-up emergency response area, ability to add answering nodes emergently, and improved hearing-impaired features.	10/18/2007	Number	6	0	Telephone system to include above 6 enhancements will be provided within 132 days of start of contract term.
5	Implement encrypted web-based health care facility database for facilities to access information relating to hospital resources/capabilities, antidote/antimicrobial inventories, and laboratory capabilties.	10/12/2007	Number	1	0	One database implemented and access provided within 132 days of start of contract term.
6	Enhance IPC caller database to include patient ID, age, gender, home ZIP code, incident location ZIP code, symptoms, time/date of exposure, implicated agent, emergency department visit, and hospital name, ZIP code and location.	10/12/2007	Number	12	0	Above deliverables provided within 132 days of start of contract.
	Plan tabletop exercise to					

7	measure effectiveness of project capabilties.	10/15/2007	Number1	0	1 tabletop exercise

2007-0016 Approved

Exercise state and local CERC plans

What: The Indiana State Department of Health will exercise its CERC plan during the state pandemic influenza exercise. There is a workshop scheduled in November 2007 and the table top is scheduled for March 2008. This is an excellent opportunity to test the agency CERC plan, how information is disseminated to the public, how our plan integrates with other state agencies' communication plans, and how we communicate with partners/stakeholders. The local CERC plans will be tested during the district-wide exercises in March 2008.

Why: Both the state and local health departments need to be proficient and confident in the execution of their CERC plans. We will exercise the local CERC plans after their assessments. It will also be advantageous to test the state department of health's CERC plan, especially with other state agencies. The state and district-wide pandemic influenza exercises provide an excellent opportunity to improve the coordination, management, and dissemination of crisis and emergency risk communication.

How: We will write risk communication components into the state and district-wide pandemic influenza exercises.

Where: The state exercises will be held in Indianapolis. The local exercises will be held within the local health departments' districts.

Who Is Responsible: The Risk Communication Director will ensure the state and a majority of the local health department CERC plans are exercised.

Start: 11/01/2007

End: 06/30/2008

New or Ongoing: New

Focus:
Pan Flu
PHEP Base

Themes:
Exercises
Local Public Health
Pandemic Influenza
Risk Communications

Partner Type:
Agencies, state
Local Board of Health
Media/Public relations/Public Affairs

Audience Type:
Administrative support staff
Administrators
Bioterrorism coordinators
Communications providers
Local public health preparedness personnel
Media representatives
Preparedness personnel
Public health directors
Public health educators
Public health information provider
Public health nurses
Public information officers

Performance Measures: Performance Measure 6B

Pan Flu Thematic Areas: Communication

Associate to Goals:

Goal - Target Capability - Critical Task	Description
	Decrease time needed to provide

Goal 6: Control, Capability 6B, Critical Task 1	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.
Goal 6: Control, Capability 6B, Critical Task 1a	Advise public to be alert for clinical symptoms consistent with attack agent.
Goal 6: Control, Capability 6B, Critical Task 1b	Disseminate health and safety information to the public.
Goal 6: Control, Capability 6B, Critical Task 2	Improve the coordination, management and dissemination of public information.
Goal 6: Control, Capability 6B, Critical Task 4	Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.
Goal 6: Control, Capability 6B, Critical Task 5	Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.
Goal 6: Control, Capability 6B, Critical Task 7	Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Exercise Indiana State Department of Health CERC plan during state pandemic influenza exercise	10/12/2007	Ratio	1 / 1	0 / 1	Execution of CERC plan
2	Exercise majority of local CERC plans during district-wide pandemic influenza exercise	10/12/2007	Ratio	47 / 93	0 / 93	Execution of local CERC plans

2007-0018 Approved

Antiviral Distribution Planning

What: The purpose is to update, refine, and exercise state and local plans for antiviral distribution during a pandemic.

Why: Some deficits were listed in this area as part of the CDC assessment of the Indiana Pandemic Influenza Operation Plan.
The AAR/IP from an operational SNS exercise conducted May 2007 also revealed gaps in the SNS plan to distribute antiviral and SNS pandemic countermeasures.

How: We will work with the partners to assess and revise current SNS plans to accommodated the distribution of antiviral medication and other pandemic countermeasures. We will work with local health departments, hospitals, county commissioners, and emergency management agencies in the development of local plans receive, distribute, and dispense.

Where: Indiana State Department of Health (ISDH) in conjunction with Indiana Department of Homeland Security (IDHS), Indiana Department of Transportation (INDOT), Indiana State Police (ISP), local health departments, hospitals, county commissioners, emergency management, and other state

and local partners.

Who Is Responsible: Indiana State Department of Health (ISDH) in conjunction with Indiana Department of Homeland Security (IDHS), Indiana Department of Transportation (INDOT), Indiana State Police (ISP), local health departments, hospitals, county commissioners, emergency management, and other state and local partners.

Start: 11/01/2007

End: 06/30/2008

New or Ongoing: Ongoing

Focus: Pan Flu

Themes: Pandemic Influenza
Planning

Partner Type: Agencies, state
County Health Association
Hospitals
Local Board of Health

Audience Type: Administrators
Bioterrorism coordinators
Elected officials
Hospital management/administrators
Law enforcement/public safety
Local public health preparedness personnel
Preparedness personnel

Performance Measures: None

Pan Flu Thematic Areas: Antiviral Drug Distribution Plan - submitted separately

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 6: Control, Capability 6E, Critical Task 1	Decrease the time needed to dispense mass therapeutics and/or vaccines.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	We will develop an Antiviral and Pandemic Countermeasures Appendix to the core SNS plan. We will facilitate the development of local plans to receive, distribute, and dispense antivirals and pandemic countermeasures.	10/12/2007	Number	1	0	ISDH develops an Antiviral and Pandemic Countermeasures appendix to the ISDH develops an Antiviral and Pandemic Countermeasures appendix to the SNS plan. 80% local partners participating the grant develop county plans.

2007-0019 Approved

Mass Vaccination, level 1

What: The purpose is to develop a plan to define the minimum elements necessary to provide appropriate vaccinations to priority groups and the general population

Why: This was reported as deficit in our last assessment. A plan needs to be developed in conjunction with our partners to provide vaccinations in an event requiring the mass distribution of vaccine.

How:	We will work with the partners to assess local health departments and hospitals capabilities to receive, store, and secure vaccine. Will develop plan for reporting data on vaccine coverage. Plans will then be developed and exercised.
Where:	In conjunction with preparedness, immunization program, hospitals and local health departments
Who Is Responsible:	ISDH Staff Debra Hopseker Emergency Preparedness; Amanda Mizell Immunization Program; Gary Rhyne Immunization program; John Braeckel Hospital program; Janet Archer Emergency Preparedness
Start:	11/01/2007
End:	06/30/2008
New or Ongoing:	Ongoing
Focus:	Pan Flu
Themes:	Pandemic Influenza
Partner Type:	Agencies, state Emergency response agency/organization Local Board of Health Other, please specify - law enforcement
Audience Type:	Other, please specify - Local population.
Performance Measures:	None
Pan Flu Thematic Areas:	Mass Vaccination

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 1: Prevent, Other Capability	"Other Capability" is selected when the Priority Project serves one or more available Target Capability selections but also serves additional (undefined) Target Capabilities, or if none of the Target Capabilities apply.
Goal 6: Control, Capability 6E, Critical Task 1	Decrease the time needed to dispense mass therapeutics and/or vaccines.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
1	Survey from hospitals and local health departments indicating their vaccine storage capacity, security plans, back up systems in the event of a disruption in electrical services. Two counties will participate in providing aggregate data using a manual system. In the CRA system and report to CDC. Data will be provided to CDC in the 48 hour time frame. Plan developed for delivery, storage, security of vaccine and vaccine administration data collection for age groups, and special needs groups. Develop plan for Just in time training on use of VAERS for vaccine	10/12/2007	Number	1	0	Mass vaccination plan

adverse events. (Vaccine Adverse Event Recording System).

2007-0020 Approved

StarLims Upgrade to Version 10

What:	A LIMS development contractor, with STARLIMS Version 10 implementation experience, will be obtained to implement StarLims Version 10. Version 10, which has recently been released, has many improvements and enhancements over the current version.
Why:	StarLims Version10 has a 'front end', what the user sees and uses, that presents as a more modern web based application that is much easier to customize than the current version. Also the 'backend', the part that actually processes the user submitted data and reads/writes the database, has been substantially enhanced. This enhancement will significantly improve performance over Version 9. Version 10 is PHIN-MS compliant, while Version 9 is not.
How:	The experienced LIMS contractor will install and implement the functionality of STARLIMS Version 10, procured from STARLIMS, as a separate LIMS application that runs concurrently with Version 9. The contractor will work with the labs to create all new STARLIMS applications. During this project the contractor will also evaluate converting current Version 9 modules to Version 10.
Where:	Work is done primarily at the Department of Health, but involves work and training for sentinel labs, sentinel physicians, first responders, local health departments, other state agencies and federal agencies on implementation.
Who Is Responsible:	The Department of Health has overall responsibility, but will need to work with sentinel labs, sentinel physicians, first responders, local health departments, other state agencies and federal agencies on implementation.
Start:	08/01/2007
End:	06/30/2008
Focus:	PHEP Base
Themes:	At-risk Populations Emergency Operation Centers Epidemiology Evaluation Exercises Hospital and Clinic Coordination Interoperable Communications IT: Enhancement/Development IT: Steady State/Maintenance Lab: Biological Lab: Chemical Lab: Other Lab: Radiological Local Public Health Pandemic Influenza PHIN Compliance Risk Communications Surveillance Training
Partner Type:	Agencies, federal Agencies, regional Agencies, state Centers for Disease Control and prevention Community health centers Coroners / medical examiners Critical affiliates, such as APHL, CSTE Department of Agriculture Department of Emergency Management

Department of Environmental/Natural resources
Health Centers (Community, Migrant, Rural)
Hospitals
Laboratories, animal
Laboratories, clinical
Laboratories, hospital
Laboratories, private
Local Board of Health
Local utilities department (water and electricity)
Medical responder
Private sector business
Sentinel surveillance physicians, frontline clinicians

Audience Type:
Coroners/medical examiners
Epidemiologists
First responders
Food services agents/providers
Health Centers (Community, Migrant, Rural)
Laboratorians
Laboratories
Nurses
Physicians
Public health nurses
Urgent care clinics

Performance Measures: None

Associate to Goals:

Goal - Target Capability - Critical Task	Description
Goal 3: Detect and Report, Capability 3A, Critical Task 1	Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.
Goal 3: Detect and Report, Capability 3A, Critical Task 2	Increase the exchange of laboratory testing orders and results.
Goal 3: Detect and Report, Capability 3A, Critical Task 2a	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.
Goal 3: Detect and Report, Capability 3A, Critical Task 2b	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.
Goal 3: Detect and Report, Other Capability	"Other Capability" is selected when the Priority Project serves one or more available Target Capability selections but also serves additional (undefined) Target Capabilities, or if none of the Target Capabilities apply.

Define Outputs:

ID	Project Output	Report Date	Type	Output Target	Current Value	Unit Measured
	Upgrade the labs' StarLims					

1	applications from Version 9 to Version 10	10/12/2007	Ratio	1 / 1	0 / 1	Percentage complete

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

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

2. DATE SUBMITTED 10/24/2007	**Applicant Identifier** *3610/103200:* PS Project 400361010320080
3. DATE RECEIVED BY STATE	**State Application Identifier**
4. DATE RECEIVED BY FEDERAL AGENCY	**Federal Identifier** 5U90TP517024-08

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, 7K	**Name and telephone number of the person to be contacted on matters involving this application *(give area code)*:**
City: Indianapolis	**Prefix:** Mr. / **First Name:** Gary
County: Marion County	**Middle Name:** O.
State: Indiana / **ZIP:** 46204	**Last Name:** Couch
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 [ ] Continuation [X] 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:
08/31/2007	08/09/2008

14. CONGRESSIONAL DISTRICTS OF:

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

15. ESTIMATED FUNDING:

a.	Federal	$ 16,980,609 .00
b.	Applicant	$ .00
c.	State	$ .00
d.	Local	$ .00
e.	Other:	$ .00
f.	Program Income	$ .00
g.	TOTAL	$ 16,980,609 .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	Middle Name
Mr.	Lance	V.
Last Name Rhodes		**Suffix**
b. Title Chief Financial Officer		**c. Telephone Number (give area code)** (317) 233-7102
d. Signiture of Authorized Representative Lance Rhodes		**e. Date signed** 10/24/2007 10/24/07

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2007 Application for Indiana - 17

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. Base		$	$	$ 12,108,452.00	$	$ 12,108,452.00
2. EWIDS				15,000.00		15,000.00
3. CRI				745,731.00		745,731.00
4. Pan Flu				3,559,641.00		3,559,641.00
5. Totals		$ 0.00	$ 0.00	$ 16,428,824.00	$ 0.00	$ 16,428,824.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Base	(2) EWIDS	(3) CRI	(4) Pan Flu	(5)
a. Personnel	$ 3,447,460.00	$	$ 40,253.00	$	$ 3,487,713.00
b. Fringe Benefits	1,211,349.00		19,557.00		1,230,906.00
c. Travel	252,958.00	11,023.00			263,981.00
d. Equipment	432.00			432.00	864.00
e. Supplies	83,234.00			15,012.00	98,246.00
f. Contractual	5,217,005.00		677,428.00	3,352,494.00	9,246,927.00
g. Construction					0.00
h. Other	954,169.00	2,248.00	0.00	112,840.00	1,069,257.00
i. Total Direct Charges *(sum of 6a-6h)*	11,166,607.00	13,271.00	737,238.00	3,480,778.00	15,397,894.00
j. Indirect Charges	941,845.00	1,729.00	8,493.00	78,863.00	1,030,930.00
k. TOTALS *(sum of 6i and 6j)*	$ 12,108,452.00	$ 15,000.00	$ 745,731.00	$ 3,559,641.00	$ 16,428,824.00
7. Program Income	$	$	$	$	$ 0.00

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Standard Form 424A (Rev. 7-97)
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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:	

2007 Cooperative Agreement Detailed Budget Request

Privileged Communication
Centers for Disease Control and Prevention
Public Health Preparedness and Emergency Response for Bio Terrorism
Program Announcement AA154
Report Date: 10/24/2007 2007 Application for Indiana - 2007 Budget Year - Version

Total Award: $16,980,609
Un-Allocated Funds: $0

Funding Source Base

Financial : Personnel — **Total: $3,433,918**

Position Title & Name	Annual	Time	Months	Total
DETAILS SPECIFIC TO ALL PERSONNEL LINE ITEMS WITHIN THIS CATEGORY: All positions have been budgeted to cover payroll for services rendered from 08/26/07 through 08/09/08 which is exactly the equivalent of 25 Pay periods in the State. The Pay period beginning 08/26/07 has been included within this fiscal year as the State of Indiana's accounting system operates on a "Cash" basis, and this pay period was not actually paid until it actually was not paid until 09/17/07. In addition, all personnel line items include a "Pay for Performance" annual increase in accordance with the State system. Under this system, based on the employee's annual performance appraisal, the employee would be classified in one of three categories: "Does Not Meet Expectations" (resulting in a 0% salary increase), "Meets Expectations" (resulting in a 4% salary increase), or "Exceeds Expectations" (resulting in a 10% salary increase). For budget purposes it has been assumed that every employee will "Meet Expectations" and a 4% adjustment has been made to their salary for the pay periods that would be affected by this increase. However, ISDH may need to complete a budget change request in order to reflect the actual salary adjustment received for each employee. FRINGE CALCULATION BASIS: For vacant positions, fringe is calculated at 19.79% of the salary to pay for Life Insurance, Social Security, PERF, Disability Insurance, plus $11,872 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 selected as of the last State open enrollment period which began on 01/01/07 or the insurance package they selected upon hire (if after 01/01/07).				
PCN 10027953: ADMV AST 3/EXECUTIVE ADMINISTRATIVE ASSISTANT:: (CHERYL MILLION) POSITION JUSTIFICTION: Provides administrative support in the daily job function for the ISDH Public Health Preparedness Director (Principle Investigator) and staff within the PHPER division.	$38,165	100%	11.28	$35,871
PCN 10028088: BBEX E6/SNS COORDINATOR:: (MITCH KLOPFENSTEIN) 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 efforts of other state and local agencies for consistency in preparedness and response plans.	$44,892	100%	11.28	$42,194
PCN 10052775: PROG DIR 2/RISK COMMUNICATIONS DIRECTOR:: (TBD) The Information Dissemination & Media Relations Director is in charge of all	$43,151	100%	9	$32,363

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.				
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 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.	$32,605	100%	11.28	$30,645
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.	$49,664	100%	9	$37,248
PCN 10052787: PROG DIR 2 (PB HLTH ADMR 2)/PHPER PLANNER:: (TBD) This position works in the Planning Section of the Public Health Preparedness and Emergency Response Division. The position will be responsible for	$33,238	100%	8	$22,159

developing plans for programs in support of public health preparedness and emergency response activities for the ISDH. Included in the program planning may be the coordination with field staff, operations and exercise personnel, as well as other state agencies and partners in our communities. The intent is to provide clear concise and efficient plans that will assist operations personnel to respond to any disaster with a high degree of success.				
PCN 10052788: PB HLTH ADMR 2/DISTRICT 3 PH ADMINISTRATOR:: (M. JOE HILT) Works as the administrator in the health district 3 (District Map attached as "Appendix A"). 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.	$35,871	100%	11.28	$33,715
PCN 10052789: PB HLTH ADMR 2/DISTRICT 2 PH ADMINISTRATOR:: (PENNY TORMA) Works as the administrator in the health district 2 (District Map attached as "Appendix A"). 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.	$33,238	100%	11.28	$31,240
PCN 10052790: PB HLTH ADMR 2/DISTRICT 4 PH ADMINISTRATOR:: (CATHERINE WENT) Works as the administrator in the health district 4 (District Map attached as "Appendix A"). 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.	$36,135	100%	11.28	$33,963
PCN 10052791: PB HLTH ADMR 2/DISTRICT 9 PH ADMINISTRATOR:: (REBECCA LAIR) Works as the administrator in the health district 9 (District Map attached as "Appendix A"). 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	$47,938	100%	11.28	$45,056

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.				
PCN 10052792: PB HLTH ADMR 2/DISTRICT 1 PH ADMINISTRATOR:: (D. HAMLIN-AGGREY) Works as the administrator in the health district 1 (District Map attached as "Appendix A"). 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.	$33,238	100%	11.28	$31,240
PCN 10052793: PB HLTH ADMR 2/DISTRICT 10 PH ADMINISTRATOR:: (ERIC SADLER) Works as the administrator in the health district 10 (District Map attached as "Appendix A"). 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.	$33,238	100%	11.28	$31,240
PCN 10052794: PB HLTH ADMR 2/DISTRICT 8 PH ADMINISTRATOR:: (JUDITH GILLILAND) Works as the administrator in the health district 8 (District Map attached as "Appendix A"). 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.	$41,019	100%	11.28	$38,553
PCN 10052795: ADMIN ASST 4 (PB HLTH ADMR 2)/PHP INFORMATION TECHNOLOGY ADMINISTRATIVE ASST.::: (TBD) This position serves as the Administrative Assistant supporting the PHP Information Technology Branch manager, and other information technology personnel and consultants within this section..	$26,185	100%	9	$19,639

PCN 10052796: PB HLTH ADMR 2/DISTRICT 7 PH ADMINISTRATOR:: (STEPHEN CRADDICK) Works as the administrator in the health district 7 (District Map attached as "Appendix A"). 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.	$35,871	100%	11.28	$33,715
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.	$59,394	100%	11.28	$55,824
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.	$45,797	100%	11.28	$43,044
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.	$44,422	100%	11.28	$41,752
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.	$42,584	100%	11.28	$40,024
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.	$44,422	100%	11.28	$41,752
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	$50,138	100%	11.28	$47,124

investigation support to the local health departments in that district and to the ISDH.				
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.	$44,290	100%	11.28	$41,628
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.	$42,584	100%	11.28	$40,024
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.	$42,848	100%	11.28	$40,272
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.	$44,422	100%	11.28	$41,752
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.	$44,026	100%	11.28	$41,380
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.	$47,176	100%	11.28	$44,340

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.	$44,026	100%	11.28	$41,380
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.	$29,142	100%	11.28	$27,390
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.	$34,347	100%	11.28	$32,282
PCN 10052814: PROGRAM DIR E7/ASSISTANT BT LAB COORDINATOR:: (TBD) Supervises laboratories clinical testing quality within the Indiana State Department of Health Laboratory Quality Assurance and Quality Improvement (QA/QI) Program for the Indiana State Department of Health Laboratory Bioterrorism and Chemical Terrorism Preparedness Program and acts as the laboratory's expert on clinical quality assurance/improvement and regulatory issues as they pertain to laboratory testing of Bioterrorism and Chemical terrorism. Also acts as liaison between the ISDH laboratory and sentinel physicians and laboratories and with local state and federal programs requiring lab QA/QI information. Also assists Laboratory Director and Clinical Deputy Director in evaluating QA/QI programs to meet regulatory requirements of BT, CT, and other clinical testing to support All Hazards Surveillance and Detection and Follow up. These activities support critical tasks 3A::CT1, 3A::CT1a, 3A::CT1c, 3A::CT1d, 3A::CT1e, 3A::CT1g, 3A::CT1h, 3A::CT1i, 3A::CT1, 3A::CT2, 3A::CT3, 3A::CT5, 3B::CT1, 3B::CT2, 3B::CT6 and 3B::CT7.	$47,813	100%	9	$35,860
PCN 10052815: MICROBIOLOGIST 2:: (ELIZABETH CARTER) Microbiologist for PCR, TRF and culture of Category A and B Agents. Performs analyses to identify BT Category A and B agents, and influenza and other pathogenic organisms for outbreaks, surveillance activities, natural disasters, or terrorist events. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1h and 3B::CT2.	$37,990	100%	11.28	$35,706
PCN 10052817: MICROBIOLOGIST 2:: (TBD) Microbiologist for PCR, TRF and culture of Category A and B Agents. Performs analyses to identify BT Category A and B agents, and influenza and other pathogenic organisms for outbreaks, surveillance activities, natural disasters, or	$37,990	100%	9	$28,492

terrorist events. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1h and 3B::CT2.

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.	$42,780	100%	11.28	$40,209
PCN 10052820: PUB HLTH ADM 1/FOOD AND ENVIRONMENTAL SCIENTIST:: (GEORGE JONES) 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.	$50,841	100%	11.28	$47,785
PCN 10054419: BBEX 3/PUBLIC HEALTH PREPAREDNESS DIRECTOR:: (GARY COUCH) 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 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 ASPR hospital preparedness grant (including the principal investigator for the ASPR 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 ASPR hospital preparedness grant. For that reason, the ED is not funded by any part of the ASPR 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.	$76,032	100%	11.28	$71,462
PCN 10054420: BBEX 5/DEPUTY DIRECTOR, PLANNING:: (ROBERT CLIFFORD) Administers the over-all direction of the State's distribution of the Strategic	$52,800	100%	11.28	$49,626

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.				
PCN 10054425: BBEX 5/DEPUTY DIRECTOR, FINANCIAL MANAGEMENT:: (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 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.	$50,757	100%	11.28	$47,706
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	$48,799	100%	11.28	$45,866

providing technical assistance.

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.	$48,738	100%	11.28	$45,808
PCN 10054431: PROG DIR E6/QUALITY ASSURANCE COORDINATOR:: (MICAH WILLIAMS) Administers Quality Assurance (QA) and Quality Improvement (QI) Programs for the Indiana State Department of Health Laboratories. Develops and maintains the QA, QI and Continuity of Operations Plans for the laboratories, meeting requirements of federal and state laws, rules, regulations and grant requirements and guidelines as they relate to emergency preparedness and to select agent rules and to all clinical, environmental and food laboratories' QA and QI practices (e.g. CLIA, EPA, FDA, USDA, CDC, DHS, NRC, etc.). Supervises Lab QA officers, certification officers, the laboratory safety officer, and the laboratory training coordinator and is responsible for training of laboratory personnel and providing training to sentinel laboratories, physicians and first responders for sample collection for emergency preparedness. These activities support critical tasks 3A::CT1, 3A::CT1a, 3A::CT1c, 3A::CT1d, 3A::CT1e, 3A::CT1g, 3A::CT1h, 3A::CT1i, 3A::CT1, 3A::CT2, 3A::CT3, 3A::CT5, 3B::CT1, 3B::CT2, 3B::CT6 and 3B::CT7.	$83,935	100%	11.28	$78,890
PCN 10054432: CHEMIST 2:: (MARY HAGERMAN) Chemist LRN-C metabolites in human clinical specimens. Competent to perform analyses on an ICP-MS, GC/MS, or LC/MS/MS. Cross trained on a minimum of two instruments. Provides surge for all-hazard chemical analyses. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1, 3A::CT2, 3A::CT4, and 3A::CT5.	$38,318	100%	11.28	$36,015
PCN 10054433: CHEMIST SUPV 3:: (ROBIN BRUNER) Technical and Administrative Supervisor for chemical threat diagnostic methods at the Indiana State Department of Health Laboratories. Also functions as ISDH Chemical Terrorism Laboratory Coordinator. This position provides technical	$66,520	100%	11.28	$62,522

guidance that is critical for the development, validation and performance of LRN-C methods. Also provides oversight to assure accurate and high quality diagnostic results. These activities support critical tasks 3A::CT1, 3A::CT1b, 3A::CT1c, 3A::CT1d, 3A::CT1, 3A::CT2 and 3A::CT3.				
PCN 10054434: CHEMIST 2:: (TUYET DAO) Chemist LRN-C metabolites in human clinical specimens. Competent to perform analyses on an ICP-MS, GC/MS, or LC/MS/MS. Cross trained on a minimum of two instruments. Provides surge for all-hazard chemical analyses. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1, 3A::CT2, 3A::CT4, and 3A::CT5.	$38,450	100%	11.28	$36,139
PCN 10054436: MICROBIOLOGIST 2:: (AMANDA STANTON) Microbiologist for PCR, TRF and culture of Category A and B Agents. Performs analyses to identify BT Category A and B agents, and influenza and other pathogenic organisms for outbreaks, surveillance activities, natural disasters, or terrorist events. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1h and 3B::CT2.	$37,990	100%	11.28	$35,706
PCN 10054460: SR. APP. SYSTEMS ANALYST/PROGRAMMER/SAS SYSTEMS ANALYST:: (GARY ORDWAY) 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.	$56,384	100%	11.28	$52,995
PCN 10054463: PROJECT MANAGER - SENIOR/PHIN & IHAN 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.	$75,820	100%	11.28	$71,263
PCN 10054554: PROGRAM COOR 3/ASST. EXERCISE COORDINATOR:: (TBD) The employee serves as the Assistant Exercise Coordinator for all public health emergency response exercises for the Indiana State Department of Health's (ISDH) Public Health Preparedness & Emergency Response (PHPER) division. Incumbent works independently, writing recommendations about public health preparedness and emergency response exercises. Incumbent will be responsible for tracking exercises and after action reports. Incumbent will have the responsibility to coordinate with other state agencies and partners, schedule and conduct meetings regarding the PHPER exercise program. Incumbent receives assignments and policy guidance from the PHPER Exercise Coordinator and is expected to function as a supportive team member. Incumbent will be reviewed	$29,620	100%	9	$22,215

for achievement of overall goals and objectives. Incumbent works with ISDH agency staff; Indiana Department of Homeland Security; other state agencies; not-for-profit organizations; the Centers for Disease Control and Prevention (CDC) and other federal partners for the purposes of program development and coordination of services.				
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 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.	$32,041	100%	11.28	$30,115
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	$32,437	100%	7	$18,922

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.				
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 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.	$32,437	100%	11.28	$30,487
PCN 10054558: PROG DIR E7/LEARNING MANAGEMENT SYSTEM COORDINATOR:: (CAROL BRILEY) 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.	$46,193	100%	11.28	$43,416
PCN 10054559: PB HLTH ADMR 1/EXERCISE MANAGER:: (TBD) This position will serve as the agency's exercise coordinator. The position will	$37,198	100%	11.28	$34,962

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.				
PCN 10054563: ADMV ASST 4/PLANNING BRANCH ADMIN. ASSISTANT:: (TBD) The PHPER Administrative Assistant will provide clerical and administrative support to the Public Health Preparedness manager and the SNS staff.	$26,294	100%	10	$21,912
PCN 10054564: PROG DIR E7/DIST & LOCAL PREPAREDNESS DIRECTOR:: (DEB HOPSEKER) 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.	$57,950	100%	11.28	$54,467
PCN 10054565: SR. APP. SYSTEMS ANALYST/PROGRAMMER/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.	$56,134	100%	11.28	$52,760
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,	$57,077	100%	11.28	$53,646

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.				
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.	$35,501	100%	11.28	$33,367
PCN 10054570: PURCHASING ADMIN 4/CHEMISTRY LAB PURCHASING AGENT:: (JOHN MCLAND) This position provides expertise for ordering, tracking and receiving laboratory equipment and supplies needed by the ISDH Laboratory for Pandemic Influenza and Public Health "All Hazards" Preparedness. These activities are in support of critical tasks 3A::CT1, 3A::CT1e, 3A::CT1h, 3A::CT1i, 3A::CT1, 3A::CT2, 3A::CT3, 3A::CT5, 3B::CT1, 3B::CT2, and 3B::CT6.	$51,005	100%	11.28	$47,939
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.	$60,871	100%	11.28	$57,212
PCN 10055823: SR. APP. SYSTEMS ANALYST/PROGRAMMER/FIRMS DEVELOPER:: (IRENE JAMESON) 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.	$60,443	100%	11.28	$56,810
PCN 10058232: PROGRAM DIR E7/SAFETY COORDINATOR:: (TBD) Incumbent administers the Indiana State Department of Health Laboratory Health and Safety Program and develops, compiles, reviews, and distributes to applicable laboratory staff all policies and procedures related to all hazardous	$40,946	100%	9	$30,710

materials (e.g. Laboratory Safety Manual, Blood borne Pathogen Training, Select Agent Registry etc.). Also performs as Lab safety liaison to agency and other State, Local and Federal agencies (e.g. Indiana Department of Environmental Management--IDEM, Centers for Disease Control and Prevention--CDC, Indiana Occupational Safety and Health Administration--IOSHA, Association of Public Health Laboratories--APHL, Nuclear Regulatory Commission--NRC, Laboratory Response Network--LRN, Clinical Laboratory Improvements Amendments--CLIA etc.). Arranges for all applicable staff to receive vaccinations for required tasks and serves as laboratory liaison for Emergency Preparedness prophylaxis distribution and maintains the Laboratory Safety Manual and BSL-3 Laboratory Safety Manual. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1e, 3A::CT1g, 3A::CT1h, 3A::CT1, 3A::CT3, 3B::CT1, 3B::CT2, and 3B::CT6.				
PCN 10058263: ST PROG DIR E6/BT LAB COORDINATOR:: (P. DAVID DOTSON) Director of the Emergency Preparedness and Response Division. Provides Technical and Administrative direction for All Hazards Laboratory Preparedness and supervises BT, CT and Virology Laboratories. Also acts as the ISDH Laboratories' Bioterrorism Coordinator. These activities support critical tasks 3A::CT1, 3A::CT1a, 3A::CT1b, 3A::CT1c, 3A::CT1d, 3A::CT1e, 3A::CT1g, 3A::CT1h, 3A::CT1i, 3A::CT1, 3A::CT2, 3A::CT3, 3A::CT4, 3A::CT5, 3B::CT1, 3B::CT2, 3B::CT6 and 3B::CT7.	$69,149	100%	11.28	$64,993
PCN 10058281: ADMIN ASST 5/MICROBIOLOGY LAB ADMIN. ASSISTANT:: (SUSAN ARNOLD) Incumbent functions as a professional assistant in the Laboratory Quality Assurance (QA) and Quality Improvement (QI) Management Programs for the Indiana State Health Department Laboratories. Assists Quality Assurance Division staff in maintaining proficiency in clinical laboratory testing of Bioterrorism and Chemical Terrorism samples, clarifying and reviewing all laboratory procedures, providing references and resolving quality and regulatory issues; coordinates and performs clerical functions as they pertain to the QA/QI; Researches and prepares various reports for Bioterrorism, Chemical Terrorism, Safety Coordinator, Training Coordinator and the Director of Quality Assurance; provides assistance to training platforms consisting of Emergency Response Preparedness drills and exercises for internal laboratory components, other areas of the agency and other State and Federal agencies; develops and maintains an information management system that tracks and complies data for Lab preparedness (e.g. Sentinel laboratory training records, Incident management, Select agent registration compliance). These activities support critical tasks 3A::CT1, 3A::CT1a, 3A::CT1c, 3A::CT1d, 3A::CT1e, 3A::CT1g, 3A::CT1h, 3A::CT1i, 3A::CT1, 3A::CT2, 3A::CT3, 3A::CT5, 3B::CT1, 3B::CT2, 3B::CT6 and 3B::CT7.	$25,212	100%	11.28	$23,697

PCN 10058331: SR. APP. SYSTEMS ANALYST/PROGRAMMER/ LIMS SPECIALIST:: (SHARI WELLS) 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.	$53,962	100%	11.28	$50,718
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.	$42,728	100%	11.28	$40,160
PCN 10052811: SUPV. APP. SYSTEMS ANALYST/PROGRAMMER/ 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.	$82,982	100%	11.28	$77,994
PCN 10054562: ADMIN ASST 4/LOGISTICS BRANCH ADMIN. ASSISTANT:: (ANDREA ROBERTS) Provides administrative duties for the operational support for the Grants, Contracts and Procurement Manager and staff.	$26,294	100%	11	$24,103
PCN 10058231: PROG DIR E7/LAB TRAINING COORDINATOR:: (MINETTE WOLFE) Incumbent administers the Indiana State Department of Health Laboratory Training Program and serves as a specialist in all aspects of this area. Develops, compiles, reviews, and distributes to applicable laboratory staff and external customers, all policies and procedures related to several State and Federal Laboratory Training Programs for the purpose of continued Quality improvement. Internal and external customers such as Physicians, Hospitals, Level A and Level 3 laboratories and First Responders are provided with information on specimen preparation and shipment and/or testing for Select Agents. Also provides interactive training platforms consisting of Emergency Response Preparedness drills and exercises for internal laboratory components, other areas of the agency and other State and Federal agencies (e.g. Indiana Department of Environmental Management--IDEM, Centers for Disease Control	$36,457	100%	11.28	$34,266

and Prevention--CDC, Indiana Occupational Safety and Health Administration--IOSHA, Association of Public Health Laboratories--APHL, Laboratory Response Network--LRN. Select Agent Registry--SAR). Also develops, trains and implements the Laboratory Pandemic Influenza Emergency Response Plan and assists in formulation and training for the Continuity of Operations Plan. These activities support critical tasks 3A::CT1, 3A::CT1a, 3A::CT1c, 3A::CT1d, 3A::CT1e, 3A::CT1h, 3A::CT1i, 3A::CT1, 3A::CT2, 3A::CT3, 3B::CT1, 3B::CT2, 3B::CT6 and 3B::CT7.				
PCN 10054461: PROG DIR E7/TACTICAL COMMUNICATIONS MANAGER:: (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.	$63,030	100%	9	$47,272
PCN 10052816: MICROBIOLOGIST 2:: (DAVID A. COATES) 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.	$38,749	100%	11.28	$36,420
PCN 10054435: MICROBIOLOGIST 2:: (KATHERINE A. MASTERSON) Microbiologist for PCR, TRF and culture of Category A and B Agents. Performs analyses to identify BT Category A and B agents, and influenza and other pathogenic organisms for outbreaks, surveillance activities, natural disasters, or terrorist events. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1h and 3B::CT2.	$38,863	100%	11.28	$36,527
PCN 10058264: CHEMIST SUPV 3/PFGE MOLECULAR DIAGNOSTICS:: (LI XIA LIU) The incumbent is the technical and administrative supervisor for development of all molecular diagnostic methods at the Indiana State Department of Health Laboratories. This technical guidance is critical in the development and validation of the many types of Nuclear Amplification methods for the detection and identification of diseases due to pathogenic bacteria and viruses, including those caused by Category A and B agents. These methods provide the rapid detection of respiratory (influenza), food borne and other outbreak diseases. This supervisor provides critical leadership for the development and the expansion of methods for typing organisms for the PulseNet program. These activities support of critical tasks 2A::CT1, 2A::CT2a, 3A::CT1, 3A::CT1e, 3A::CT1h, and 3B::CT2.	$73,492	100%	11.28	$69,074

PCN 10058280: MICROBIOLOGIST 3/PFGE:: (AMY L. SUNTUM) Microbiologist 2 positions are need to perform real-time sub-typing of Pulse Net tracked food borne disease agents 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 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.	$28,723	100%	11.28	$26,996
PCN 10052803: EPIDEM E7/QUALITY ASSURANCE EPIDEMIOLOGIST:: (RYAN E. GENTRY) The QA epidemiologist is responsible for assessing and evaluating the timeliness, completeness, and accuracy of our surveillance systems and outbreak investigations.	$47,649	100%	11.28	$44,785
PCN 10054462: APP. SYSTEMS ANALYST/PROGRAMMER SPEC. - IHAN & SALAMANDERS:: (ERIN IGNAS) This position was originally classified as a Database Analyst-Intermediate within the State system. However we are in the process of re-classifying it as part of re-structuring the PHPER Information Technology team. Employee works in Public Health Preparedness and Emergency Response (PHPER) as a top level technical expert in supporting the specialized area of Epidemiology applications. The employee is responsible for systems analysis and programming in a Web-based environment and reports to the Project Manager that is responsible for Epidemiology application management.	$66,000	100%	11.28	$62,033
PCN 10060517: INT. PROJECT MANAGER/PORTAL APPLICATIONS MANAGER:: (MICHAEL GORDON) Manages, plans, organizes, and controls all operations and activities of a medium to large size information technology project. Employee receives supervision and guidance from a senior level Project Manager(s). Projects support the Public Health Preparedness and Emergency Response (PHPER) area and focus on the Health Net Portal. The Health Net Portal is the repository for bioterrorism preparedness applications and this position oversees the operation of the portal and supports applications being developed for the portal. This position also supports the Public Health Information Network (PHIN) directory and PHPER alerting systems. While not directly a part of the portal, managing the Strategic National Stockpile applications is part of this position's responsibilities.	$66,871	100%	11.28	$62,851
PCN 10060518: INT. PROJECT MANAGER/PHPER IT SUPPORT MANAGER:: (DANIEL HOVIOUS) Manages, plans, organizes, and controls all operations and activities of a medium to large size information technology project. Employee receives	$67,267	100%	11.28	$63,224

supervision and guidance from a senior level Project Manager. Projects support the Public Health Preparedness and Emergency Response (PHPER) area and focus on the Epidemiologists. The primary applications support surveillance and outbreak systems. This position also manages communications between external organizations using PHIN MS (Public Health Information Network Messaging System) messaging protocols.				
PCN 10060989: PROGRAM DIRECTOR 1/LOGISTICS EQUIPMENT & SUPPLY MANAGER:: (TBD) Over the last six years the ISDH Public Health Preparedness & Emergency Response program has acquired a significant amount of large scale equipment, small limited use equipment, supplies, software, and other materials. Monitoring, recording, tracking, and inventorying the physical location of these materials has become a task that requires additional oversight and management to ensure that databases and the required personnel are notified within a timely manner that repairs are necessary, equipment is moved, or supplies need to be re-ordered for use. Therefore, we are requesting funds to add a position to our staff whose sole responsibility is the logistical management of these materials. It is anticipated that this position may or may not be filled before year end, by the time approval, creation, and hiring can be completed. However we are requesting one month salary and fringe to ensure the availability of funds if this process moves faster than anticipated.	$37,198	100%	9	$27,898
PCN 10053988: SR. APP. SYSTEMS ANALYST/PROGRAMMER/LIMS SPECIALIST:: (RICH BRANT) 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.	$53,962	100%	11.28	$50,718
PCN 10054142: ADMV ASST 3/FINANCIAL MANAGEMENT AA & PROCUREMENT COORDINATOR::: (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.	$29,621	100%	10	$24,684
PCN 10058262: MICROBIOLOGIST 2:: (CARA VOORHORST) Microbiologist for PCR, TRF and culture of Category A and B Agents. Performs	$37,990	100%	11.28	$35,706

analyses to identify BT Category A and B agents, and influenza and other pathogenic organisms for outbreaks, surveillance activities, natural disasters, or terrorist events. These activities support critical tasks 3A::CT1, 3A::CT1d, 3A::CT1h and 3B::CT2.

Financial : Fringe			Total: $1,211,349
Position Title & Name	**Fringe Rate**	**Fringe Amount**	**Total**
PCN 10027953: ADMV AST 3/EXECUTIVE ADMINISTRATIVE ASSISTANT:: (CHERYL MILLION)	53 %	$0	$18,922
PCN 10028088: BBEX E6/SNS COORDINATOR:: (MITCH KLOPFENSTEIN)	47 %	$0	$19,675
PCN 10052775: PROG DIR 2/RISK COMMUNICATIONS DIRECTOR:: (TBD)	34 %	$0	$11,075
PCN 10052776:INFO SPEC 3/DISTRICTS 1 & 4 PUBLIC INFORMATION OFFICER:: (KEVIN THOMKINS)	33 %	$0	$10,168
PCN 10052786: PROG DIR E7/GRANTS MANAGER:: (CYNTHIA GRANDIA:)	29 %	$0	$10,809
PCN 10052787: PROG DIR 2 (PB HLTH ADMR 2)/PHPER PLANNER:: (TBD)	56 %	$0	$12,422
PCN 10052788: PB HLTH ADMR 2/DISTRICT 3 PH ADMINISTRATOR:: (M. JOE HILT)	54 %	$0	$18,064
PCN 10052789: PB HLTH ADMR 2/DISTRICT 2 PH ADMINISTRATOR:: (PENNY TORMA)	20 %	$0	$6,376
PCN 10052790: PB HLTH ADMR 2/DISTRICT 4 PH ADMINISTRATOR:: (CATHERINE WENT)	34 %	$0	$11,520
PCN 10052791: PB HLTH ADMR 2/DISTRICT 9 PH ADMINISTRATOR:: (REBECCA LAIR)	30 %	$0	$13,359
PCN 10052792: PB HLTH ADMR 2/DISTRICT 1 PH ADMINISTRATOR:: (D. HAMLIN-AGGREY)	57 %	$0	$17,682
PCN 10052793: PB HLTH ADMR 2/DISTRICT 10 PH ADMINISTRATOR:: (ERIC SADLER)	56 %	$0	$17,597
PCN 10052794: PB HLTH ADMR 2/DISTRICT 8 PH ADMINISTRATOR:: (JUDITH GILLILAND)	31 %	$0	$12,086
PCN 10052795: ADMIN ASST 4 (PB HLTH ADMR 2)/PHP INFORMATION TECHNOLOGY ADMINISTRATIVE ASST.::: (TBD)	25 %	$0	$4,935
PCN 10052796: PB HLTH ADMR 2/DISTRICT 7 PH ADMINISTRATOR:: (STEPHEN CRADDICK)	34 %	$0	$11,500
PCN 10052797: UNCLASS E5/DIRECTOR SURVEILLANCE & INVESTIGATION:: (PAMELA PONTONES)	20 %	$0	$10,919

PCN 10052798: EPIDEM E6/BIOSTATISTICIAN:: (TRACY POWELL)	46 %	$0	$19,994
PCN 10052799: EPIDEM E7/RESPIRATORY DISEASE EPIDEMIOLOGIST:: (SHAWN RICHARDS)	48 %	$0	$19,891
PCN 10052800: EPIDEM E7/SYNDROMIC SURVEILLANCE EPIDEMIOLOGIST:: (MICHAEL WADE)	21 %	$0	$8,241
PCN 10052801: EPIDEM E7/DISTRICT 3 FIELD EPIDEMIOLOGIST:: (BRAD BEARD)	48 %	$0	$19,836
PCN 10052802: EPIDEM E7/DISTRICT 5 FIELD EPIDEMIOLOGIST:: (SANDRA GORSUCH)	30 %	$0	$14,090
PCN 10052804: EPIDEM E7/DISTRICT 7 & 8 FIELD EPIDEMIOLGIST:: (ROBERT ALLEN)	30 %	$0	$12,659
PCN 10052805: EPIDEM E7/DISTRICT 2 EPIDEMIOLOGIST:: (M. LINDA WENGER)	21 %	$0	$8,393
PCN 10052806: EPIDEM E7/DISTRICT 4 EPIDEMIOLOGIST:: (JENNIFER WYATT)	30 %	$0	$11,896
PCN 10052807: EPIDEM E7/DISTRICT 6 FIELD EPIDEMOLOGIST:: (STEPHANIE ENGLISH)	46 %	$0	$19,022
PCN 10052808: EPIDEM E7/DISTRICT 9 FIELD EPIDEMIOLOGIST:: (STEPHEN ALLEN)	22 %	$0	$9,029
PCN 10052809: EPIDEM E7/DISTRICT 1 FIELD EPIDEMIOLOGIST:: (DONNA ALLEN)	22 %	$0	$9,657
PCN 10052810: EPIDEM E7/DISTRICT 10 FIELD EPIDEMIOLOGIST:: (KAREN GORDON)	31 %	$0	$12,700
PCN 10052812: ADMV ASST 5/ADMINISTRATIVE ASSISTANT:: (PATRICIA MANUAL)	62 %	$0	$17,105
PCN 10052813: DATA PROC OP 4/DATA ENTRY SPECIALIST:: (NINA SMITH)	56 %	$0	$18,155
PCN 10052814: PROGRAM DIR E7/ASSISTANT BT LAB COORDINATOR:: (TBD)	45 %	$0	$16,137
PCN 10052815: MICROBIOLOGIST 2:: (ELIZABETH CARTER)	30 %	$0	$10,694
PCN 10052817: MICROBIOLOGIST 2:: (TBD)	52 %	$0	$14,679
PCN 10052819: PUB HLTH ADM 1/FOOD AND ENVIRONMENTAL SCIENTIST:: (TRAVIS GOODMAN)	48 %	$0	$19,288
PCN 10052820: PUB HLTH ADM 1/FOOD AND ENVIRONMENTAL SCIENTIST:: (GEORGE JONES)	20 %	$0	$9,719
PCN 10054419: BBEX 3/PUBLIC HEALTH PREPAREDNESS DIRECTOR:: (GARY COUCH)	35 %	$0	$25,140
PCN 10054420: BBEX 5/DEPUTY DIRECTOR, PLANNING:: (ROBERT CLIFFORD)	21 %	$0	$10,337
PCN 10054425: BBEX 5/DEPUTY DIRECTOR, FINANCIAL MANAGEMENT:: (CAROLYN DAWSON)	28 %	$0	$13,501
PCN 10054429: GRANT COOR 1/LHD GRANTS COORDINATOR:: (MARY ANN HURRLE)	29 %	$0	$13,407

PCN 10054430: C NURSE CNSLT 2/CHIEF NURSE CONSULTANT:: (JANET ARCHER)	29 %	$0	$13,060
PCN 10054431: PROG DIR E6/QUALITY ASSURANCE COORDINATOR:: (MICAH WILLIAMS)	30 %	$0	$23,367
PCN 10054432: CHEMIST 2:: (MARY HAGERMAN)	32 %	$0	$11,665
PCN 10054433: CHEMIST SUPV 3:: (ROBIN BRUNER)	38 %	$0	$23,796
PCN 10054434: CHEMIST 2:: (TUYET DAO)	52 %	$0	$18,868
PCN 10054436: MICROBIOLOGIST 2:: (AMANDA STANTON)	30 %	$0	$10,751
PCN 10054460: SR. APP. SYSTEMS ANALYST/PROGRAMMER/SAS SYSTEMS ANALYST:: (GARY ORDWAY)	29 %	$0	$15,125
PCN 10054463: PROJECT MANAGER - SENIOR/PHIN & IHAN DIRECTOR:: (CHUCK BERNING)	37 %	$0	$26,716
PCN 10054554: PROGRAM COOR 3/ASST. EXERCISE COORDINATOR:: (TBD)	60 %	$0	$13,438
PCN 10054555: INFO SPEC 3/DISTRICTS 7 & 10 PUBLIC INFORMATION OFFICER:: (KIMBERLY WILKERSON)	58 %	$0	$17,434
PCN 10054556: INFO SPEC 3/DISTRICTS 5 & 6 PUBLIC INFORMATION OFFICER:: (KEYLEE WRIGHT)	34 %	$0	$6,475
PCN 10054557: INFO SPEC 3/DISTRICTS 2 & 3 PUBLIC INFORMATION OFFICER:: (KRISTEN GARCIA)	57 %	$0	$17,304
PCN 10054558: PROG DIR E7/LEARNING MANAGEMENT SYSTEM COORDINATOR:: (CAROL BRILEY)	46 %	$0	$19,841
PCN 10054559: PB HLTH ADMR 1/EXERCISE MANAGER:: (TBD)	52 %	$0	$18,250
PCN 10054563: ADMV ASST 4/PLANNING BRANCH ADMIN. ASSISTANT:: (TBD)	66 %	$0	$14,381
PCN 10054564: PROG DIR E7/DIST & LOCAL PREPAREDNESS DIRECTOR:: (DEB HOPSEKER)	28 %	$0	$15,169
PCN 10054565: SR. APP. SYSTEMS ANALYST/PROGRAMMER/GIS ANALYST DEVELOPER:: (HENRY FU)	20 %	$0	$10,811
PCN 10054566: PROG DIR E7/RADIOLOGICAL HEALTH DIRECTOR:: (REX BOWSER)	28 %	$0	$15,032
PCN 10054569: PROG COORD 4/NOSOLOGIST:: (NOLA CHILDS)	55 %	$0	$18,505
PCN 10054570: PURCHASING ADMIN 4/CHEMISTRY LAB PURCHASING AGENT:: (JOHN MCLAND)	45 %	$0	$21,688

PCN 10055806: EPIDEM E7/CHEMICAL EPIDEMIOLOGIST:: (GARRY MILLS)	40 %	$0	$22,913
PCN 10055823: SR. APP. SYSTEMS ANALYST/PROGRAMMER/FIRMS DEVELOPER:: (IRENE JAMESON)	40 %	$0	$22,792
PCN 10058232: PROGRAM DIR E7/SAFETY COORDINATOR:: (TBD)	49 %	$0	$15,119
PCN 10058263: ST PROG DIR E6/BT LAB COORDINATOR:: (P. DAVID DOTSON)	27 %	$0	$17,503
PCN 10058281: ADMIN ASST 5/MICROBIOLOGY LAB ADMIN. ASSISTANT:: (SUSAN ARNOLD)	37 %	$0	$8,780
PCN 10058331: SR. APP. SYSTEMS ANALYST/PROGRAMMER/ LIMS SPECIALIST:: (SHARI WELLS)	26 %	$0	$13,308
PCN 10054053: ATTORNEY E7/PHPER ATTORNEY:: (JENNIFER (BRUNER) GERNAND)	48 %	$0	$19,333
PCN 10052811: SUPV. APP. SYSTEMS ANALYST/PROGRAMMER/ GIS SOFTWARE SPECIALIST:: (EDWARD LUTZ)	25 %	$0	$19,623
PCN 10054562: ADMIN ASST 4/LOGISTICS BRANCH ADMIN. ASSISTANT:: (ANDREA ROBERTS)	20 %	$0	$4,719
PCN 10058231: PROG DIR E7/LAB TRAINING COORDINATOR:: (MINETTE WOLFE)	20 %	$0	$6,822
PCN 10054461: PROG DIR E7/TACTICAL COMMUNICATIONS MANAGER:: (TBD)	39 %	$0	$18,398
PCN 10052816: MICROBIOLOGIST 2:: (DAVID A. COATES)	21 %	$0	$7,692
PCN 10054435: MICROBIOLOGIST 2:: (KATHERINE A. MASTERSON)	20 %	$0	$7,148
PCN 10058264: CHEMIST SUPV 3/PFGE MOLECULAR DIAGNOSTICS:: (LI XIA LIU)	36 %	$0	$25,136
PCN 10058280: MICROBIOLOGIST 3/PFGE:: (AMY L. SUNTUM)	35 %	$0	$9,424
PCN 10052803: EPIDEM E7/QUALITY ASSURANCE EPIDEMIOLOGIST:: (RYAN E. GENTRY)	30 %	$0	$13,283
PCN 10054462: APP. SYSTEMS ANALYST/PROGRAMMER SPEC. - IHAN & SALAMANDERS:: (ERIN IGNAS)	19 %	$0	$11,693
PCN 10060517: INT. PROJECT MANAGER/PORTAL APPLICATIONS MANAGER:: (MICHAEL GORDON)	24 %	$0	$15,065
PCN 10060518: INT. PROJECT MANAGER/PHPER IT SUPPORT MANAGER:: (DANIEL HOVIOUS)	38 %	$0	$23,785
PCN 10060989: PROGRAM DIRECTOR 1/LOGISTICS EQUIPMENT & SUPPLY MANAGER:: (TBD)	52 %	$0	$14,563

PCN 10053988: SR. APP. SYSTEMS ANALYST/PROGRAMMER/LIMS SPECIALIST:: (RICH BRANT)	40 %	$0	$20,526
PCN 10054142: ADMV ASST 3/FINANCIAL MANAGEMENT AA & PROCUREMENT COORDINATOR::: (TBD)	60 %	$0	$14,931
PCN 10058262: MICROBIOLOGIST 2:: (CARA VOORHORST)	18 %	$0	$6,438

Financial : Consultant **Total: $714,016**

Name of Consultant or Name:	The expected rate of Compensation	Amount:
TEK SYSTEMS_INEDSS DEVELOPMENT PROJECT MANAGER_LES BRUMBAUGH Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Les Brumbaugh; ORGANIZATIONAL AFFILIATION: TEK Systems; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Les is the project manager for the INEDSS project. He is responsible for developing the project plan and insuring the necessary resources are working on the project. He monitors the project schedule and insures the project is on schedule. He follows up on any INEDSS and coordinates the deliverables with the Project Monitor. Les provides all status updates and leads the INEDSS Steering committee; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $74 per hour or $592 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$592	$71,632
MID_INEDSS DEVELOPER_NICK COZAT Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Nick Cozat; ORGANIZATIONAL AFFILIATION: MID Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: As part of our PHIN Certification efforts for Early Event Detection (EED), we are developing an INEDSS (Indiana National Event Detection Surveillance System) application. Nick is responsible for developing the confidential disease reports and case investigations that are a critical part of the system. The applications are Web based and work is done in an Oracle, VB.NET environment; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are	$520	$62,920

approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; 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 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.		
MID_IT & COMMUNICATIONS SYSTEMS DOCUMENTATION & TRAINING_ELLIE HASHMAN/MARCIA ROSS Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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 (08/31/07-11/30/07) & Marcia Ross (11/01/07-02/29/08); ORGANIZATIONAL AFFILIATION: MID Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: As part of our continued development activities, we need a person that can provide IT documentation and training skills. We will need support in the following areas:(1) To support our Early Event Detection area we are installing the INEDSS system. This will be used by both our central staff and local staff. We will need to develop documentation and provide training. We will also need to establish and train a help desk. (2) We have purchased the Salamander credentialing system. We will be deploying these in the field and will need documentation and training. (3) We have opened up our IHAN alerting system to LHDs and hospitals. This is to support the ESAR-VHP volunteer program. We ill need to provide training to LHDs and hospitals. (4) We are purchasing Webinar software. Our goal is to develop the capability to have our own Webcasts. We need to provide this capability at both the ISDH and the disaster recovery site. We will develop training materials that can be used in Webinars. We need to provide documentation and training on both using the Webinar software and developing training material; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 11/30/07. Ellie Hashman will only be working Part time during the month of November cross-training her replacement who will also work part-time, until Ellie retires on 11/30/07. Upon her retirement, Marcia Ross will begin full-time services through 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $60 per hour or $480 per day. In addition, this consultant may be required to travel on a limited basis to conduct field training. Therefore, an additional $1,000 has been added to this line item to cover reimbursable travel expenses; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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	$58,780
MID_INEDSS DEVELOPER_SHELLY LASH Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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	$520	$62,920

OF CONSULTANT: Shelly Lash; ORGANIZATIONAL AFFILIATION: MID Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This renewal is a continuation of the process that Shelly Lash is continuing the development of the Design NEDSS base system user interface and database schema to enable ISDH epidemiologists and staff to track Indiana disease outbreaks and communicable diseases information to the CDC using the standardized PHINMS Protocol. Design application tools to enable Local Health Departments, ISDH epidemiologist and staff to more efficiently process, track and control infectious diseases; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; 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 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.		
TEK SYSTEMS_INEDSS PRIMARY DEVELOPER_JOHN NICHOLS Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: John Nichols; ORGANIZATIONAL AFFILIATION: TEK Systems; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: John is the lead architect on the INEDSS project. He is responsible for the technical design of the application. He insures the technical design matches the business requirements. John works directly with the INEDSS developers on the application. He oversees all design issues and works with the INEDSS users on application issues. He is responsible for the database design; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $74 per hour or $592 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$592	$71,632
MID_ESAR-VHP SYSTEMS DEVELOPER_JEFF SCHNIERLE Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Jeff Schnierle; ORGANIZATIONAL AFFILIATION: MID Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This person will be responsible for software development activities related to the Public Health Net Portal. Jeff is responsible for processing volunteer data extracted from the Professional License Agency databases and loading the data into the PHIN databases that are part of the Portal. This provides the core data needed for the ESAR-VHP system for	$520	$62,920

volunteers. Jeff also is responsible for the Web applications that maintain the volunteer information on the ESAR-VHP volunteers; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; 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 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.		
MID_INEDSS DEVELOPER_DAVE TREPANIER Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: MID Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Dave is an essential component in the development of the design of the INEDSS base system user interface and database schematics to enable ISDH epidemiologists and staff to track Indiana disease outbreaks and communicate the information to the CDC. Dave manages the sources for gathering the lab data that is used as input to the INEDSSS system. As we expand the INEDSS data sources beyond central Indiana labs, Dave's role will focus on integrating the new data sources into the database and INEDSS application. Dave will also start getting involved in the rollout of lab reports to other Local Health Departments; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $80 per hour or $640 per day. In addition, $540 has been added to this agreement to reimburse registration fees for this consultant to attend the Sixth Annual International Society for Disease Surveillance conference and Pre-Conference Workshop, being held at the Westin Indianapolis Hotel on October 11-12, 2007. Mr. Trepanier's attendance at this conference was essential as a direct result of his development of the ISDH PHESS system for Syndromic Surveillance for which two abstracts that he co-authored with our Syndromic Surveillance Epidemiologist had been selected for presentation at this conference; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$640	$77,980
TBD_PHPER WEB APPLICATIONS MANAGER_TBD Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: To Be Determined; ORGANIZATIONAL AFFILIATION: To Be Determined; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: NUMBER OF DAYS OF	$520	$21,840

CONSULTATION: This is a new consultant that will be hired to replace a State Permanent position which has been eliminated as we have had difficulty filling the Vacancy at a competitive salary level based on State salary levels for IT Professionals. It is not anticipated that this consultant will not start until January 2, 2008. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007. Based on an 8 hour work day, there are approximately 336 Hours or 42 working days through 02/29/08; EXPECTED RATE OF COMPENSATION: We are estimating that the hourly rate for this consultant will be $65 per hour based on the average QPA hourly rate for a Mid-Level Internet/Intranet Application Developer, or $520 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.		
TEK SYSTEMS_LIMS PROJECT MANAGER_JOHN VITKA Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: John Vitka; ORGANIZATIONAL AFFILIATION: TEK Systems; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: The ISDH Labs are finalizing implementation and integration of the new Laboratory Information Management System (LIMS), requiring continuation of the existing Project Manager. Mr. Vitka will guide and direct the overall implementation of Phases 1 and 2 for the LIMS project. This includes 1) work with staff to insure that site reviews and site acceptance tests are completed as new components are implemented; 2) work with temporary contractual staff and LIMS support personnel to ensure that appropriate steps are taken and documented; 3) continue to work with the vendor's project manager to ensure that the Project Plan is accurately updated and followed; and 4) work with the LIMS Steering Committee which includes other miscellaneous tasks as assigned; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $85 per hour or $680 per day. In addition, this consultant may be required to travel to an out of state conference on LIMS systems. Therefore, an additional $2,000 has been added to this line item to cover reimbursable out-of-state travel expenses; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology section of the ISDH Laboratories. 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	$84,280
ANALYSTS INTERNATIONAL_LIMS SPECIFICATIONS MANAGER_WAYNE MINNIS Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Wayne Minnis; ORGANIZATIONAL AFFILIATION: Analysts International; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This position is needed for the	$400	$48,400

implementation and integration of the new Laboratory Information Management System (LIMS) with the Indiana State Department of Health. Manager will 1) document user specifications for each test currently performed by the Lab; 2) translate user specifications to facilitate the creation of accurate technical specifications prior to the implementation of the system; 3) refine inputs to FAT; and 4) generate Site Acceptance Tests. Based on this individual's work, lab personnel will be able to document if the lab tests/functions – once implemented under LIMS - are successfully working as they should be; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007 if necessary to complete required systems development; EXPECTED RATE OF COMPENSATION: $50 per hour or $400 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology section of the ISDH Laboratories. 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.		
TECHNICAL YOUTH LLC_LIMS TEST ENGINEER_DOMINICA WEBSTER Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Dominica Webster; ORGANIZATIONAL AFFILIATION: Technical Youth LLC.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This consultant is needed for the implementation and integration of the new Laboratory Information Management System (LIMS) with the Indiana State Department of Health. The LIMS Test Manager will perform integration tests and acceptance tests (SAT) on the installed LIMS application and document results of LIMS tests. Individual will interact with the LIMS Project Manager as well as other lab employees as required; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 02/29/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 02/29/08. Due to Budget shortages this consultant's position is only being funded currently until 02/29/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007 if necessary to complete required systems development; EXPECTED RATE OF COMPENSATION: $59 per hour or $472 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology section of the ISDH Laboratories. 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.	$472	$57,112
BUCHER & CHRISTIAN CONSULTING_LIMS WEB DEVELOPER_CARL ROTHENBACHER Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Carl Rothenbacher; ORGANIZATIONAL AFFILIATION: Bucher & Christian Consulting; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Carl will support the implementation of the STARLIMS system. Specific responsibilities will fall in two areas. First, Carl is responsible for any Web development required in the STARLIMS implementation. Second, Carl will work	$560	$33,600

on changes necessary to achieve PHIN Certification. CDC Phase 2 Pandemic Influenza Funds are being used to support this position; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 11/30/07. Based on an 8 hour work day, there are approximately 480 Hours or 60 working days through 11/30/07. This consultant has actually been identified to be the Pandemic Influenza LIMS Interface developer beginning 12/01/07 and consulting costs for the period following that date through 08/09/08 are being allocated under our Pandemic Influenza funding stream; EXPECTED RATE OF COMPENSATION: $70 per hour or $560 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology section of the ISDH Laboratories. 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.

Financial : Equipment — **Total: $432**

Item Requested	How Many	Unit Costs	Amount
Influenza Call Center Equipment - Phone instruments & Splitters	5.0	$86	$432

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.

Financial : Supplies — **Total: $83,234**

Description	Amount
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).	$12,480
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	$6,225

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.	
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).	$12,480
CONSUMABLE REAGENTS, SUPPLIES, TEST KITS, PPE AND PROFICIENCY SAMPLES FOR ALL-HAZARDS LABORATORIES 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.	$45,203
JUVENILE & ADULT EPI PEN INJECTIBLES FOR MASS PROPHYLAXIS "GO-KITS" 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.	$950
SALAMANDER SYSTEM CONSUMABLE SUPPLIES Needed for deployed Salamander systems	$4,750
DELL 1720DN DESKTOP PRINTERS FOR LAB PERSONNEL (MICAH WILLIAMS & ROBIN BRUNER)	$1,146

These 2 printers are needed for lab personnel to print confidential materials at their workstations.

Financial : Travel	Total: $252,958
Description	**Amount**
IN-STATE TRAVEL	
(In State, Indiana - Planning, Logistics, Financial, & Legal Personnel (ISDH staff)) Trips: 4, People: 7, Days: 2, Per Diem: $26, Nights: 1, Miles: 200 * $0.400 = $80.00, Airfare: $0.00, Lodging: $83.00, Other: $0.00 This allocation will support central ISDH personnel travel reimbursements to conduct on-going efforts in mass prophylaxis planning, training, meetings, LHD site visits, exercises, and SNS distribution. The cost for this allocation is based on the idea that approximately 7 of the 13 internal office staff will be required to travel within the state at least once quarterly.	$6,020
(In State, Indiana - Epidemiology/GIS Personnel) Trips: 4, People: 5, Days: 2, Per Diem: $26, Nights: 1, Miles: 200 * $0.400 = $80.00, Airfare: $0.00, Lodging: $83.00, Other: $0.00 This allocation will be 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 is based on the idea that approximately 5 of the internal office staff will be required to travel within the state at least once quarterly to participate in exercises or support investigations.	$4,300
(In State, Indiana - Env. Epidemiology/Radiological Health Personnel) Trips: 13, People: 1, Days: 3, Per Diem: $26, Nights: 2, Miles: 340 * $0.400 = $136.00, Airfare: $0.00, Lodging: $83.00, 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 cost of each in-state trip reimbursed last fiscal year multiplied by 13 pay periods as this position typically travels 50% of the time.	$4,940
(In State, Indiana - Food Security Personnel) Trips: 26, People: 2, Days: 2, Per Diem: $26, Nights: 1, Miles: 200 * $0.400 = $80.00, Airfare: $0.00, Lodging: $83.00, 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.	$11,180
(In State, Indiana - Information Technology Staff) Trips: 4, People: 3, Days: 2, Per Diem: $26, Nights: 1, Miles: 200 * $0.400 = $80.00, Airfare: $0.00, Lodging: $83.00, Other: $0.00 This allocation will allow the PHP Information Technology personnel to visit LHDs throughout the state as necessary to provide technical assistance for assessment, evaluation, training, technical assistance, web-casting, and/or participation in exercises that are anticipated to occur throughout this fiscal year. It is anticipated that one or more of these 3 staff will need to travel at least once quarterly.	$2,580
(In State, Indiana - Lab Staff) Trips: 26, People: 1, Days: 1, Per Diem: $13, Nights: 1, Miles: 125 * $0.400 = $50.00, Airfare: $0.00, Lodging: $0.00, Other: $0.00	$1,638

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.	
(In State, Indiana - ISDH Risk Communication Staff) Trips: 13, People: 1, Days: 2, Per Diem: $26, Nights: 1, Miles: 200 * $0.400 = $80.00, Airfare: $0.00, Lodging: $83.00, Other: $0.00 This allocation will allow the Risk Communications Director to travel throughout the state as necessary to provide assistance to Field PIOs, work on LHD CERC plan assessments, or to participate in exercises as necessary during the current fiscal year.	$2,795
(In State, Indiana - PHP Field Personnel) Trips: 26, People: 21, Days: 2, Per Diem: $26, Nights: 1, Miles: 340 * $0.400 = $136.00, Airfare: $0.00, Lodging: $83.00, Other: $0.00 This budget line supports bi-weekly estimated in-state reimbursable travel expenses for our field personnel within the PHP Planning, Epidemiology Surveillance, and Risk Communications staff. These personnel often travel from their home duty stations across the state to LHDs throughout the state or back and forth to the ISDH located in Indianapolis, IN. The cost of this allocation is based on the amount equivalent to the actual expenses incurred under last fiscal year by these personnel to complete site visits; attend local, district, or state preparedness meetings; participate in local, district, or state exercises; complete outbreak investigations; provide technical support to LHDs for planning purposes, and/or to conduct training.	$147,966
OUT-OF-STATE TRAVEL	
(Out of State, TBD - Rad Health Staff) Trips: 1, People: 1, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $417.00 This travel funding will be used by the Radiological/Environmental Health director to attend a National conference, meeting or other out-of-state National training. The locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year.	$1,105
(Out of State, TBD - Food Security Staff) Trips: 2, People: 2, Days: 4, Per Diem: $32, Nights: 3, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $426.00 This travel funding will be used Food Security staff to attend conferences, meetings, and training out-of state. The exact locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. The following are the annual conferences that one or both of these individuals have attended in the past: the International Symposium conducted in Kansas City, MO last year; FBI Agroterrorism Workshop hosted in Chicago, IL last year; Association of Food and Drug officials conference hosted in San Antonio, TX last year; and/or the 2008 Public Health Preparedness Summit to be hosted in Atlanta, Georgia in early 2008. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year.	$5,225

(Out of State, TBD - All-Hazards Laboratory & Lab Informatics Staff) Trips: 2, People: 7, Days: 4, Per Diem: $32, Nights: 3, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $426.00 This out-of-state travel allocation can be used by any of the various technical expertise laboratory state personnel (i.e. 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. The locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year.	$18,287
(Out of State, TBD - PHP Information Technology Staff) Trips: 2, People: 3, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $417.00 Funds are requested to allow personnel from our PHP Information Technology State personnel to attend conferences, meetings, and/or training that will be conducted outside of Indiana. The locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. It is anticipated that these one or more staff members will attend the CDC annual PHIN conference, a State & Local Health Informatics Consortium, and/or the 2008 Public Health Preparedness Summit to be hosted in Atlanta, Georgia in February 2008. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year.	$6,631
(Out of State, TBD - Risk Communications) Trips: 2, People: 1, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $417.00 Funds are requested to allow on or more of our Risk communications personnel to attend either a National preparedness conference or Risk Communications specific training. The locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. It is anticipated that one or more of these staff members could attend an annual NPHIC conference, a FEMA PIO training and/or the 2008 Public Health Preparedness Summit to be hosted in Atlanta, Georgia in early 2008. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year.	$2,210
(Out of State, TBD - Planning, Legal, Logistics, & Finance Personnel) Trips: 2, People: 7, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $417.00	$15,473

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 ASPR/CDC Technical conference. The locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year.	
(Out of State, TBD - Epidemiology & Surveillance Staff) Trips: 1, People: 15, Days: 5, Per Diem: $32, Nights: 4, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $435.00 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. The locations of these conferences are not typically available at the beginning of the year, as they are not usually announced for 30-60 days prior to the conference start date. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel. This line item also includes an estimated registration reimbursement fee of $350 which is calculated based on the average registration fee cost to attend conferences under last fiscal year. The following are examples of the conferences and associated locations of out-of-state conferences that these staff have attended in the past: Annual International Society for Disease Surveillance Conference, Baltimore Maryland; Pan Flu Past, Present, and Future Conference Washington D.C.; the One Medicine Symposium in Durham, NC; the annual Public Health Preparedness & Response Summit hosted in Washington D.C.; the "Epidemiology in Action" course in Atlanta, Georgia; the Environmental Health Training in Emergency Response at NEHA's 2007 Annual Educational Conference (AEC) & Exhibition Atlantic City, New Jersey; the "Epi Windows Informational" training in Atlanta, GA; the UCLA Public Health and Disaster Conference in Torrance, CA; the PharamaSUG 2007 Conference in Denver, CO.	$22,608

Financial : Other	**Total: $937,232**
Description	**Amount**
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	$50,484

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.	
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.	$48,312
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).	$37,926
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.	$1,020
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).	$8,049
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.	$7,917
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	$17,058

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.

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).	$8,640
FIRMS SHARED DATABASE HOSTING AND SAN STORAGE ($419.00 PER MONTH) 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.	$5,028
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
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.	$17,778
ELECTRICITY FOR MODULAR LAB FACILITY 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.	$29,952
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	$360

avoid further administrative charges.

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.	$45
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.	$1,800
TELEPHONE & DATA SERVICE FOR MODULAR LAB (15 LINES X $7.20 PER MONTH (08/31/07-01/31/08) 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.	$540
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.	$27,800
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.	$27,200
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.	$6,710
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
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.	$3,985

MAGNAPURE SYSTEM ANNUAL MAINTENANCE FEES: ($775 X 12 MONTHS) 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.	$7,750
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
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
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. This line item has been shorted as a new service fee for this will be implemented later in the year, but the amount of change is unknown.	$25,000
TRAINING & EDUCATION FUNDS 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 to participate in these educational opportunities. The cost for this project was determined based on an average cost of $100 per staff member multiplied by an estimated 100 employees who will request assistance.	$10,000
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; Label Security; Advanced Security; Diagnostics; Tuning; Change Mgmt.	$21,429
DVD COPIES MISC. ISDH SEMINARS OR TRAININGS (100 DVD DUBS @$3 = $300) 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.	$300
MIDI ANNUAL MAINTENANCE A warranty service extension agreement for equipment that was purchased using Public Health Preparedness cooperative	$5,250

agreement funds in previous budget cycles. The cost for this allocation is based on negotiated procurement of $437.50 monthly multiplied by 12 months.	
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 $3,400 annually.	$3,400
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.	$15,000
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
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.	$1,542
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).	$82,457
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.	$3,000
PHPER PROGRAM CELL PHONES ($19.14 X 12 MONTHS X 10 USERS) 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 10 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 $19.14 per	$4,594

month.	
BLACKBERRY DEVICES FOR LHDS (LOCAL PUBLIC HEALTH COORDINATORS/PREPAREDNESS CONTACT) ($41.37 X 10 MONTHS X 93) 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. 93 of these devices have been or will be issued to the LHDs and have a "Data Only" service plan which have a unit cost of $41.37 per month.	$38,474
BLACKBERRY DEVICES FOR ISDH PHPER PROGRAM STAFF 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).	$35,400
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
DATA SERVICE BROADBAND AIR CARDS FOR REMOTE ISDH NETWORK CONNECTION ($50.00 PER MONTH PER AIR CARD (40) 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. 40 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 $50 per unit.	$24,000
VERISIGN CERTIFICATES FOR VPN USERS ($5.51 PER MONTH PER USER (35)) 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 $5.51 per certificate multiplied by an estimated 35 users which yields an annual cost of $2,314.	$2,314
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
CULLIGAN DEIONIZATION SYSTEM RENTAL FEES FOR MODULAR LAB FACILITY ($230 PER MONTH X 6 MONTHS) The cost for this allocation is based on a monthly cost of $230 multiplied by 6 months,or the time that the Modular lab is anticipated to be operational.	$1,380
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	$1,950

until the gases are consumed and changed out. The cost for this allocation is based on a monthly cost of $162.50 multiplied by 12 months.	
BLACKBERRY ENTERPRISE SERVER ($12.58 PER MONTH (12) PER USER (45 IN-HOUSE 87 LPHCS) 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	$19,927
PAGERS FOR PROGRAM AREA STAFF ($4.35 PER MONTH X 12 MONTHS X 20 PEOPLE) 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 20 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 $4.35 per user.	$1,044
BLACKBERRY EXCHANGE EMAIL SERVER FEES FOR STATE PERSONNEL ($4.18 PER MONTH X 12 MONTHS X 50 STAFF) 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 an estimated 50 users during any one month.	$2,508
MONTHLY DIAL-UP NETWORK ACCESS FOR 10 ISDH STAFF & 25 FIELD STAFF ($7.81 PER MONTH X 12 MONTHS X 35) 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.	$3,280
BLACKBERRY EXCHANGE EMAIL SERVER FEES FOR LHDS ($4.18 PER MONTH X 12 MONTHS X 85 LPHCS) 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.	$4,264
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	$940

per use.	
ABI PRISM 7000 (SN# 270002002) 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.	$3,465
LIMS DEDICATED DATABASE HOSTING AT IOT ($280.60 PER MONTH) 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 $280.60.	$3,367
CULLIGAN DEIONIZATION SYSTEM PREVENTIVE MAINTENANCE (6 MONTHS) 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.	$1,374
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
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.	$9,000
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
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
MISC. LAB REPAIRS (SUCH AS REFRIGERATION, EXHAUST SYSTEM, ELECTRICAL, STATIC PRESSURE SYSTEM, ICE MACHINE, STEAM TRAPS, AUTOCLAVE ETC.) For example: Refrigeration, Exhaust System, Electrical, Static Pressure System, Ice Machine, Steam Traps, Autoclave, 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 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).	$10,000

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.	$3,000
LAN TO LAN VPN CONNECTION FOR REGENSTRIEF INSTITUTE The ISDH maintains a contract with the Regenstrief Institute for syndromic surveillance in which ISDH receives confidential medical information from Emergency departments throughout the state. In order to establish a secure connection between the ISDH network and the Regenstrief network, a LAN-to-LAN VPN was established. The cost for this VPN service is $251.30 per month, and we are requesting funds for the entire 12 month period of 08/31/06 - 08/30/07.	$3,016
NEDSS SERVER MONTHLY COST FOR NECESSARY/CRITICAL DATA ($462.31 PER MONTH) The Indiana Office of Technology (IOT) provides server hosting for the Indiana NEDSS servers purchased under previous fiscal years. This service fee is charged monthly by IOT for facilitating, maintaining, repairing, and monitoring performance of server equipment. The cost for this allocation is based on a quote of $462.31 per month from IOT for providing these ongoing services, multiplied by an estimated 6 months of service that will be required under the current fiscal year.	$5,548
PHESS SERVER MONTHLY COST FOR NECESSARY/CRITICAL DATA ($462.31 PER MONTH) The Indiana Office of Technology (IOT) provides server hosting for the Indiana PHESS servers purchased under previous fiscal years. This service fee is charged monthly by IOT for facilitating, maintaining, repairing, and monitoring performance of server equipment. The cost for this allocation is based on a quote of $462.31 per month from IOT for providing these ongoing services, multiplied by an estimated 6 months of service that will be required under the current fiscal year.	$5,548
CAPE CLEAR SERVER HOSTING (3 @ $462.31 PER SERVER PER MONTH X 3 MONTHS) The Indiana Office of Technology (IOT) will provide server hosting for the Cape Clear servers we are requesting funding for under this package. This service fee is charged monthly by IOT for facilitating, maintaining, repairing, and monitoring performance of server equipment. The cost for this allocation is based on a quote of $462.31 per month per server from IOT for providing these ongoing services, multiplied by an estimated 3 months of service that will be required under the current fiscal year, multiplied by the 3 servers we are requesting.	$5,548
ISDH/DR SITE WEBCAST SERVER HOSTING (2 X $462.31 PER MONTH EACH) The Indiana Office of Technology (IOT) will provide server hosting for ISDHs fixed, portable and DR Site Webcast capability servers being requested as part of this package. This service fee is charged monthly by IOT for facilitating, maintaining, repairing, and monitoring performance of server equipment. The cost for this allocation is based on a quote of $462.31 per month from IOT for providing these ongoing services, multiplied by an estimated 3 months of service that will be required under the current fiscal year, for the 2 servers.	$11,095
PAN FLU SIMULATION SERVER HOSTING FEES ($416.15 PER MONTH) The Indiana Office of Technology (IOT) will provide server hosting for ISDHs Pandemic Influenza Simulation production server. This service fee is charged monthly by IOT for facilitating, maintaining, repairing, and monitoring performance of server equipment. The cost for this allocation is based on a quote of $416.15 per month from IOT for providing these ongoing services. The cost for this server hosting is less than others as it is a non-essential system and therefore does not require daily back-up or	$4,994

immediate recovery.

ISDH LONG DISTANCE CALLING CARD USAGE FOR FIELD PERSONNEL ($0.04 PER MINUTE USED ESTIMATED AT 750 MINUTES PER MONTH FOR COMBINED TOTAL FIELD STAFF) the ISDH typically provides calling cards to field personnel who travel regularly and require some sort of communications cost reimbursement. Now that our current District Personnel are working out of home duty stations, it was essential to provide them some sort of mechanism to place long distance calls from their homes without absorbing the extra charges on their home phones which could not then be verified for accountability purposes.	$360
WEIGHTS & MEASURES ALTERNATE SITE DOC LAND PHONE LINE & DATA LINE SERVICE ($7.2 PER MONTH (4 MONTHS 08/31/07-12/31/07)) Over the last few years ISDH has maintained an alternate DOC site out at our Weights & Measures facility as a operations site that was not directly located in Downtown indianapolis, and that was in close proximity to our CAMP laboratory facility. However, it has been determined that this site is no longer useful for this purpose, and that funds are not available to sustain it. Therefore, this allocation simply reflects the funds needed ro maintain these lines while they are operational which is only anticipated to be through 12/31/07.	$346
INFLUENZA CALL CENTER - MONTHLY PHONE LINE COSTS ($7.2 PER LINE (10) PER MONTH (12)) Basic Land line phone service fees for telephones used to stage for risk and public health communications in the event of an influenza pandemic. Dedicated lines will need to be maintained as active and will be used to support equipment that 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. Service lines will augment existing agency service lines without surging or occupying lines dedicated to the Department Operations Center for event emergency response and emergency responders. The cost for this service is based on the basic monthly cost of $7.20 per line (10 lines) per month.	$864
LOCAL WIRELESS ACCESS FOR MODULAR LAB FACILITY (2 @ $136.27 PER MONTH X 5 MONTHS) This allocation is the monthly wireless access point costs for maintaining a partially wireless IT environment within tour CAMP laboratory facility. However, since this facility will be closed in the winter of 2007, funds are only being requested for the period that this facility will be operational, plus one additional month for termination charges that may be incurred.	$1,363
EMAIL SHARED STORAGE OVERAGE ($0.015 PER MEGABYTE PER MONTH) (315 EMAIL USERS ESTIMATED AT 500 MEGABYTES EACH PER MONTH X 10 MONTHS) As part of the Indiana Office of technology consolidation, and cost allocation for centralized services rendered to other State agencies, we are subject to fees for excess email and network storage charges. 100 megabytes of storage is permitted by each employee, and is included in the Help desk support fee above. However, with federal requirements for 3 years retention of files associated with operating and maintaining this program, the PHP program staff continue to over-use the allowed storage space. We are exploring alternate ways of storing this information securely, but in the meantime, additional space is used above and beyond what was already an overage for the month prior. Therefore, we are requesting federal funds to support these overage costs until a reassonable means of ongoing required material/information retention.	$23,625
FIRMS NON-NETWORK TABLET SEAT CHARGES ($35.00 PER MONTH X 43 MACHINES X 6 MONTHS) 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 $35 per month per field data collection device. The FIRMS system is 100% funded by the CDC BT grant	$9,030

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.	
DISASTER RECOVERY SERVER HOSTING FEES In lieu of having our own Disaster Recovery Site which can be costly to maintain, the ISDH PHP will become part of the Statewide Disaster Recovery Network. However, there is a monthly charge for server equipment to be hosted and maintained in this environment as well. It is estimated that the cost for maintaining our "essential" servers for 6 months will cost approximately $10,908, but a definitive cost has not yet been determined. Eventually this cost will completely replace our NFrame Disaster Recovery site contract.	$10,908
REMOVAL OF SECURITY EQUIPMENT FROM CAMP MODULAR LAB FACILITY Due to sustainment issues nad continued budget shortfalls associated with maintaining the operational capacity of our modular lab facility, the ISDH has decided to eliminate redundant operations from within this facility and operate solely from our primary State laboratory. As a result a number of costs will be incurred prior to the ongoing annual savings recognition. This line item is specifically asoociated with removal of the security equipment from the modular lab to be re-used at either our primary lab, or alternate facility. the cost for this allocation is based on a quote received to complete these services.	$1,274
CAMP/GENERATOR REMOVAL GROUND RESTORATION COSTS FOR LEASED PROPERTY Due to sustainment issues nad continued budget shortfalls associated with maintaining the operational capacity of our modular lab facility, the ISDH has decided to eliminate redundant operations from within this facility and operate solely from our primary State laboratory. As a result a number of costs will be incurred prior to the ongoing annual savings recognition. This estimated cost is essential in order to restore than landlord's property upon removal of the generator and modular structure.	$100,000
MOVE OF CAMP SPECIALIZED EQUIPMENT TO PRIMARY STATE LAB Due to sustainment issues nad continued budget shortfalls associated with maintaining the operational capacity of our modular lab facility, the ISDH has decided to eliminate redundant operations from within this facility and operate solely from our primary State laboratory. As a result a number of costs will be incurred prior to the ongoing annual savings recognition. This estimated cost is essential in order to move specialized laboratory equipment between locations and recalibrate it.	$20,000

Financial : Contractual — **Total: $4,502,989**

Selection Type	Contract Type	Name	Date Range	Accountability	Budget Justification	Amount
Sole Source	Local Health	District 1_LPHC Grant - East Chicago City Health Department - 80%	-	Quarterly Report	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	$6,982

(county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $8,727.	
Sole Source	Local Health	District 1_LPHC Grant - Gary City Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Hammond City Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Lake County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the	$7,294

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, 19 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 2 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 $9,118.	
Sole Source	Local Health	District 1_LPHC Grant - Jasper County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$5,205

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, 19 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 2 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

					$6,506.	
Sole Source	Local Health	District 1_LPHC Grant - La Porte County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Newton County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,230

& 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, 19 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 2 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 $9,037.	
Sole Source	Local Health	District 1_LPHC Grant - Porter County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 2_LPHC Grant - Elkhart County Health Department - 90%	-	Quarterly Report	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health &	$8,370

emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 2_LPHC Grant - Fulton County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$6,168

		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, 19 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 2 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 $6,853.	
Sole Source	Local Health	District 2_LPHC Grant - Marshall County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,180

					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, 19 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 2 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 $9,089.	
Sole Source	Local Health	District 2_LPHC Grant - Pulaski County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks	$6,946

		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, 19 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 2 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 $7,718.	
Sole Source	Local Health	District 2_LPHC Grant - St. Joseph County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,387

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, 19 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 2 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 $8,208.	
Sole Source	Local Health	District 2_LPHC Grant - Starke County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,349

					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, 19 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 2 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 $8,166.	
Sole Source	Local Health	District 3_LPHC Grant - Ft. Wayne/Allen County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$5,835

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, 19 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 2 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 $6,483.	
Sole Source	Local Health	District 3_LPHC Grant - Huntington County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,864

					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, 19 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 2 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 $8,738.	
Sole Source	Local Health	District 3_LPHC Grant - LaGrange County	-	Quarterly Report	All 94 Indiana LHDs were invited to participate in this grant program to build critical	$8,346

Health Department - 90%		infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,273.	
Sole Source	Local Health	District 3_LPHC Grant - Miami County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$6,698

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, 19 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 2 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 $7,442.	
Sole Source	Local Health	District 3_LPHC Grant - Noble County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 3_LPHC Grant - Steuben County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal	$7,697

year; 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, 19 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 2 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 $8,552.	
Sole Source	Local Health	District 3_LPHC Grant - Wabash County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$5,138

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, 19 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 2 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 $5,709.	
Sole Source	Local Health	District 3_LPHC Grant - Wells County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 4_LPHC Grant - Cass County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,152

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, 19 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 2 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 $9,058.	
Sole Source	Local Health	District 4_LPHC Grant - Clinton County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole	Local Health	District 4_LPHC Grant -	-	Quarterly	All 94 Indiana LHDs were invited to participate	$8,259

Source	Fountain/Warren County Health Department - 90%	Report	in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,177.	
Sole Source	Local Health	District 4_LPHC Grant - Montgomery County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 4_LPHC Grant - Tippecanoe County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 4_LPHC Grant - White County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension	$8,166

of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,073.	
Sole Source	Local Health	District 5_LPHC Grant - Boone County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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,	$6,877

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, 19 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 2 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 $8,596.	
Sole Source	Local Health	District 5_LPHC Grant - Hamilton County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Hancock County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Hendricks County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 5_LPHC Grant - Johnson County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Marion County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$6,998

			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, 19 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 2 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 $8,747.	
Sole Source	Local Health	District 5_LPHC Grant - Morgan County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Shelby County Health Department - 80%	-	Quarterly Report	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 85	$5,413

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $6,766.	
Sole Source	Local Health	District 6_LPHC Grant - Blackford County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$5,888

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, 19 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 2 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 $6,542.	
Sole Source	Local Health	District 6_LPHC Grant - Delaware County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$7,054

					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, 19 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 2 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 $7,838.	
Sole Source	Local Health	District 6_LPHC Grant - Fayette County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	$8,370

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 6_LPHC Grant - Grant County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,582

		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, 19 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 2 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 $8,424.

Sole Source	Local Health	District 6_LPHC Grant - Henry County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 6_LPHC Grant - Howard County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

			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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 6_LPHC Grant - Jay County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,784

					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, 19 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 2 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 $8,649.	
Sole Source	Local Health	District 6_LPHC Grant - Madison County Health Department - 90%	-	Quarterly Report	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 85	$7,259

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $8,065.	
Sole Source	Local Health	District 6_LPHC Grant - Randolph County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$8,103

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, 19 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 2 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 $9,003.	
Sole Source	Local Health	District 6_LPHC Grant - Rush County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$7,112

					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, 19 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 2 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 $7,902.	
Sole Source	Local Health	District 6_LPHC Grant - Tipton County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	$8,370

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 6_LPHC Grant - Union County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,064

		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, 19 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 2 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 $7,849.

Sole Source	Local Health	District 6_LPHC Grant - Wayne County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,195

					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, 19 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 2 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 $9,105.	
Sole Source	Local Health	District 7_LPHC Grant - Clay County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,628

			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, 19 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 2 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 $8,475.	
Sole Source	Local Health	District 7_LPHC Grant - Greene County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Parke County Health Department - 90%	-	Quarterly Report	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 85	$8,370

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Putnam County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$5,690

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, 19 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 2 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 $7,113.	
Sole Source	Local Health	District 7_LPHC Grant - Sullivan County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Vermillion County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	$8,370

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Vigo County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 8_LPHC Grant - Bartholomew County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Brown County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

			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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Lawrence County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Monroe County Health Department - 90%	-	Quarterly Report	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 85	$7,094

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $7,882.	
Sole Source	Local Health	District 8_LPHC Grant - Orange County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$8,321

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, 19 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 2 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 $9,245.	
Sole Source	Local Health	District 8_LPHC Grant - Washington County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$8,258

					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, 19 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 2 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 $9,176.	
Sole Source	Local Health	District 9_LPHC Grant - Clark County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	$6,826

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, 19 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 2 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 $7,584.	
Sole Source	Local Health	District 9_LPHC Grant - Dearborn County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 9_LPHC Grant - Decatur County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Floyd County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,070

			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, 19 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 2 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 $7,856.	
Sole Source	Local Health	District 9_LPHC Grant - Harrison County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,215

					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, 19 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 2 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 $9,128.	
Sole Source	Local Health	District 9_LPHC Grant - Jennings County Health Department - 90%	-	Quarterly Report	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 85	$8,370

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Ripley County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$6,402

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, 19 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 2 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 $7,113.	
Sole Source	Local Health	District 9_LPHC Grant - Scott County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Switzerland County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	$5,806

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, 19 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 2 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 $6,451.	
Sole Source	Local Health	District 10_LPHC Grant - Crawford County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 10_LPHC Grant - Daviess County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,831

					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, 19 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 2 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 $8,701.	
Sole Source	Local Health	District 10_LPHC Grant - Dubois County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$6,515

			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, 19 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 2 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 $7,239.	
Sole Source	Local Health	District 10_LPHC Grant - Gibson County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 10_LPHC Grant - Knox County Health Department - 90%	-	Quarterly Report	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 85	$8,370

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 10_LPHC Grant - Martin County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$8,370

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 10_LPHC Grant - Pike County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$8,370

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 10_LPHC Grant - Spencer County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These grants will generally	$5,871

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, 19 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 2 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 $6,523.	
Sole Source	Local Health	District 10_LPHC Grant - Vanderburg County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$6,833

		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, 19 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 2 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 $7,592.

Sole Source	Local Health	District 10_LPHC Grant - Warrick County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,038

					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, 19 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 2 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 $8,931.	
Sole Source	Local Health	District 3_LPHC Grant - Adams County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$8,370

			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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Franklin County Health Department - 80%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$7,440

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 3_LPHC Grant - Whitley County Health Department - 90%	-	Quarterly Report	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 85	$8,370

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Jackson County Health Department - 90%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$8,370

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, 19 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 2 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 $9,300.	
Sole Source	Other Public Entity	Clearwater Research Institute	-	Semi-Annual Report	Currently, the Behavioral Risk Factor Surveillance System (BRFSS) can provide ISDH with data on individual preparedness for large-scale disasters, emergencies, or a large disease outbreak such as pandemic influenza for the statewide population, but not by county. This is a result of the BRFSS sample size, which is approximately 5,400 surveys. This sample size does not work well for providing county-specific information for any but the two largest counties (Marion and Lake). While an attempt has been made to provide data based on the county's classification in urban-rural areas, data are still generalized. Without data focused at the individual county level, local health departments cannot fully assess agency ability or ability of citizens to respond to any preparedness issue. Pandemic influenza planning has been based on modeling the need for hospitalization and medical care needs using the CDC Flu Surge software. General preparedness from county to county varies and may not be fully reflected in the currently available statewide data. By funding an additional 400 surveys, this sample size will allow for analysis at a more local level than what is currently available. NAME OF CONTRACTOR: Clearwater Research, Inc.; METHOD OF SELECTION – Sole Source. This is a supplement to an existing Competitive proposal contract that has been in existence for the last four years. Therefore, this vendor has already established the business process and requirements for completing these surveys and collecting the required data; PERIOD OF PERFORMANCE: 04/01/07 – 12/31/07. However, this allocation only represent the	$5,720

					budget for the period of 04/01/07 through 08/30/07, and ISDH will include funding for the period of 08/31/07 through 12/31/07 in the 2007 continuation application; SCOPE OF WORK: Contractor shall conduct computer-assisted telephone interviews for the 2007 Indiana Behavioral Risk Factor Surveillance System (BRFSS) with 400 addition completed surveys added for the months of April-December 2007, completing no fewer than 44 additional interviews each month from the core set of questions. Contractor will use Disproportionate Stratified Random Digital Dial Sampling methodology. Clean data sets will be transmitted electronically to ISDH and CDC BRFSS on a monthly basis. Services will include processing the sample, conducting interviews; cleaning, editing and processing data; transmitting data sets to ISDH and CDC; and submitting monthly Council of American Survey Research Organizations (CASRO) response rate reports to ISDH – BRFSS coordinator; CRITERIA FOR MEASURING ACCOUNTABILITY: Timely submission of data sets to ISDH and CDC, data sets are cleaned and edited, and CDC guidelines for conducting the survey are met; ITEMIZED BUDGET – The total budget cost for this project is based on a fee of $32.50 per survey multiplied by the addition of 400 completed surveys between 04/01/07 and 12/31/07. However, it is estimated that the vendor will complete 224 of these surveys prior to 08/30/07, which is how the cost for this allocation was determined.	
Sole Source	Other Public Entity	Indiana Professional Licensing	-	Quarterly Report	NAME OF CONTRACTOR: Indiana Professional Licensing Agency (IPLA) 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 IPLA is the keeper of	$750

					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 11/01/07 through 06/30/08; 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 IPLA. What is new to this MOU is providing the IPLA 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: The cost for this allocation is based on the cost for a single extraction of this data under last fiscal year.	
Sole Source	Commercial	STARLIMS Interface Development	-	Quarterly Report	NAME OF CONTRACTOR: STARLIMS, Inc.; METHOD OF SELECTION: Sole Source. Indiana previously procured a LIMS system from STARLIMS under a Direct Assistance contract last fiscal year. Therefore this vendor is the most appropriate to make the necessary modifications; PERIOD OF PERFORMANCE: Approval Date through 08/30/07; SCOPE OF WORK: The ISDH LIMS implementation team in congruence with the STARLIMS team will make some necessary systems modifications to this system in order to enhance its capabilities. These include programming for the LIMS to allow for interfacing with Teleforms, a software package that permits laboratory request forms to be scanned with the data from the forms subsequently transferred into STARLIMS through the interface. In addition, STARLIMS will provide 10 DCU's to connect Pandemic	$30,880

					Influenza/BT testing equipment to the LIMS system, which will increase the entry speed for results to identify patterns, positive results faster and with greater confidence. Funds will also be provided to STARLIMS to develop 10 report interfaces which will facilitate faster (i.e. web based PDF's), more consistence, and clearer reporting of results for pertinent personnel. This will also provide the capacity for wide dissemination of critical information in a clearer and more concise manner. The final element of this agreement will be for STARLIMS to provide ISDH with the Rhapsody Developers Software License. With PHIN certification a major issue, the developer's license will enhance the Lab's ability to develop HL7 communications in concert with PHIN requirements; ITEMIZED BUDGET: The cost of this project is based on pricing received from STARLIMS for completion of these activities. The $73,302 cost for this project breaks down as follows: 10 DCU's (machine interfaces) @ $2,680.16 each or $26,801.60; 10 STARLIMS Report interfaces at $1,340.08 each or $13,400.80; STARLIMS Programming for Teleform interfaces at $8,100; Rhapsody Developers License $25,000. The "requested" amount for this line item represents only the portion of the total contract funding which applies to services rendered on or after 08/31/07 for the above services.	
Sole Source	Other Public Entity	IHETS and UITS	-	Quarterly Report	NAME OF CONTRACTOR: Indiana Higher Education Telecommunications System (IHETS) and Indiana University-University Information Technology Services (UITS); METHOD OF SELECTION: Sole source. These 2 vendors were directly involved in developing and maintaining the IT Network Infrastructure established within the Local Health Departments as a result of the Public Health Preparedness cooperative agreement. Thus, rather than a secondary State Agency being the contracting Agency of these	$396,556

					services, with simply a bill-back to ISDH, we are entering into the contract directly with these vendors. PERIOD OF PERFORMANCE: 08/31/07-06/30/08. The period of this contract is actually for one year, with an option to renew. However we are only requesting funds for the portion of the period that applies to this federal budget cycle; SCOPE OF WORK: "Appendix I" for an exact breakdown of the services that will be provided by each vendor. A singular contract was written with both vendors as their work is dependent upon services provided by the other and are directly related to the same project; CRITERIA FOR MEASURING ACCOUNTABILITY: The ISDH will continue to monitor and be party to any network/email changes that occur to the Local Health Departments for which IHETS/UITS provide service; ITEMIZED BUDGET: Please see attachment "Appendix I" for an exact breakdown of the cost per services to be provided by each vendor. These costs are based on a negotiated rate between ISDH and each of the vendors to provide the specified services.	
Sole Source	Commercial	[redacted]	-	Quarterly Report	NAME OF CONTRACTOR: [redacted] Method of Selection: Competitive Bid - Negotiated rate as this vendor operates the only medical distribution warehouse within the Indianapolis area. The location of the RSS warehouse is 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	$51,344

					exercise. Assist ISDH staff in developing, maintaining and testing an operational plan for the SNS.DETAILED BUDGET & JUSTIFICATION: Monthly Readiness FeeIncludes: Pagers (40 @ $15) $600; On-call fees (40 @ $30) $1200; Monthly communications test $360; Satellite phones & monthly test $100; Maintenance of command center & generator $250; Maintenance of call logs $80; Command center $670; Management fee (includes planning) $740; TOTAL MONTHLY FEE: $4,000 [TOTAL READINESS FEE $40,000].TRAINING & EXERCISES: (1) Introductory Training - (12 people @ $31/hr x 2 hrs) $744; (2) Tabletop Drill $1900; (3) Full Scale Drill $8700; TOTAL FEE FOR TRAINING & EXERCISES: $11,344	
Sole Source	Other Public Entity	University of Illinois - LMS Maintenance	-	Quarterly Report	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) 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.	$16,667
Sole	Local Health	N. Frame	-	Quarterly	incorporates 2 previously approved budget line	$42,948

Source				Report	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.	
Sole Source	Other Public Entity	Erica Dryden Leazenby, M.D.	-	Quarterly Report	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. This is a continuation of previous work being conducted for the Indiana State Department of Health; PERIOD OF PERFORMANCE: 08/31/07 - 06/30/08; 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 curriculum 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	$75,440

					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 Commissioners Office; ITEMIZED BUDGET AND JUSTIFICATION: Contractor hourly rate is $60.00 per hour. It is anticipated that Dr. Leazenby will not work any more than 6 hours per day which equates to a total potential of 1224 hours for the period of performance identified above. In addition, we will provide the contractor a travel allowance of up to $2,000 for the year to conduct training and oversight within the field.	
Sole Source	Other Public Entity	Regenstrief Institute	-	Quarterly Report	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 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:	$354,986

					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 J" for detailed budget breakdown	
Bid	Local Health	TBD - NIMS & ICS 300/400 Training for IC and Lab staff	-	Quarterly Report	NAME OF CONTRACTOR: TBD; METHOD OF SELECTION: The ISDH will solicit requests for proposals from individuals/consulting firms who are certified to teach the ICS 300 & 400 Train the Trainer course; PERIOD OF PERFORMANCE: 12/01/07 through 08/09/08; SCOPE OF WORK: ICS 300 and 400 are to be completed within a classroom setting. Indiana Department of Homeland Security has been conducting ICS 300 and 400 classes however, with their limited resources the number of classes and locations makes it very difficult for our public health first responders to get their training in ICS 300 and 400. therefore we are requesting funds for an outside certified trainer to conduct these training sessions for State, Local, and District staff who are required to have ICS 300 & 400 for NIMS compliance; METHOD OF ACCOUNTABILITY: Contractor will provide a significant amount of services including varification of trainees who attend sessions within the field. Payments will not be made against this contract until such time as the deliverables outlined within the contract are completed; ITEMIZED BUDGET: An itemized budget does not currently exist for this contract as it is strictly an estimate based on the the possible provision of $500 per session that the contractor will be required to give. Further information will be provided to CDC for review and approval as vendors have been identified to provide this service.	$5,000
Bid	Other Public Entity	TBD - State Preparedness Personnel	-	Quarterly Report	NAME OF CONTRACTOR: TBD; METHOD OF SELECTION: The ISDH will solicit bids from various vendors to provide the necessary services; PERIOD OF PERFORMANCE: 01/01/08	$87,505

through 08/09/08; SCOPE OF WORK: Due to difficulties in hiring state personnel currently, and to recruit candidates who need a specific skill set often not reflected within the positions created through the state system, it is sometimes necessary to contract these services through an alternate source. In this instance we have 2 positions which we are seeking outside of State government to hire and retain services from over the course of the next few years. The first of these positions is a Logistics Specialist who will serve as the Branch Manager of Logistics for the PHP program, and during an event will coordinate resources, tracking, and monitoring of assets with the assistance of the logistics team. The second position will serve as a national preparedness policy and communications liason to the State Health Commissioner. To be more specific: The executive assistant for preparedness and response activities will provide strategic and tactical support as it relates to response activities to the State Health Commissioner. Will serve as the the representative of the Director of the Public Health Preparedness and Emergency Response Division in the commissioner's office. Will serve as the State Health Commissioner's tactical communication expert in an emergency situation. Will draft correspondence for the State Health Commissioner for CDC and HHS that pertains to to preparedness and response. Will prepared presentations that address preparedness and response for the the State Health Commissioner. Will coordinate the activities of the administrative assistant in the Public Health Preparedness and Emergency Response Division when hosting statewide events such as; statewide workshops, meeting, and forums. Will be available to support the Public Health Preparedness and Emergency Response Division if needed; METHOD OF ACCOUNTABILITY: Significant collaboration will be necessary

					between ISDH and the awarded vendor to recruit, and complete the hiring process, and for he vendor to provide all associated fringe benefits for these positions; ITEMIZED BUDGET: The estimated cost for this contract is $87,505 for this 6 month period based on equivalent salary and fringe requirements within the state system.	
Sole Source	Local Health	District 1_East Chicago City Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-	$30,000

hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center,

					Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 1_Gary City Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs	$30,000

		populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas,

					sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 1_Jasper County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream.	$30,000

Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all

					hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 1_La Porte County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize	$30,000

the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation

					with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 1_Lake County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to	$30,000

sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated

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Sole Source	Local Health	District 1_Newton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from	$30,000

		01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer,

					Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 1_Porter County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific	$30,000

deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of

					each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 2_Elkhart County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to	$30,000

use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the

					AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 2_Fulton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a	$30,000

means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this

					plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 2_Kosciusko County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to	$30,000

provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the

					assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 2_Marshall County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement &	$30,000

National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan

					(CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole	Local Health	District 2_Pulaski	-	Quarterly	FFY 2007 will be a transition year for Indiana. It	$30,000

Source	County Health Department_LHD Deliverable Grant		Report	is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after

		normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief,

					Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 2_St. Joseph County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract	$30,000

section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for

					approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 2_Starke County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these	$30,000

agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7)

					Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Adams County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to	$30,000

the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP

					staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Allen (Ft. Wayne) County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to	$30,000

hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5)

					Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Dekalb County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to	$30,000

receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal

					AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Huntington County Health	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating	$30,000

Department_LHD Deliverable Grant		& establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365

		availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the

					ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_LaGrange County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific	$30,000

deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary &

					secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Miami County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both	$30,000

funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN

					for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Noble County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct	$30,000

assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff

					members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Steuben County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health	$30,000

Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to

					develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Wabash County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our	$30,000

programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD

					flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Wells County Health Department_LHD	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new	$30,000

Deliverable Grant		organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of

		Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of

					county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 3_Whitley County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed	$30,000

Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident

					command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Benton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these	$30,000

grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8)

					Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Carroll County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to	$30,000

participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-

					specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Cass County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of	$30,000

financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for

					requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Clinton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene	$30,000

a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to

					designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Fountain/Warren County Health Department_LHD	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local	$30,000

Deliverable Grant		Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-

down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the

					revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Montgomery County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the	$30,000

"Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with

					contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_Tippecanoe County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include	$30,000

		$30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to

					complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 4_White County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which	$30,000

will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles

					assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Boone County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost	$30,000

approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan

					must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Hamilton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and	$30,000

evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR

					application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Hancock County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time	$30,000

is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite

reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS

					Staff.	
Sole Source	Local Health	District 5_Hendricks County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment"	$30,000

tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary

					staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Johnson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-	$30,000

		hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center,

					Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Marion County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs	$30,000

populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas,

					sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Morgan County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream.	$30,000

Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all

					hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 5_Shelby County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize	$30,000

the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation

					with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Blackford County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to	$30,000

sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated

		POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.

Sole Source	Local Health	District 6_Delaware County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from	$30,000

01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer,

					Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Fayette County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific	$30,000

deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of

					each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Grant County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to	$30,000

use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the

					AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Henry County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a	$30,000

means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this

					plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Howard County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to	$30,000

provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the

					assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Jay County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement &	$30,000

National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan

					(CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole	Local Health	District 6_Madison	-	Quarterly	FFY 2007 will be a transition year for Indiana. It	$30,000

Source	County Health Department_LHD Deliverable Grant	Report	is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after

normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief,

					Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Randolph County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract	$30,000

section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for

					approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Rush County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these	$30,000

agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7)

					Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Tipton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to	$30,000

the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP

					staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Union County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to	$30,000

hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5)

					Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 6_Wayne County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to	$30,000

receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal

					AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Clay County Health	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating	$30,000

Department_LHD Deliverable Grant	& establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365

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					ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Greene County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific	$30,000

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					secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Owen County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both	$30,000

funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN

					for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Parke County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct	$30,000

assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff

					members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Putnam County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health	$30,000

Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to

					develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Sullivan County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our	$30,000

programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD

					flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Vermillion County Health Department_LHD	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new	$30,000

Deliverable Grant	organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of

Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of

					county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 7_Vigo County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed	$30,000

		Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident

					command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Bartholomew County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these	$30,000

grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8)

					Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Brown County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to	$30,000

		participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-

					specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Jackson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of	$30,000

financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for

					requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Lawrence County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene	$30,000

a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to

					designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Monroe County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local	$30,000

Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-

down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the

					revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Orange County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the	$30,000

		"Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with

					contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 8_Washington County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include	$30,000

$30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to

					complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Clark County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which	$30,000

will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles

					assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Dearborn County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost	$30,000

approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan

					must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Decatur County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and	$30,000

evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR

					application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Floyd County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time	$30,000

is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite

reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS

					Staff.	
Sole Source	Local Health	District 9_Franklin County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment"	$30,000

tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary

					staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Harrison County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-	$30,000

hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center,

					Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Jefferson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs	$30,000

		populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas,

					sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Jennings County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream.	$30,000

Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all

					hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Ohio County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize	$30,000

the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation

					with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Ripley County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to	$30,000

sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated

POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.

Sole Source	Local Health	District 9_Scott County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from	$30,000

		01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer,

					Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 9_Switzerland County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific	$30,000

deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of

					each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Crawford County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to	$30,000

use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the

					AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Daviess County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a	$30,000

means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this

					plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Dubois County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to	$30,000

provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the

					assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Gibson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement &	$30,000

National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan

					(CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole	Local Health	District 10_Knox	-	Quarterly	FFY 2007 will be a transition year for Indiana. It	$30,000

Source	County Health Department_LHD Deliverable Grant		Report	is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after

		normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief,

					Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Martin County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract	$30,000

section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for

					approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Perry County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these	$30,000

agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7)

					Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Pike County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to	$30,000

the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP

					staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Posey County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to	$30,000

hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5)

					Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Spencer County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to	$30,000

receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal

					AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Vanderburgh	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating	$30,000

County Health Department_LHD Deliverable Grant		& establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365

		availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary & secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the

					ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.	
Sole Source	Local Health	District 10_Warrick County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Pan Flu Contract section for the listing of the Pan Flu specific	$30,000

deliverables. The following are the proposed Base deliverables: (1) Complete & submit the "Special Needs Population Self-Assessment" tool as developed by the ISDH.(2) Participate in monthly communication drills (6 drills from 01/08-06/08). 2 drills must be conducted after normal business hours to test 24/7/365 availability. 1 drill must include a Point of Dispensing activation drill, to include a "call-down" of key personnel AND the "onsite reporting" of key personnel to the designated POD. Completion will be determined based on submission of AAR/IP & Corrective Action Plan (CAP) to designated PHP staff & via the portal AAR application.(3) Conduct one (1) POD flow/throughput drill. Submit AAR/IP & CAP to designated PHP Staff & via the portal AAR application.(4) Complete an LTAR evaluation with ISDH and/or CDC program staff & submit required backup documentation from the assessment to the designated PHP staff.(5) Coordinate with hospitals and/or clinics to develop treatment center coordination plans for requesting & reordering SNS materials. Plan must include contact information for all hospital/treatment center staff responsible for requesting & reordering the SNS. A copy of this plan must be submitted to the designated PHP staff for evaluation. (6) Appropriate LHD staff members must conduct/participate in SNS-specific training for primary & secondary roles assigned SNS/POD functions. Submit agendas, sign in sheets & training materials outline with record of training. Submit a training log via the AAR application via the ISDH portal.(7) Participate in PHIN & the plan to cascade IHAN for Local Alerts within the county.(8) Collaborate with all applicable partners to complete SOP/SOGs for Operations Center, Receipt & Storage of SNS, Mass Prophylaxis Operations & SNS Security. Submit a copy of each SOP/SOG to the designated PHP staff for approval.(9) Update lists of primary &

secondary staff within the LHD incident command structure and submit lists with contact information for primary & secondary staff who have been assigned to the roles of Incident Commander, PIO, Information Officer, Safety Officer, Operations Chief, Planning Chief, Logistics Chief, & Finance/Admin Chief to the ISDH.(10) Update hard & electronic copy of county mass prophylaxis plan & submit the revised copy to the designated PHPER SNS Staff.

Indirect Costs	Total: $941,845
INDIRECT COST FOR FUNDING SOURCE BASE_ORIGINAL APPLICATION Indiana's current indirect cost rate is 14.2% 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 B." This rate is in effect through 06/30/08, and is anticipated to be the same rate from 07/01/08-08/09/08. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$941,845

Direct Assistance : Personnel	Total: $13,542
Personnel Description	**Amount**
SALARY FOR CAREER EPIDEMIOLOGY FIELD OFFICER - (CDC) Direct Assistance: Input directly by CDC for Personnel for Indiana	$13,542

Direct : Other	Total: $16,937
Description	**Amount**
SOFTWARE SYSTEM UPGRADE: GERSTEL MAESTRO/AGILENT TECHNOLOGIES CHEMSTATION (THIS INCLUDES SOFTWARE AND COMPUTER HARDWARE)(QTY: 1) Direct Assistance: Input directly by CDC for DA Other for Indiana	$16,937

Funding Source EWIDS

Financial : Travel	Total: $11,023
Description	**Amount**
IN-STATE TRAVEL	
OUT-OF-STATE TRAVEL	
(Out of State, TBD) Trips: 7, People: 1, Days: 3, Per Diem: $32, Nights: 2, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $67.00 Through Lake Michigan and the St. Lawrence Seaway, Indiana shares an international border with Canada. The Great Lakes Border Health Initiative (GLBHI) is a collaborative organization of several states that share a border with Ontario, Canada. Currently, the Indiana is one of only two border states that does not participate in the GLBHI, largely due to funding. Funding is requested for travel to the annual GLBHI conference to create and sustain partnerships with other border states and Canada, assess cross-border surveillance and laboratory capabilities, and implement solutions to strengthen these capabilities. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel.	$5,286
(Out of State, TBD) Trips: 2, People: 3, Days: 4, Per Diem: $32, Nights: 3, Miles: 18 * $0.400 = $7.20, Airfare: $265.00, Lodging: $160.00, Other: $76.00 Through Lake Michigan and the St. Lawrence Seaway, Indiana shares an international border with Canada. The Great Lakes Border Health Initiative (GLBHI) is a collaborative organization of several states that share a border with Ontario, Canada. Currently, the Indiana is one of only two border states that does not participate in the GLBHI, largely due to funding. Funding is requested for travel to GLBHI workgroup meetings to create and sustain partnerships with other border states and Canada, assess cross-border surveillance and laboratory capabilities, and implement solutions to strengthen these capabilities. The "other" cost reflected in this line item reflects a $9 per day Airport parking reimbursement multiplied by the number of days the traveler will be gone, plus a $40 stipend for transportation reimbursement back and forth between the destination airport and the conference location or hotel.	$5,737

Financial : Other	Total: $2,248
Description	**Amount**
EWIDS CROSS-BORDER CONFERENCE CALLS Through Lake Michigan and the St. Lawrence Seaway, Indiana shares an international border with Canada. The Great Lakes Border Health Initiative (GLBHI) is a collaborative organization of several states that share a border with Ontario, Canada. Currently, the Indiana is one of only two border states that does not participate in the GLBHI, largely due to funding. Funding is requested for	$1,152

travel to GLBHI annual and workgroup meetings to create and sustain partnerships with other border states and Canada, assess cross-border surveillance and laboratory capabilities, and implement solutions to strengthen these capabilities. Funding is also requested to host monthly conference calls with the GLBHI steering committee and the six GLBHI workgroups, which will allow for routine information sharing and progress reporting. The cost for this allocation is based on an estimated cost of conducting 8 calls during the period of 12/01/07 through 08/09/08, estimating 10 connection lines, with each call lasting approximately 60 minutes at a cost of $0.24 per line per minute.

RESTRICTED - UNALLOCATED Since this is Indiana's first year in participating in this area of the program we are not quite sure what other things we might be asked to participate in. Therefore we are only requesting funds to cover the expenses we know that we are likely to expend.	$1,096

Indirect Costs	**Total: $1,729**
INDIRECT COST FOR FUNDING SOURCE EWIDS_ORIGINAL APPLICATION Indiana's current indirect cost rate is 14.2% 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 B." This rate is in effect through 06/30/08, and is anticipated to be the same rate from 07/01/08-08/09/08. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$1,729

Funding Source CRI

Financial : Personnel				Total: $40,253
Position Title & Name	**Annual**	**Time**	**Months**	**Total**
PCN10054560: PROG DIR 1/CRI MANAGER: (VALERIE HAMILTON) DETAILS SPECIFIC TO ALL PERSONNEL LINE ITEMS: All positions have been budgeted to cover payroll for services rendered from 08/26/07 through 08/09/08 which is exactly the equivalent of 25 Pay periods in the State. The Pay period beginning 08/26/07 has been included within this fiscal year as the State of Indiana's accounting system operates on a "Cash" basis, and this pay period was not actually paid until it actually was not paid until 09/17/07. In addition, all personnel line items include a "Pay for Performance" annual increase in accordance with the State system. Under this system, based on the employee's annual performance appraisal, the employee would be classified in one of three categories: "Does Not Meet Expectations" (resulting in a 0% salary increase), "Meets Expectations" (resulting in a 4% salary increase), or "Exceeds Expectations" (resulting in a 10% salary increase). For budget purposes it has been assumed that every employee will "Meet Expectations" and a 4% adjustment has been made to their salary for the pay periods that would be affected by this increase. However, ISDH may need to complete a budget change request in order to reflect the actual salary adjustment received for each employee. FRINGE: For vacant positions, fringe is calculated at 19.79% of the salary to pay for Life Insurance, Social Security, PERF, Disability Insurance, plus $11,872 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 01/01/07 or the insurance package they selected upon hire (if after 01/01/07).ACTUAL SALARY & FRINGE NEEDED: The actual annual salary for this position is $41,864 with an annual Fringe rate of 48.59%. However, due to the "back-end formula" used by the PERFORMS developers to automatically pro-rate salary and fringe for the shortened budget cycle, the ISDH had to modify the "Annual Salary" and "Fringe % and Amount" fields above in order to ensure the accuracy of the "Requested" amount. JUSTIFICATION: This position will act as the state's CRI Coordinator and will serve as the primary contact for the CDC and the IN, IL, OH, and KY CRI Coordinators. The state 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	$42,827	100%	11.28	$40,253

reports.

Financial : Fringe			Total: $19,557
Position Title & Name	Fringe Rate	Fringe Amount	Total
PCN10054560: PROG DIR 1/CRI MANAGER: (VALERIE HAMILTON)	49 %	$0	$19,557

Financial : Contractual						Total: $677,428
Selection Type	Contract Type	Name	Date Range	Accountability	Budget Justification	Amount
Sole Source	Local Health	CRI Grant - Chicago MSA_Lake County	-	Quarterly Report	NAME OF CONTRACTOR: Lake County Health Department; METHOD OF SELECTION: Sole Source. Lake County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Chicago, Illinois; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Lake County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other three Indiana counties and two cities within the Northwest Indiana CRI MSA to accomplish goals set forth in the CRI guidance. As the lead county, Lake will work with Chicago, Illinois to enhance cross-border collaboration. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county/city within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county/city health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit	$27,283

					a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers. As the lead county in the Chicago-Northwest Indiana CRI MSA, Lake County will complete the following additional deliverable: (5) Function as MSA Liaison with State staff, coordinate monthly CRI meetings and submit monthly District 1 written updates to CRI Coordinator. Submit District 1 meeting minutes (six (6) meetings from January to June 2008) to designated PHPER SNS Staff for review; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Lake County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 6 LHDs within this MSA for completion of CRI activities. Each County or City within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Chicago MSA_East Chicago	-	Quarterly Report	NAME OF CONTRACTOR: East Chicago City Health Department; METHOD OF SELECTION: Sole Source. East Chicago Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of	$6,898

Chicago, Illinois; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: East Chicago Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other LHDs within the Northwest Indiana CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county/city within the MSA will have 4 deliverables, and the lead MSA county will have a fifth. The primary 4 deliverables which will be conducted by each county/city health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the East Chicago Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this LHD; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 6 LHDs within this MSA for completion of CRI activities. Each County or City within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population

					served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Chicago MSA_Gary	-	Quarterly Report	NAME OF CONTRACTOR: Gary City Health Department; METHOD OF SELECTION: Sole Source. Gary Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Chicago, Illinois; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Gary Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other LHDs within the Northwest Indiana CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county/city within the MSA will have 4 deliverables, and the lead MSA county will have a fifth. The primary 4 deliverables which will be conducted by each county/city health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant	$11,049

					agreement established between ISDH and the Gary Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this LHD; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 6 LHDs within this MSA for completion of CRI activities. Each County or City within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Chicago MSA_Porter County	-	Quarterly Report	NAME OF CONTRACTOR: Porter County Health Department; METHOD OF SELECTION: Sole Source. Porter County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Chicago, Illinois; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Porter Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other LHDs within the Northwest Indiana CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county/city within the MSA will have 4 deliverables, and the lead MSA county will have a fifth. The primary 4 deliverables which will be conducted by each county/city health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of	$14,678

					dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and Porter County. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this LHD; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 6 LHDs within this MSA for completion of CRI activities. Each County or City within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Chicago MSA_Jasper County	-	Quarterly Report	NAME OF CONTRACTOR: Jasper County Health Department; METHOD OF SELECTION: Sole Source. Jasper County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Chicago, Illinois; PERIOD	$6,953

OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Jasper Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other LHDs within the Northwest Indiana CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county/city within the MSA will have 4 deliverables, and the lead MSA county will have a fifth. The primary 4 deliverables which will be conducted by each county/city health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and Jasper County. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this LHD; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 6 LHDs within this MSA for completion of CRI activities. Each County or City within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based

					on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Chicago MSA_Newton County	-	Quarterly Report	NAME OF CONTRACTOR: Newton County Health Department; METHOD OF SELECTION: Sole Source. Newton County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Chicago, Illinois; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Newton Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other LHDs within the Northwest Indiana CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county/city within the MSA will have 4 deliverables, and the lead MSA county will have a fifth. The primary 4 deliverables which will be conducted by each county/city health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and Porter County.	$5,885

					Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this LHD; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 6 LHDs within this MSA for completion of CRI activities. Each County or City within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Marion County	-	Quarterly Report	NAME OF CONTRACTOR: Marion County Health Department; METHOD OF SELECTION: Sole Source. Marion County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Marion County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. As the county with the greatest population served within Indianapolis, Marion County has been identified as the lead county within this CRI MSA. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows:	$237,301

(1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers. As the lead county in the Indianapolis CRI MSA, Marion County will complete the following additional deliverable: (5) Function as MSA Liaison with State staff, coordinate monthly CRI meetings, submit monthly written updates to the State CRI Coordinator as well as the CRI jurisdiction meeting minutes (six (6) meetings from January to June 2008) to designated PHPER SNS Staff for review; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Marion County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-

					_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Hamilton County	-	Quarterly Report	NAME OF CONTRACTOR: Hamilton County Health Department; METHOD OF SELECTION: Sole Source. Hamilton County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Hamilton County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Hamilton County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support	$69,906

					of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Johnson County	-	Quarterly Report	NAME OF CONTRACTOR: Johnson County Health Department; METHOD OF SELECTION: Sole Source. Johnson County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Johnson County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to	$40,018

					designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Johnson County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Hendricks County	-	Quarterly Report	NAME OF CONTRACTOR: Hendricks County Health Department; METHOD OF SELECTION: Sole Source. Hendricks County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Hendricks County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set	$39,310

forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Hendricks County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-

					ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Morgan County	-	Quarterly Report	NAME OF CONTRACTOR: Morgan County Health Department; METHOD OF SELECTION: Sole Source. Morgan County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Morgan County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Morgan County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the	$23,791

					LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Hancock County	-	Quarterly Report	NAME OF CONTRACTOR: Hancock County Health Department; METHOD OF SELECTION: Sole Source. Hancock County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Hancock County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated	$21,978

					PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Hancock County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Boone County	-	Quarterly Report	NAME OF CONTRACTOR: Boone County Health Department; METHOD OF SELECTION: Sole Source. Boone County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Boone County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other	$19,016

ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Boone County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-

					geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Shelby County	-	Quarterly Report	NAME OF CONTRACTOR: Shelby County Health Department; METHOD OF SELECTION: Sole Source. Shelby County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Shelby County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Shelby County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the	$16,805

					LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Putnam County	-	Quarterly Report	NAME OF CONTRACTOR: Putnam County Health Department; METHOD OF SELECTION: Sole Source. Putnam County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Putnam County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated	$14,948

					PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Putnam County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Indianapolis MSA_Brown County	-	Quarterly Report	NAME OF CONTRACTOR: Brown County Health Department; METHOD OF SELECTION: Sole Source. Brown County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the city of Indianapolis MSA; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Brown County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other	$9,068

ten Indiana counties within the Indianapolis CRI MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Brown County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 10 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-

					geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Cincinnati MSA_Dearborn County	-	Quarterly Report	NAME OF CONTRACTOR: Dearborn County Health Department; METHOD OF SELECTION: Sole Source. Dearborn County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 3 Indiana counties contiguous to the city of Cincinnati, Ohio; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Dearborn County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other two Indiana counties within the Cincinnati MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Dearborn County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and	$9,549

					accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 3 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Cincinnati MSA_Franklin County	-	Quarterly Report	NAME OF CONTRACTOR: Franklin County Health Department; METHOD OF SELECTION: Sole Source. Franklin County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 3 Indiana counties contiguous to the city of Cincinnati, Ohio; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Franklin County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other two Indiana counties within the Cincinnati MSA to accomplish goals set forth in the CRI guidance. As the lead county, Franklin will work with Cincinnati, Ohio to enhance cross-border collaboration. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the	$7,151

plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers. As the lead Indiana county within the Cincinnati, Ohio MSA, Franklin County will complete the following additional deliverable: (5) Function as MSA Liaison with State staff, coordinate monthly CRI meetings and submit monthly written updates to the State CRI Coordinator. Submit CRI jurisdictional meeting minutes (six (6) meetings from January to June 2008) to designated PHPER SNS Staff for review; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Franklin County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 3 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been

					attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Cincinnati MSA_Ohio County	-	Quarterly Report	NAME OF CONTRACTOR: Ohio County Health Department; METHOD OF SELECTION: Sole Source. Ohio County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 3 Indiana counties contiguous to the city of Cincinnati, Ohio; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Ohio County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other two Indiana counties within the Cincinnati MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Ohio County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, as well	$5,543

					as minute distributions made to LHDs within this MSA to support LPHCs for the period of 08/31/07-10/31/07, the balance of funds remaining were allocated to each of the 3 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Louisville MSA_Clark County	-	Quarterly Report	NAME OF CONTRACTOR: Clark County Health Department; METHOD OF SELECTION: Sole Source. Clark County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Louisville, KY; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Clark County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other three Indiana counties within the Louisville MSA to accomplish goals set forth in the CRI guidance. As the lead county, Clark will work with Louisville, KY to enhance cross-border collaboration. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit	$27,868

					a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers. As the lead Indiana county within the Louisville, KY MSA, Clark County will complete the following additional deliverable: (5) Function as MSA Liaison with State staff, coordinate monthly CRI meetings and submit monthly written updates to the State CRI Coordinator. Submit CRI jurisdictional meeting minutes (six (6) meetings from January to June 2008) to designated PHPER SNS Staff for review; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Clark County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, the balance of funds remaining were allocated to each of the 4 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Louisville MSA_Floyd County	-	Quarterly Report	NAME OF CONTRACTOR: Floyd County Health Department; METHOD OF SELECTION: Sole Source. Floyd County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Louisville, KY; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Floyd County Health Department will work in conjunction	$21,210

with the ISDH, the Indiana Department of Homeland Security, and the other three Indiana counties within the Louisville MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Floyd County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, the balance of funds remaining were allocated to each of the 4 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-

					ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Louisville MSA_Harrison County	-	Quarterly Report	NAME OF CONTRACTOR: Harrison County Health Department; METHOD OF SELECTION: Sole Source. Harrison County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Louisville, KY; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Harrison County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other three Indiana counties within the Louisville MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Harrison County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the	$13,266

					LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, the balance of funds remaining were allocated to each of the 4 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	CRI Grant - Louisville MSA_Washington County	-	Quarterly Report	NAME OF CONTRACTOR: Washington County Health Department; METHOD OF SELECTION: Sole Source. Washington County Health Department is one of the Local Health Departments (LHDs) responsible for public health services within the 4 Indiana counties contiguous to the city of Louisville, KY; PERIOD OF PERFORMANCE: 08/31/07 - 08/09/08; SCOPE OF WORK: Washington County Health Department will work in conjunction with the ISDH, the Indiana Department of Homeland Security, and the other three Indiana counties within the Louisville MSA to accomplish goals set forth in the CRI guidance. The 2007/2008 contract with each of these jurisdictions will be Deliverable based. Specifically the deliverables were created to address the deficient areas noted from the 2007 Local Technical Assessment Reviews (LTARs). Each county within the MSA will have 4 deliverables, and the Lead MSA will have a fifth. The primary 4 deliverables which will be conducted by each county health department within the MSA are as follows: (1) Develop county (SOG) procedures for alternate modes of dispensing. This will be a companion document to the plan written in Budget Year 7; (2) Submit document outlining strategies to implement volunteer management SOG, including implementation schedule, to designated PHPER SNS Staff for review and approval; (3) Submit agendas, sign-in sheets and training materials	$11,261

					outline to designated PHPER SNS Staff with record of training. Submit a training log via the AAR application in the portal; (4) Write an inventory management SOP to include description of Inventory Management System(s) (IMS) in place and chain of custody procedure including the ability to track pharmaceutical lot numbers; METHOD OF ACCOUNTABILITY: Accountability will be measured by fulfillment of the deliverables set forth in the grant agreement established between ISDH and the Washington County Health Department. Upon completion of the deliverables, the ISDH CRI coordinator and/or SNS Director will ensure that the intended items were complete and accurate, and will sign off on an invoice, initiated by the LHD, to pay a proportion of the funds allocated for this county; ITEMIZED BUDGET & JUSTIFICATION: After support of a State Level position to oversee completion of the CRI Activities, the balance of funds remaining were allocated to each of the 4 LHDs within this MSA for completion of CRI activities. Each county within the MSA will receive a primary allocation of $5,000, plus an additional amount based on the percentage of people served by this LHD. Population served was based on the US Census July 1, 2005 estimated population figures which can be reviewed at the following URL: http://factfinder.census.gov/servlet/GCTTable?_bm=y&-geo_id=04000US18&-_box_head_nbr=GCT-T1&-ds_name=PEP_2006_EST&-_lang=en&-redoLog=false&-format=ST-2&-mt_name=PEP_2006_EST_GCTT1_ST2&-_sse=on. A copy of the allocation worksheet has been attached to this application as "Appendix E."	
Sole Source	Local Health	District 1_LPHC Grant - Lake County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$912

		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, 19 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 2 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 $9,118.

Sole Source	Local Health	District 1_LPHC Grant - Hammond City Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Porter County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Gary City Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Jasper County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the	$651

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, 19 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 2 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 $6,506.	
Sole Source	Local Health	District 1_LPHC Grant - East Chicago City Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$873

					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, 19 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 2 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 $8,727.	
Sole Source	Local Health	District 1_LPHC Grant - Newton County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$904

					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, 19 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 2 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 $9,037.	
Sole Source	Local Health	District 5_LPHC Grant - Marion County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$875

					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, 19 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 2 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 $8,747.	
Sole Source	Local Health	District 5_LPHC Grant - Hamilton	-	Quarterly Report	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public	$930

County Health Department - 10%		health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Johnson County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Hendricks County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Morgan County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Hancock County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Boone County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$860

					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, 19 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 2 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 $8,596.	
Sole Source	Local Health	District 5_LPHC Grant - Shelby County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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;	$677

					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, 19 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 2 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 $6,766.	
Sole Source	Local Health	District 7_LPHC Grant - Putnam County Health Department -	-	Quarterly Report	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 85 continued to	$711

10%		participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $7,113.	
Sole Source	Local Health	District 8_LPHC Grant - Brown County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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,	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Dearborn County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Franklin County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

	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, 19 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 2 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 $9,300.

Indirect Costs	Total: $8,493
INDIRECT COST FOR FUNDING SOURCE CRI_ORIGINAL APPLICATION Indiana's current indirect cost rate is 14.2% 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 B." This rate is in effect through 06/30/08, and is anticipated to be the same rate from 07/01/08-08/09/08. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$8,493

Funding Source Pan Flu

Financial : Consultant		Total: $427,521
Name of Consultant or Name:	**The expected rate of Compensation**	**Amount:**
TEK SYSTEMS_CRA SECONDARY DEVELOPER_JASON SETTLES Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Jason Settles; ORGANIZATIONAL AFFILIATION: TEK Systems; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Jason works on applications for the Countermeasure Response Administration (CRA) area. He will work on capturing data from a point of dispensing in the event of an incident. Once the data is available, he will develop the interfaces to pass the data to other applications such as Outbreak Management. He will also work in helping with the documentation and training required for implementation; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 04/30/08. Based on an 8 hour work day, there are approximately 1,304 Hours or 163 working days through 04/30/08. Due to Budget shortages this consultant's position is only being funded currently until 04/30/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $62 per hour or $496 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$496	$80,848
ANALYST'S INTERNATIONAL_OMS CERTIFICATION DEVELOPER_PAVAN NIZAMBAD Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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	$544	$88,672

OF CONSULTANT: Pavan Nizambad; ORGANIZATIONAL AFFILIATION: Analyst's International; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Pavan has experience working with Outbreak Management Systems and will be responsible for achieving PHIN Certification with OMS. The job will initially focus on analysis. He will start by reviewing the PHIN certification requirements, our current OMS and the CDC OMS application. Pavan will complete a recommendation on either modifying the current application or installing the CDC application. Based upon the recommendation he will either modify the current application or install the CDC application. CDC Phase 2 Pandemic Influenza Funds are being used to support this position; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 04/30/08. Based on an 8 hour work day, there are approximately 1,304 Hours or 163 working days through 04/30/08. Due to Budget shortages this consultant's position is only being funded currently until 04/30/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $68 per hour or $544 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.		
ACRO SERVICE CORPORATION_PHIN CERTIFICATION_PAM VANDONGEN Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Pam Vandongen; ORGANIZATIONAL AFFILIATION: Acro Service Corporation; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: As part of the CDC PHIN Certification requirements, there are a number system interfaces required. Rather than address each interface uniquely, we are going to take a global approach to how we pass the data. Pam will be responsible for analyzing all the data interface requirements between the functional areas and completing a recommendation on how to pass the data. She will then be responsible for developing the approach; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 04/30/08. Based on an 8 hour work day, there are approximately 1,304 Hours or 163 working days through 04/30/08. Due to Budget shortages this consultant's position is only being funded currently until 04/30/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $67.78 per hour or $542.24 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$542	$88,385
MID INC._VACCINE DISTRIBUTION (CRA) CONSULTANT_STEVE SELLERS Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Steve Sellers; ORGANIZATIONAL AFFILIATION: MID, Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: There are two key components in the Countermeasure Response administration (CRA) area: Capturing information on medication dispensed	$432	$18,144

and monitoring vaccine levels in the state. The CDC has established information requirements on individuals that receive medication at a POD (Point of Dispensing). We determined that the best way is to scan the forms and convert them into electronic data. We will establish regional sites for scanning and converting the data. Steve will define the process and procedures followed at the collection sites and manage the implementation. The CDC has a vaccine management system that the ISDH currently uses. They are in the process of upgrading it. Since Steve is familiar with the area, he will help with the implementation of the new system; NUMBER OF DAYS OF CONSULTATION: This is an extension of an existing consultant for the period of 08/31/07 – 10/31/07. Based on an 8 hour work day, there are approximately 336 Hours or 42 working days through 10/31/07; EXPECTED RATE OF COMPENSATION: $54 per hour or $432 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.		
MID INC._PHIN CERTIFICATION FOR COMMUNICATIONS SYSTEMS_STEVE SELLERS Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Steve Sellers; ORGANIZATIONAL AFFILIATION: MID, Inc.; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: ; NUMBER OF DAYS OF CONSULTATION: This is the beginning of a new project for an existing consultant for the period of 11/01/07 – 04/30/08. Based on an 8 hour work day, there are approximately 968 Hours or 121 working days through 04/30/08 Due to Budget shortages this consultant's position is only being funded currently until 04/30/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $54 per hour or $432 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$432	$52,272
TBD_WEBCASTING SYSTEM MANAGER_TBD Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: To Be Determined; ORGANIZATIONAL AFFILIATION: To Be Determined; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: We have received the equipment and software to provide Webcast capabilities to support our preparedness activities. We are planning on a permanent studio and a portable studio that could be set up at remote sites. We would like to bring in a person to help in three areas: (1) Finish setting up the studios and establish a Webinar environment. (2) Assist in developing exercises and training modules. (3) Assist in the delivery of Webinar exercises and training; NUMBER OF DAYS OF CONSULTATION: This is a new consultant that will be hired to work on this project. It is anticipated that post approval of this budget line item that the recruitment and identification of a person will allow the selected candidate to begin work as early as January 1, 2008. Based on an 8 hour work day, there are approximately 672 hours or 84 working days through 04/30/08 Due to Budget shortages this consultant's position is only being funded currently until 04/30/08, and we	$480	$41,520

will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: We are estimating that the hourly rate for this consultant will be $60 per hour based on the average QPA hourly rate for a Mid-Level Systems Manager, or $480 per day. In addition, this consultant will likely have to travel to present training sessions and webcasting services. Therefore a travel stipend of $300 per month for the 4 month period of this agreement has been included; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Surveillance Section of the PHP 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.		
BUCHER & CHRISTIAN_STARLIMS PAN FLU INTERFACE DEVELOPER_CARL ROTHENBACHER Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: Carl Rothenbacher; ORGANIZATIONAL AFFILIATION: Bucher & Christian Consulting; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: This consultant will continue the work on combining the LIMSNET application with other components of STARLIMS, in particular the development of the respiratory/influenza (virology) module.; NUMBER OF DAYS OF CONSULTATION: This is the beginning of a new project for an existing consultant for the period of 12/01/07 – 04/30/08. Based on an 8 hour work day, there are approximately 824 Hours or 103 working days through 04/30/08. Due to Budget shortages this consultant's position is only being funded currently until 04/30/08, and we will request continuation funding under our 2005/2006 carry-over of unobligated funds request in December 2007; EXPECTED RATE OF COMPENSATION: $70 per hour or $560 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Information Technology 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.	$560	$57,680

Financial : Equipment **Total: $432**

Item Requested	How Many	Unit Costs	Amount
Influenza Call Center Equipment - Phone instruments & Splitters	5.0	$86	$432

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.

Financial : Supplies	Total: $15,012
Description	**Amount**
WORKPLACE STRATEGIES FOR PANDEMIC PREPAREDNESS CD-ROM TRAINING KIT WITH LICENSE TO RE-COPY ISDH will purchase the education kit, "Workplace Strategies for Pandemic Preparedness." For a cost of $15,011.75, this kit includes a CD, educational handouts, and a quiz. The fee also includes a license for ISDH to duplicate the work and distribute kits to each local health department in the state. Our plan is to have local health departments bring in business executives and educate them about pandemic flu. Then the local health departments would act as a "library" to load the kits to Indiana businesses. This material affords employees the opportunity to actually see what it looks like in their place of business when many people are off sick, to understand the concept of social distancing as well as proper infection control measures.	$15,012

Financial : Other	Total: $112,840
Description	**Amount**
OVERNIGHT SAMPLE SHIPPING FEES FOR SENTINEL PHYSICIANS AND OTHER REQUESTORS To reduce the shipping expense for sentinel physicians and encourage continued participation in the sentinel influenza program, the ISDH offers pre-paid shipping of the viral specimen kits to the ISDH Laboratory. Without pre-paid shipping, clinicians would likely not participate in the program due to expense and inconvenience of shipping the specimens independently. Unfortunately, the cost for this allocation is difficult to determine due to unpredictability of how many kits could be shipped by Sentinel Physicians and other Requestors, especially in the event of a Pandemic. This amount is intended to supplement funding for this project as funded under the ISDH Epidemiology & Lab Capacity grant. Additional funds may be requested in carry over from last fiscal year for maintenance of effort and support of this project equivalent to funding support provided last fiscal year using our CDC cooperative agreement funds.	$3,840
ICLEF PUBLIC HEALTH LAW SEMINAR In conjunction with the ISDH's Office of Public Health & Medicine Partnerships, the Public Health Preparedness & Response program will joint sponsor the ICLEF Public Health Law Seminar for Continued Legal Education for Judges and Attorneys. Specifically, our segment of the seminar will be used to support inclusion of strategies, and legal issues on isolation & quarantine as well as legal authority to close schools in the event of a Pandemic.	$2,000
CRA SYSTEM DEVELOPMENT SCANNING/OCR/ICR SOFTWARE We have completed a preliminary study to establish the scope of our CRA effort. We are focusing on two areas. First, we will develop a paper form and use scanners to capture the medication dispensed. This will be a "back office" function that utilizes ICR / OCR technology to create data files which will be consolidated centrally. Second we will upgrade our existing STC software to make it PHIN compliant. We will need software to batch ICR / OCR data capture. The software will include tools to design / layout forms for data capture. We will also need workflow or some customization to support our process flow. The ISDH has reviewed a number of different software applications, and believe that Captiva offers a system that is the closest to meeting our operational needs. The cost for this allocation is based on a quote received for acquisition which includes a 17% ongoing annual maintenance fee for the software.	$107,000

Financial : Contractual						Total: $2,924,973
Selection Type	**Contract Type**	**Name**	**Date Range**	**Accountability**	**Budget Justification**	**Amount**
Sole Source	Local Health	District 1_LPHC Grant - East Chicago City Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$872

					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, 19 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 2 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 $8,727.	
Sole Source	Local Health	District 1_LPHC Grant - Gary City Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out in the grant for the following purposes. These	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Hammond City Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Jasper County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$650

					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, 19 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 2 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 $6,506.	
Sole Source	Local Health	District 1_LPHC Grant - La Porte County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK: Specific critical tasks and measures are set out	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 1_LPHC Grant - Lake County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$912

		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, 19 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 2 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 $9,118.	
Sole Source	Local Health	District 1_LPHC Grant - Newton County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$903

					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, 19 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 2 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 $9,037.	
Sole Source	Local Health	District 1_LPHC Grant - Porter County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; SCOPE OF WORK:	$930

		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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 2_LPHC Grant - Elkhart County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 2_LPHC Grant - Fulton County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$685

					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, 19 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 2 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 $6,853.	
Sole Source	Local Health	District 2_LPHC Grant - Marshall County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form	$909

from last fiscal year; 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, 19 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 2 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 $9,089.	
Sole Source	Local Health	District 2_LPHC Grant - Pulaski County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$772

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, 19 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 2 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 $7,718.	
Sole Source	Local Health	District 2_LPHC Grant - St. Joseph County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$821

					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, 19 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 2 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 $8,208.	
Sole Source	Local Health	District 2_LPHC Grant - Starke County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short	$817

extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $8,166.	
Sole Source	Local Health	District 3_LPHC Grant - Adams County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 3_LPHC Grant - Ft. Wayne/Allen County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$648

					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, 19 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 2 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 $6,483.	
Sole Source	Local Health	District 3_LPHC Grant - Huntington County Health Department - 10%	-	Quarterly Report	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 85	$874

continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $8,738.	
Sole Source	Local Health	District 3_LPHC Grant - LaGrange County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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 &	$927

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, 19 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 2 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 $9,273.	
Sole Source	Local Health	District 3_LPHC Grant - Miami County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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.	$744

					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, 19 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 2 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 $7,442.	
Sole Source	Local Health	District 3_LPHC Grant - Noble County Health Department - 10%	-	Quarterly Report	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	$930

(county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 3_LPHC Grant - Steuben County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$855

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, 19 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 2 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 $8,552.	
Sole Source	Local Health	District 3_LPHC Grant - Wabash County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$571

					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, 19 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 2 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 $5,709.	
Sole Source	Local Health	District 3_LPHC Grant - Wells County Health Department - 10%	-	Quarterly Report	All 94 Indiana LHDs were invited to participate in this grant program to build critical infrastructure needs for public health &	$930

emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 3_LPHC Grant - Whitley County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 4_LPHC Grant - Cass County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$906

					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, 19 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 2 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 $9,058.	
Sole Source	Local Health	District 4_LPHC Grant - Clinton County Health	-	Quarterly Report	All 94 Indiana LHDs were invited to participate in this grant program to build critical	$930

	Department - 10%	infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 4_LPHC Grant - Fountain/Warren County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$918

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, 19 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 2 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 $9,177.	
Sole Source	Local Health	District 4_LPHC Grant - Montgomery County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole	Local Health	District 4_LPHC Grant -	-	Quarterly	All 94 Indiana LHDs were invited to participate	$930

Source	Tippecanoe County Health Department - 10%	Report	in this grant program to build critical infrastructure needs for public health & emergency preparedness activities within local (county & municipal) jurisdictions. Only 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 4_LPHC Grant - White County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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;	$907

		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, 19 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 2 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 $9,073.	
Sole Source	Local Health	District 5_LPHC Grant - Boone County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$859

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, 19 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 2 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 $8,596.

Sole Source	Local Health	District 5_LPHC Grant - Hamilton County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Hancock County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Hendricks County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 5_LPHC Grant - Johnson County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 5_LPHC Grant - Marion County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$874

		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, 19 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 2 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 $8,747.	
Sole Source	Local Health	District 5_LPHC Grant - Morgan County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 5_LPHC Grant - Shelby County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$676

					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, 19 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 2 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 $6,766.	
Sole Source	Local Health	District 6_LPHC Grant - Blackford County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$654

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, 19 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 2 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 $6,542.	
Sole Source	Local Health	District 6_LPHC Grant - Delaware County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$784

		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, 19 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 2 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 $7,838.

Sole Source	Local Health	District 6_LPHC Grant - Fayette County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 6_LPHC Grant - Grant County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$842

		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, 19 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 2 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 $8,424.	
Sole Source	Local Health	District 6_LPHC Grant - Henry County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 6_LPHC Grant - Howard County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 6_LPHC Grant - Jay County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$865

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, 19 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 2 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 $8,649.	
Sole Source	Local Health	District 6_LPHC Grant - Madison County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$806

		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, 19 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 2 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 $8,065.

Sole Source	Local Health	District 6_LPHC Grant - Randolph County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$900

					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, 19 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 2 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 $9,003.	
Sole Source	Local Health	District 6_LPHC Grant - Rush County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$790

		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, 19 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 2 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 $7,902.	
Sole Source	Local Health	District 6_LPHC Grant - Tipton County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 6_LPHC Grant - Union County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$785

					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, 19 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 2 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 $7,849.	
Sole Source	Local Health	District 6_LPHC Grant - Wayne County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$910

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, 19 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 2 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 $9,105.	
Sole Source	Local Health	District 7_LPHC Grant - Clay County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$847

		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, 19 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 2 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 $8,475.

Sole Source	Local Health	District 7_LPHC Grant - Greene County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Parke County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Putnam County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$712

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, 19 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 2 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 $7,113.

Sole Source	Local Health	District 7_LPHC Grant - Sullivan County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Vermillion County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 7_LPHC Grant - Vigo County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 8_LPHC Grant - Bartholomew County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Brown County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Jackson County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 8_LPHC Grant - Lawrence County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 8_LPHC Grant - Monroe County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$788

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, 19 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 2 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 $7,882.	
Sole Source	Local Health	District 8_LPHC Grant - Orange County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$924

		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, 19 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 2 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 $9,245.

Sole Source	Local Health	District 8_LPHC Grant - Washington County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$918

					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, 19 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 2 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 $9,176.	
Sole Source	Local Health	District 9_LPHC Grant - Clark County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$758

		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, 19 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 2 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 $7,584.	
Sole Source	Local Health	District 9_LPHC Grant - Dearborn County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 9_LPHC Grant - Decatur County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Floyd County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$786

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, 19 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 2 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 $7,856.	
Sole Source	Local Health	District 9_LPHC Grant - Franklin County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 9_LPHC Grant - Harrison County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$913

					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, 19 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 2 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 $9,128.	
Sole Source	Local Health	District 9_LPHC Grant - Jennings County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Ripley County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$711

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, 19 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 2 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 $7,113.

Sole Source	Local Health	District 9_LPHC Grant - Scott County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 9_LPHC Grant - Switzerland County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$645

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, 19 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 2 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 $6,451.	
Sole Source	Local Health	District 10_LPHC Grant - Crawford County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 10_LPHC Grant - Daviess County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$870

					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, 19 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 2 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 $8,701.	
Sole Source	Local Health	District 10_LPHC Grant - Dubois County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$724

		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, 19 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 2 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 $7,239.	
Sole Source	Local Health	District 10_LPHC Grant - Gibson County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 10_LPHC Grant - Knox County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

					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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 10_LPHC Grant - Martin County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

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, 19 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 2 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 $9,300.	
Sole Source	Local Health	District 10_LPHC Grant - Pike County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$930

		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, 19 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 2 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 $9,300.

Sole Source	Local Health	District 10_LPHC Grant - Spencer County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$652

					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, 19 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 2 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 $6,523.	
Sole Source	Local Health	District 10_LPHC Grant - Vanderburg County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$759

		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, 19 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 2 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 $7,592.	
Sole Source	Local Health	District 10_LPHC Grant - Warrick County Health Department - 10%	-	Quarterly Report	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 85 continued to participate for this short extension of the LPHC program in it's form from last fiscal year; 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	$893

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, 19 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 2 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 $8,931.

Sole Source	Local Health	District 1_East Chicago City Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan	$15,000

					(CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 1_Gary City Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise	$15,000

					participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 1_Jasper County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been	$15,000

					to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole	Local Health	District 1_La Porte	-	Quarterly	FFY 2007 will be a transition year for Indiana.	$15,000

Source	County Health Department_LHD Deliverable Grant	Report	It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2)

					Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 1_Lake County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan	$15,000

					Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 1_Newton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds	$15,000

					to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 1_Porter County Health Department_LHD	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-	$15,000

Deliverable Grant	evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu

					Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_Elkhart County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements,	$15,000

					deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_Fulton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health	$15,000

					Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_Kosciusko County Health Department_LHD	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a	$15,000

Deliverable Grant	new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and

					Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_Marshall County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding	$15,000

					streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_Pulaski County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of	$15,000

					financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_St. Joseph County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local	$15,000

Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated

					PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 2_Starke County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants.	$15,000

					Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Adams County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost	$15,000

					approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Allen (Ft. Wayne) County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This	$15,000

time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR

					application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Dekalb County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000	$15,000

					in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Huntington County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding	$15,000

					stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_LaGrange County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to	$15,000

sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee

					and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Miami County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards	$15,000

					preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Noble County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end	$15,000

					the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Steuben County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified	$15,000

within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract

					period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Wabash County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for	$15,000

					completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Wells County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form.	$15,000

					However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 3_Whitley County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement &	$15,000

National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution

					Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Benton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific	$15,000

					deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Carroll County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some	$15,000

					financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Cass County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to	$15,000

receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan.

					Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Clinton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract	$15,000

					section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Fountain/Warren County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than	$15,000

					solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Montgomery County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our	$15,000

programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting

					minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_Tippecanoe County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific	$15,000

					deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 4_White County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93	$15,000

					LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Boone County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will	$15,000

convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and

					updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Hamilton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed	$15,000

					Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Hancock County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based	$15,000

					grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Hendricks County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to	$15,000

		review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate

					PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Johnson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1)	$15,000

					Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Marion County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning,	$15,000

					special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 5_Morgan County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models	$15,000

to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.

Sole Source	Local Health	District 5_Shelby County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan	$15,000

					(CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Blackford County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise	$15,000

					participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Delaware County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been	$15,000

					to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole	Local Health	District 6_Fayette County	-	Quarterly	FFY 2007 will be a transition year for Indiana.	$15,000

Source	Health Department_LHD Deliverable Grant	Report	It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2)

					Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Grant County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan	$15,000

					Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Henry County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds	$15,000

					to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Howard County Health	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-	$15,000

	Department_LHD Deliverable Grant	evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu

					Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Jay County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements,	$15,000

					deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Madison County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health	$15,000

					Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Randolph County Health Department_LHD	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a	$15,000

Deliverable Grant	new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and

					Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Rush County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding	$15,000

					streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Tipton County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of	$15,000

					financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Union County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local	$15,000

Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated

					PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 6_Wayne County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants.	$15,000

					Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Clay County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost	$15,000

					approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Greene County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This	$15,000

time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR

					application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Owen County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000	$15,000

					in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Parke County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding	$15,000

					stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Putnam County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to	$15,000

		sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee

					and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Sullivan County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards	$15,000

					preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Vermillion County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end	$15,000

					the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 7_Vigo County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified	$15,000

within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract

					period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Bartholomew County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for	$15,000

					completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Brown County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form.	$15,000

					However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Jackson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement &	$15,000

National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution

					Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Lawrence County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific	$15,000

					deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Monroe County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some	$15,000

					financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Orange County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to	$15,000

receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan.

					Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 8_Washington County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract	$15,000

					section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Clark County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than	$15,000

					solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Dearborn County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our	$15,000

programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting

					minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Decatur County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific	$15,000

					deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Floyd County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93	$15,000

					LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Franklin County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will	$15,000

convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and

					updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Harrison County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed	$15,000

					Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Jefferson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based	$15,000

					grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Jennings County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to	$15,000

		review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate

					PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Ohio County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1)	$15,000

					Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Ripley County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning,	$15,000

					special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 9_Scott County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models	$15,000

to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.

Sole Source	Local Health	District 9_Switzerland County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan	$15,000

					(CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Crawford County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise	$15,000

					participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Daviess County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been	$15,000

					to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole	Local Health	District 10_Dubois	-	Quarterly	FFY 2007 will be a transition year for Indiana.	$15,000

Source	County Health Department_LHD Deliverable Grant	Report	It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2)

					Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Gibson County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan	$15,000

					Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Knox County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds	$15,000

					to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Martin County Health	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-	$15,000

	Department_LHD Deliverable Grant	evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu

					Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Perry County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements,	$15,000

					deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Pike County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health	$15,000

					Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Posey County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a	$15,000

new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and

					Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Spencer County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding	$15,000

					streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Vanderburgh County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of	$15,000

					financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Local Health	District 10_Warrick County Health Department_LHD Deliverable Grant	-	Quarterly Report	FFY 2007 will be a transition year for Indiana. It is intended that this year be spent re-evaluating & establishing the foundation for a new organizational structure for State & Local	$15,000

Preparedness in the summer of 2008. This time is critical to determine the best means to sustain required Target Capabilities identified within the CDC cooperative agreement & National Response fund, while continuing to receive decreased federal support for our programmatic activities. The ISDH will convene a Transition steering committee to review and evaluate various structures/models to finalize the direction of this program in the future. Currently Indiana's approach has been to provide counties throughout the state funds to hire & maintain a Local Public Health Coordinator (LPHC). Maintaining this type of financial support to our LHDs would cost approximately 42% of our Base funding stream. Therefore, the ISDH decided to end the LPHC program in its current form. However, as a means of providing some financial support to the counties rather than solely direct assistance, ISDH will invite all 93 LHDs to participate in a deliverable based grant which will focus on transitional planning, special needs populations planning, countermeasure response, & exercise participation. In order to use both Base & Pan Flu funds to support these agreements, deliverables associated with both funding streams will be included within these grants. Specifically these grants will include $30,000 in funding for completion of Base (All-hazards preparedness) deliverables & $15,000 for completion of Pandemic Influenza specific deliverables. Please see the Base Contract section for the listing of the Base specific deliverables. The following are the proposed Pandemic Influenza deliverables: (1) Participate in the State sponsored TTX drill. Submit AAR/IP and Corrective Action Plan (CAP) to designated PHPER Staff. (2) Participate in a State Sponsored Pan Flu Functional Exercise (FE). Submit AAR/IP and Corrective Action Plan (CAP) to designated

					PHPER Staff and via the portal AAR application. (3) Establish Pan Flu Committee and meet, at least twice during contract period, to develop an Antiviral Distribution Annex and update County Pan Flu Plan. Submit Committee membership list, meeting minutes, Antiviral Distribution Annex and updated County Pan Flu plan to appropriate PHPER staff for review and approval.	
Sole Source	Other Public Entity	Purdue University_Exercises & Evaluations	-	Quarterly Report	NAME OF CONTRACTOR: Purdue Homeland Security Institute; METHOD OF SELECTION: Sole Source; PERIOD OF PERFORMANCE: August 31, 2007, to August 09, 2008; SCOPE OF WORK: Contractor will continue Phase 2 of our Exercise program which will focus on implementation of exercises developed under last fiscal year. A complete Scope of Work is attached to this application as "Appendix F" for CDC's review and approval of our Exercise plans for the current budget cycle. As required by the application, our Exercise Schedule and plans for this year have been populated into the Lessons Learned Information System (www.LLIS.gov) as required; METHOD OF ACCOUNTABILITY: Accountability will be reviewed through monthly claim vouchers and progress reports submitted by the contractor, and through direct participation in exercises and training by ISDH program staff; ITEMIZED BUDGET AND JUSTIFICATION: Please see "Appendix F" for the detailed budget.	$904,395
Sole Source	Commercial	Health Care Excel_Mass Fatality Planning	-	Quarterly Report	NAME OF CONTRACTOR: Health Care Excel; METHOD OF SELECTION: This is a continuation of work began under last fiscal year. Originally this was a Competitive bid contract in which the ISDH will develop specific criteria and enhance the Scope of Work to solicit cost proposals from various public partners, educational institutions, and private sector companies. These proposals were evaluated by PHPER, ISDH management, and the Indiana Dept. of Administration for vendor	$277,563

					selection. As a continuation of services, this years contract is identified as a Sole Source contract; PERIOD OF PERFORMANCE: 11/01/07 – 08/09/08; SCOPE OF WORK: Contractor will develop alternatives for handling mass fatalities at the district and at local levels to support pandemic planning in Indiana. Contractor will analyze multiple factors related to a mass fatality event and identify required steps that must occur for response and recovery, required resources, the most critical potential shortages, and opportunities for mass storage, stockpiling supplies, and cost sharing among jurisdictions. Contractor will also analyze and assess religious, cultural and psychological aspects. Contractor will formulate recommendations and strategies for handling mass fatalities, and will develop a mass fatality planning template that can be used by public health and emergency management personnel in creating comprehensive mass fatality plans. A copy of the proposed Phase 2 scope of work has been attached to this application as "Appendix G." There are some minor changes that will be made to it based on an adjusted timeline needed to fully execute a Personal Services Contract through the state system post CDC approval of our application; METHOD OF ACCOUNTABILITY: Accountability will be reviewed through monthly claim vouchers and progress reports submitted by the contractor and the level of collaboration required by ISDH personnel with the Vendor to execute all of the contract deliverables. ITEMIZED BUDGET AND JUSTIFICATION: Please see "Appendix G" which is attached to this application.	
Sole Source	Other Public Entity	Indiana University Center for Bioethics	-	Quarterly Report	NAME OF CONTRACTOR: Indiana University Center for Bioethics; METHOD OF SELECTION: The Indiana University Center for Bioethics is the only center in the state of Indiana with the expertise and resources to address ethical,	$266,770

medical and health policy issues in pandemic influenza planning and response. The uniqueness of a center for bioethics is its interdisciplinary character, with expertise in medicine, science, public health, law, health policy, and ethics. The Indiana University Center for Bioethics is the ONLY center for bioethics in Indiana and thus the only such center capable of addressing the unique health policy, ethical, and medical issue related to pandemic influenza. In addition, this is a continuation of work initiated under last fiscal year; PERIOD OF PERFORMANCE: 11/01/07 – 08/09/08; SCOPE OF WORK: Please see "Appendix H" which is attached to this application and fully details the Scope of Work, Budget and Justification. In August 2007, the Indiana University Center for Bioethics submitted to ISDH a series of Technical Advisory Documents (TADs) and an ethics framework in fulfillment of a contract to address ethical issues in pandemic flu preparedness. The ISDH recognizes that scientific, public health, and consequent ethical and policy issues continue to evolve and that continued efforts to address these issues is needed. In order to implement the "next logical steps" that follow from the August 2007 report, the ISDH will partner with the Indiana University Center for Bioethics to engage in four major projects, which include: hosting a State summit on ethical and policy issues in pandemic flu preparedness; convening Study Groups to assess the relevance and applicability of the TAD developed in 2007; revise and supplement the TADs with case studies, annotated bibliographies, and make these documents publicly available on the bioethics pandemic flu web portal; and survey of public and health professionals to address confidence in the government's planning, communication strategies, and related issues; METHOD OF

					ACCOUNTABILITY: Accountability will be measured based on the direct participation and collaboration between the vendor and the ISDH for coordination and completion of services identified within the contract.	
Sole Source	Other Public Entity	University of Illinois - LMS Maintenance	-	Quarterly Report	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) most naturally and closely aligned with the state, and has had a long standing partnership with the Indiana State Department of Health (ISDH). They are the sole source for this agreement as they own and have been the developer for our Learning Management System over the course of the last 4 years; PERIOD OF PERFORMANCE: 08/31/07 through 06/30/08. SCOPE OF WORK: To improve ease of access to the simulation through the Indiana Learning Management System, UIC will create an enhancement to provide user profile data from the LMS into the simulation to avoid double registration by the user and to eliminate the need to access the simulation through the Indiana Health Portal using a security code as it currently exists. Users will ultimately be able to launch the course from the LMS and go directly to the IOT server to use the simulation. This enhancement will also provide improved functionality at a later point should the ISDH expand the simulation or use the simulation platform to build other exercises; CRITERIA FOR MEASURING ACCOUNTABILITY: The State will have monitoring rights to all registrants in the system and will work directly with UIC CADE to ensure ease of access for users; ITEMIZED BUDGET: The total for this contract, $7,709 is based on an estimated cost of $6,750 for the labor and services required to complete these system enhancements. In addition it includes a negotiated Finance &	$7,709

	Administration cost of $959 or the equivalent to Indiana's current federally approved Indirect Cost rate of 14.2%.

Indirect Costs	Total: $78,863
INDIRECT COST FOR FUNDING SOURCE PANDEMIC INFLUENZA_ORIGINAL APPLICATION Indiana's current indirect cost rate is 14.2% 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 B." This rate is in effect through 06/30/08, and is anticipated to be the same rate from 07/01/08-08/09/08. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$78,863

Funding Source Real-Time Disease Detection

Financial : Consultant		Total: $158,400
Name of Consultant or Name:	**The expected rate of Compensation**	**Amount:**
TBD - RTDS ISDH/IPC IT INTERFACE DEVELOPER Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: To Be Determined; ORGANIZATIONAL AFFILIATION: To Be Determined; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: The RTDD Interface Developer will establish connections between the IPC data streams and the ISDH. This includes web-based access to the replicated IPC database and the methods to query the database, produce surveillance graphs and GIS mapping, and view patient data. The developer will verify that data are transmitted seamlessly without interference with other incoming data to ISDH; NUMBER OF DAYS OF CONSULTATION: This is a new consultant that will be hired to work on this project. It is anticipated that post approval of this budget line item that the recruitment and identification of a person will allow the selected candidate to begin work as early as February 1, 2008. Based on an 8 hour work day, there are approximately 1042 Hours or 132 working days through 08/09/08; EXPECTED RATE OF COMPENSATION: We are estimating that the hourly rate for this consultant will be $65 per hour based on the average QPA hourly rate for a Mid-Level Internet/Intranet Application Developer, or $520 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Surveillance Section of the PHP division. Timesheets	$520	$68,640

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.

TBD - RTDS ISDH/IPC IT PROJECT MANAGER Selected from the Indiana State Dept. of Administrations Temporary Technical Services Quantity Purchase Award (QPA) 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: To Be Determined; ORGANIZATIONAL AFFILIATION: To Be Determined; NATURE OF SERVICES TO BE RENDERED & RELEVANCE OF SERVICE TO PROJECT: Funding is requested for an IT Program Manager to coordinate and manage the RTDS project. The scope of this project necessitates a dedicated staff member, and current staffing capabilities preclude ISDH staff from performing this function; NUMBER OF DAYS OF CONSULTATION: This is a new consultant that will be hired to work on this project. It is anticipated that post approval of this budget line item that the recruitment and identification of a person will allow the selected candidate to begin work as early as February 1, 2008. Based on an 8 hour work day, there are approximately 1042 Hours or 132 working days through 08/09/08; EXPECTED RATE OF COMPENSATION: We are estimating that the hourly rate for this consultant will be $85 per hour based on the average QPA hourly rate for a Senior-Level IT Project Manager, or $680 per day; METHOD OF ACCOUNTABILITY: This consultant will report for daily work within the ISDH Surveillance Section of the PHP 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	$89,760

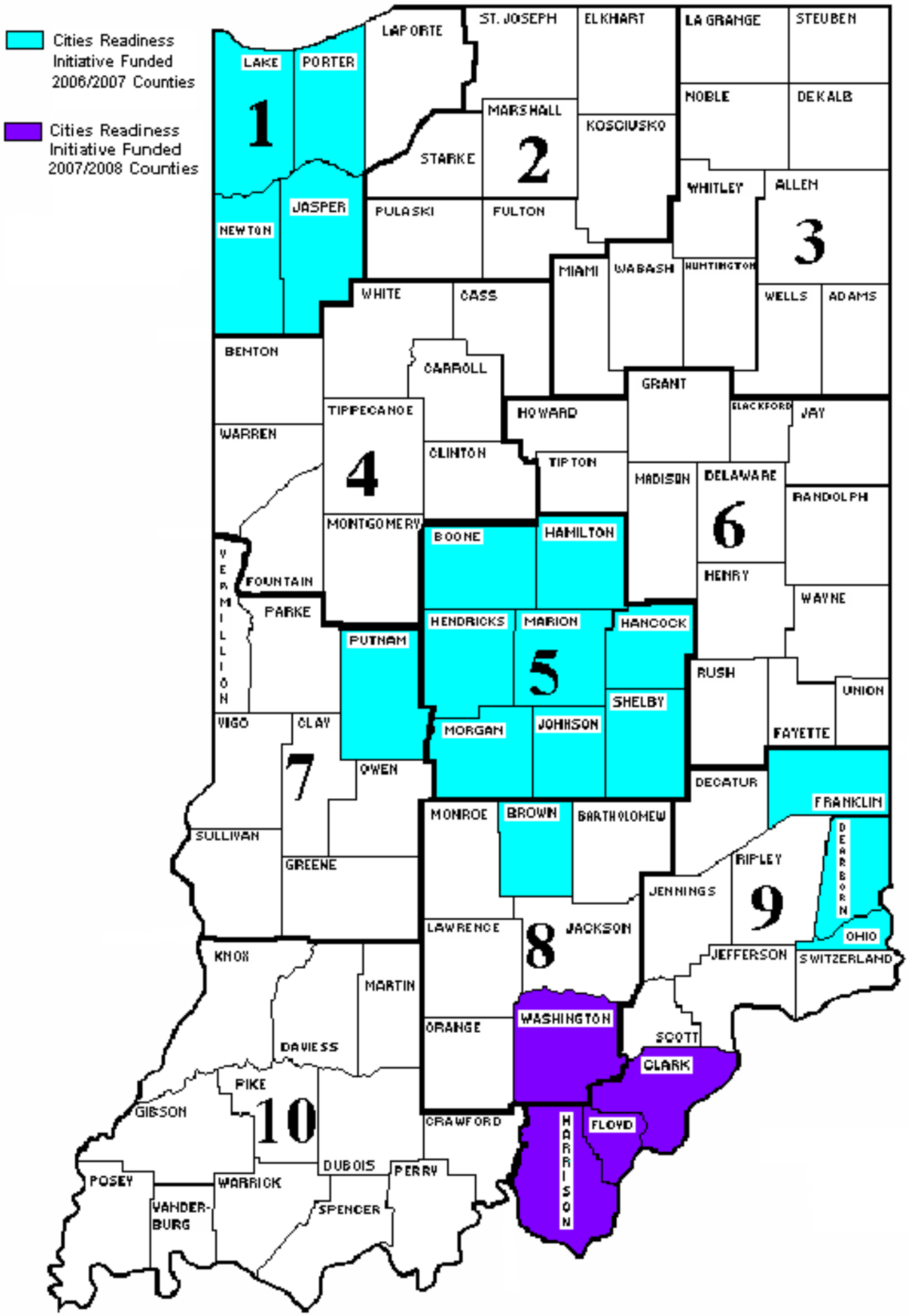
Financial : Contractual — **Total: $370,892**

Selection Type	Contract Type	Name	Date Range	Accountability	Budget Justification	Amount
Sole Source	Other Public Entity	Indiana Poison Control Center	-	Quarterly Report	NAME OF CONTRACTOR: Indiana Poison Control Center; METHOD OF SELECTION: Sole source as this is the only Poison Center providing services throughout the State of Indiana; PERIOD OF PERFORMANCE: 12/01/07 through 08/09/08; SCOPE OF WORK: Funding is requested to establish and maintain data feeds from the Indiana Poison Center for public health surveillance. The IPC is recognized as a significant source of public health data, fielding approximately 83,000 calls for assistance and an additional 20,000 calls for information in 2006 alone. Currently, the ISDH does not use these data, which, if assessed routinely, may provide early warning of a public health emergency. In addition, the IPC will enhance its telephone system to provide a "warm phone"	$302,500

capability that can be used to distribute recorded public health messages, providing the ISDH with another method of early information and warning distribution. Given the number of calls received by IPC, the ISDH anticipates this method will be successful. The IPC will also enhance its current caller database, providing the ISDH with increased demographic information for callers, which will aid in case tracking for outbreak investigation. This partnership with IPC will add another overall dimension to the ISDH surveillance and investigation capabilities; METHOD OF ACCOUNTABILITY: Vendor will be monitored for performance based on the contract deliverables by dedicated ISDH staff members (Surveillance Director & RTDS Project Manager) for programmatic oversight; ITEMIZED BUDGET: The following is the proposed deliverable breakdown and funding amount per completion of each deliverable for this contract:(1.) Collaborate with ISDH to establish surveillance definitions in the National Poison Data System (NPDS). Write and activate surveillance definitions in NPDS: $10,000; (2.) Provide anomaly alerts to ISDH 24/7/365 using NPDS data analysis system. Includes on-call coverage for system: $36,500; (3.) Implement encrypted web-based access to replicated IPC database for credentialed external users allowing querying of database in real-time, production of surveillance graphs, GIS mapping, and view of all patient data: (a) Permission from Toxicall to access structure for tie-in: $10,000; (b) Modify and test code: $50,000; (c) Hardware requirements: $23,000; (d) Development of credentialing criteria for ISDH access to database: $5,000; (e) Maintenance of credentialing for ISDH access to database: $5,000; (4.) Implement IP-based telephony with specified features: (a) Purchase IP-based telephony equipment to piggyback on existing Clarian Health system: $65,000; (b) Purchase remote agent hardware: $32,000; (5.) Enhance hearing impaired telephony: $10,000; (6.) Implement encrypted web-based health care facility database for Indiana including hospital resources/capabilities, antidote/antimicrobial inventories, and laboratory capabilities. Features direct web-based hospital data entry, web-based querying/searching, and secure data sharing and replication: (a) Hardware requirements: $23,000; (b) Initial database set-up: $8,000; (7.) Enhance the IPC caller database: $15,000; (8.) Develop a plan and budget to extend the IPC service to all hospital emergency departments and ambulatory care

					centers in Indiana: $10,000	
Bid	Other Public Entity	TBD - RTDS ISDH/IPC Exercise Planner	-	Quarterly Report	NAME OF CONTRACTOR: TBD; METHOD OF SELECTION: Competitive Bid Process or Requests for Proposals; PERIOD OF PERFORMANCE: 12/01/07 through 08/09/08; SCOPE OF WORK: Funding is requested to establish a contract with a vendor to plan a tabletop exercise to measure the capacity and capability of the RTDD project. This exercise will include routine participants in the project and will measure response triggers, time to recognition of triggers, and response. The exercise will be written and conducted within the Homeland Security Exercise Evaluation Program (HSEEP) standards. The exercise package will include the situation manuals including the scenario, descriptions of various roles, rules of the exercise, and discussion questions. The vendor will also provide evaluation tools to measure the outcomes of the exercise. Current ISDH staffing capacity and capability preclude ISDH staff from performing these tasks; METHOD OF ACCOUNTABILITY: Vendor will be monitored for performance based on the contract deliverables by dedicated ISDH staff members (Surveillance Director & RTDS Project Manager) for programmatic oversight; ITEMIZED BUDGET:	$68,392

Indirect Costs	**Total: $22,493**
INDIRECT COST FOR FUNDING SOURCE REAL-TIME DISEASE DETECTION_ORIGINAL APPLICATION Indiana's current indirect cost rate is 14.2% 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 B." This rate is in effect through 06/30/08, and is anticipated to be the same rate from 07/01/08-08/09/08. However if the new rate is changed, proper notification and budget reallocation will be submitted to CDC accordingly.	$22,493


Cities Readiness Initiative Funded 2006/2007 Counties
Cities Readiness Initiative Funded 2007/2008 Counties
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LAKE
PORTER
LAPORTE
ST. JOSEPH
ELKHART
LA GRANGE
STEUBEN
NOBLE
DEKALB
MARSHALL
KOSCIUSKO
STARKE
WHITLEY
ALLEN
JASPER
NEWTON
PULASKI
FULTON
MIAMI
WABASH
HUNTINGTON
WELLS
ADAMS
WHITE
CASS
BENTON
CARROLL
GRANT
BLACKFORD
JAY
TIPPECANOE
HOWARD
WARREN
CLINTON
TIPTON
MADISON
DELAWARE
RANDOLPH
MONTGOMERY
BOONE
HAMILTON
HENRY
VERMILLION
FOUNTAIN
PARKE
WAYNE
HENDRICKS
MARION
HANCOCK
PUTNAM
RUSH
UNION
SHELBY
VIGO
CLAY
MORGAN
JOHNSON
FAYETTE
OWEN
DECATUR
FRANKLIN
MONROE
BROWN
BARTHOLOMEW
SULLIVAN
DEARBORN
RIPLEY
GREENE
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

STATE AND LOCAL RATE AGREEMENT

EIN #: 1356000158A1

DATE: June 22, 2007

DEPARTMENT/AGENCY:
Indiana Department of Health
2 North Meridian Street
Indianapolis IN 46204-

FILING REF.: The preceding Agreement was dated February 21, 2006

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	07/01/06	06/30/07	11.5	All	All Programs
FIXED	07/01/07	06/30/08	14.2	All	All Programs
PROV.	07/01/08	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2008.		

*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: June 22, 2007

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: June 22, 2007

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)
(SIGNATURE)
LANCE RHODES
(NAME)
CHIEF FINANCIAL OFFICER, OPERATIONAL SERVICES
(TITLE)
JULY 6, 2007
(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
June 22, 2007
(DATE) 5328

HHS REPRESENTATIVE: Pamela Page
Telephone: (214) 767-6505

INDIANA STATE DEPARTMENT OF HEALTH

HIPAA Compliance
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**Women's Health has co-reporting structure to State Health Commissioner*

11/13/06 (ISDHORG3.OPX)

MITCHELL E. DANIELS, Jr., Governor
STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

October 10 , 2007

The National Incident Management System FY07 Certification

I certify that the Indiana Department of Health has complied with the following minimum FY07 National Incident Management System (NIMS) compliance metrics in accordance with ODP's FY07 ODP Homeland Security Grant Program as submitted through the National Incident Management System Compliance Assistance Support Tool (NIMSCAST):

1) Adoption of NIMS and Infrastructure 2) Command and Management 3) Preparedness Planning 4) Preparedness Training 5) Preparedness Exercise 6) Resource Management 7) Communication and Information Management

This includes ongoing activities to 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;
- Completing the NIMS and ICS (Incident Command System) Courses for all emergency personnel with a direct role in emergency preparedness, incident management or response;
- Maintaining record of NIMS requirements through the NIMSCAST to evaluate incident response and management capabilities.
- Institutionalizing the use of the Incident Command System (ICS). Institutionalization as demonstrated in the agencies policy and organization/operational standards.

Signed,

J. Eric Dietz, Ph.D.
Executive Director

2007-2008 CRI Funding Allocations_with Base

	COST ALLOCATIONS									
INDIANA COUNTY	County POP.% of MSA	MSA POP.% of all IN CRI Jurisdictions	MSA FUNDING % of all IN CRI Funding	V. HAMILTON SALARY & FRINGE	INDIRECT COST	LPHC COSTS	TOTAL BAL TO ALLOCATE	CRI PRINCIPLE AWARD AMT	POP. ALLOC PER LHD	TOTAL AWARD PER LHD
				$59,810	$8,493	$16,693	$660,735	$115,000	$545,735	$660,735
Lake County (includes Hammond)	52.13%					$1,842		$5,000	$22,283	$27,283
East Chicago	4.44%					$873		$5,000	$1,898	$6,898
Gary	14.15%					$930		$5,000	$6,049	$11,049
Porter County	22.64%					$930		$5,000	$9,678	$14,678
Jasper County	4.57%					$651		$5,000	$1,953	$6,953
Newton County	2.07%					$904		$5,000	$885	$5,885
CHICAGO MSA	**100.00%**	**26.22%**	**11.64%**	**$6,962**	**$989**	**$6,130**	**$72,746**	**$30,000**	**$42,746**	**$72,746**
FUNDING AWARD										
Funding per Capita										
COUNTY										
Marion County	52.54%					$875		$5,000	$232,301	$237,301
Hamilton County	14.68%					$930		$5,000	$64,906	$69,906
Johnson County	7.92%					$930		$5,000	$35,018	$40,018
Hendricks County	7.76%					$930		$5,000	$34,310	$39,310
Morgan County	4.25%					$930		$5,000	$18,791	$23,791
Hancock County	3.84%					$930		$5,000	$16,978	$21,978
Boone County	3.17%					$860		$5,000	$14,016	$19,016
Shelby County	2.67%					$677		$5,000	$11,805	$16,805
Putnam County	2.25%					$711		$5,000	$9,948	$14,948
Brown County	0.92%					$930		$5,000	$4,068	$9,068
INDIANAPOLIS MSA	**100.00%**	**61.85%**	**73.93%**	**$44,224**	**$6,280**	**$8,703**	**$492,141**	**$50,000**	**$442,141**	**$492,141**
FUNDING AWARD										
Funding per Capita										
COUNTY										
Dearborn County	62.81%					$930		$5,000	$4,549	$9,549
Franklin County	29.70%					$930		$5,000	$2,151	$7,151
Ohio County	7.49%					$0		$5,000	$543	$5,543
CINCINNATI MSA	**100.00%**	**2.94%**	**3.56%**	**$2,129**	**$302**	**$1,860**	**$22,243**	**$15,000**	**$7,243**	**$22,243**
FUNDING AWARD										
Funding per Capita										
COUNTY										
Clark County	42.66%					$0		$5,000	$22,868	$27,868
Floyd County	30.24%					$0		$5,000	$16,210	$21,210
Harrison County	15.42%					$0		$5,000	$8,266	$13,266
Washington County	11.68%					$0		$5,000	$6,261	$11,261
LOUISVILLE MSA	**100.00%**	**8.98%**	**10.86%**	**$6,495**	**$922**	**$0**	**$73,605**	**$20,000**	**$53,605**	**$73,605**
FUNDING AWARD										
Funding per Capita										
TOTAL POP.				**$59,810**	**$8,493**	**$16,693**	**$660,735**	**$115,000**	**$545,735**	**$660,735**

Year 2 Pandemic Influenza Exercise Preparedness Program
Planning and Execution for Tabletop and Functional Exercises

A proposal to the Indiana State Department of Health to plan and execute Desktop Drills, Tabletop and Functional Pandemic Influenza Exercises for the Indiana State Department of Health Districts during calendar year 2008.

Amount Requested: $854,395

Purdue University Principal Investigator:

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Objective
This proposal will provide one State-level Pandemic Tabletop exercise, ten District-level Pandemic Tabletop exercises, ten District-level Panflu functional exercises, and nine regional Desktop Drills (coordinated through Simulation Education Services (SES)) for the Indiana State Department of Health. The Purdue Homeland Security Institute will provide the subject matter expertise necessary to coordinate, research, design, support and deliver these exercises. In addition, we will provide a Pandemic Exercise Preparedness Education program though Purdue's Regenstrief Center for Healthcare Engineering and the School of Communications. We will also provide a Pandemic Exercise Interactive tool through the Purdue Regional Visualization and Analytics Center (DHS sponsored). All actions will be coordinated through the State District Coordinators and the Indiana State Department of Health.

Budget
The proposed budget for this project is $ 904,395

This includes each of the following items:
Personnel (Salaries, Wages and Fringes)
Graduate Fee Remissions and Insurance
Travel
Supplies and Expenses
Indirect (14.5%)

Deliverables and Scope of Work
The funding for this program will be specifically focused on the following major areas:

1. One (1) State-level Panflu Tabletop Exercise
    a. PHSI will adapt existing material to create a new state-level tabletop.
    b. PHSI will provide coordination support with necessary pre-exercise planning meetings.
    c. PHSI will provide subject matter experts to facilitate the tabletop exercise.
    d. PHSI will provide detailed templates in terms of Exercise Manual for Players, Exercise Manual for Controllers/Evaluators, Safety Plan, Master Sequence of Events List, After Action Review Conference with After Action Reports/Improvement Plans.
    e. PHSI will provide a "Mixed Reality" simulation environment where participants can see what effect decisions have on public health, public opinion, and economic health.

2. Ten (10) District-level Tabletop Exercises
    a. PHSI will adapt existing material to create one new District-level tabletop exercise suitable for all 10 Districts.
    b. PHSI will provide coordination support to the District Public Health Coordinators with necessary pre-exercise planning meetings to the district in which it is being held.
    c. PHSI will provide subject matter experts to facilitate each tabletop exercise.
    d. PHSI will provide the technical support to deliver each tabletop exercise in order to reach all participants regardless of geographic distribution.

3. Ten (10) District-level Functional Exercises
    a. PHSI will adapt existing material to create one new District-level functional exercise suitable for all 10 Districts.
    b. Provide coordination support to the District Public Health Coordinators with necessary pre-exercise planning meetings.
    c. PHSI will provide the technology support to deliver each functional exercise in order to reach all exercise participants.
    d. PHSI will provide detailed templates in terms of Exercise Manual for Players, Exercise Manual for Controllers/Evaluators, Safety Plan, and Master Sequence of Events List.

4. HSEEP Requirements

a. All activities will be conducted based upon latest guidelines and directives from the U.S. Department of Homeland Security and the Indiana State Department of Health. This includes, but is not limited to, the guidelines and requirements established in Volume I through Volume IV of the U.S. Department of Homeland Security, Office for Domestic Preparedness, Homeland Security Exercise and Evaluation Program (HSEEP).

5. Nine (9) Desktop Drills
   a. PHSI will sub-contract with Simulation Education Services (SES) to deliver three (3) desk top drills, three times each to selected Indiana homeland security districts. This would make a total of nine (9) deliveries. These pandemic drills will address the three topics: Laboratory and Surge Capacity, Public Information and Special Needs Populations.
   b. The capability to provide assessment services which will include After Action Reports, Gap Analysis of Preparedness and suggested Improvement Plans is also included and priced separately from the delivery of the desk top drills. This service would be for each delivery, or nine (9) assessments.

6. Pandemic Exercise Preparedness Education
   a. PHSI will develop a set of online exercises that provide for self-paced and expanded presentation of all of the materials covered in the live sessions, plus additional material that compliments those exercises. These materials will include:
      1. Archives of TTX/FTX virtual sessions.
      2. Expanded multimedia presentations of the units covered in the virtual exercises.
      3. Knowledge assessments to test participants on how much they learned through the exercises.
      4. Discussion forums for participant interaction with colleagues from around the state who are also dealing with pandemic preparedness issues.
   b. These resources will be maintained and available for one year following the end of the currently funded project (Aug 9, 2008) to ensure wide opportunity to facilitate state access to these resources. The major content exercises will be developed in a way that they could be made available from any standard web environment upon completion of the Purdue hosting term.
   c. There is also a need to develop resources to support development of educational resources geared to support Public Information Officers at the county level who engage the schools, businesses, industry, and civic organizations in the development of pandemic preparedness. We propose the development of a set of targeted resources, including powerpoint presentations, for use by these individuals to aid in their communication with these various groups.
   d. We also propose a final large scale assessment of healthcare provider activities associated with pandemic preparedness. The assessment will collect data related to how much they understand the need for pandemic preparedness, what they are doing in their organizations to prepare for a pandemic, and what resources they need to best respond to pandemics.

7. Pandemic Interactive Exercise Tool

   a. Purdue University will create an interactive exercise display tool, *panvis*, for pandemic preparedness training. This interactive graphical display tool will show on a map the distribution of pandemic flu health complaints during the onset and through a pandemic event. Panvis will allow the participants to see the current spread and distribution of illnesses and allow them to also move backward in time with a time slider to see what the situation was in days and week prior to the current situation. This will increase the participant's ability to analyze the effect of the choices and decisions they have made during the exercise to that point and allow that to impact their current decision making.

b. Panvis will demonstrate the capability to show available resources (e.g., staffed beds, personnel) and allow the interactive allocation of those resources both in a stand-alone environment as well as in a networked environment. This will enable interactive response planning and management and provide better feedback on the decisions made during a pandemic exercise. The participants will be able to allocate resources to different agencies, facilities, and locations and see the current resources available as well as allocated resources updated interactively on the visual display, providing both situational and asset awareness
c. Panvis will be integrated into the scenarios and potentially a pandemic spread model to generate new data at each decision point to show outcomes of decision making.

State Level Tabletop (100 people)

Adapt existing material for a TTX, planning meetings, and AAR/ IP

Prepare/ Execute TTX and AAR		$	30,000
	Subtotal	$	30,000

Supplies and Expenses

Room Rental for TTX with tables, chairs, screens for 100 people		$	2,500
Sound System for TTX		$	500
Provide Copies of Exercise Plan and AAR for TTX		$	1,000
Travel ($100 round trip for mileage/per diem * 10 trips)		$	1,000
~ Includes 6 HSEEP Meetings (including AAR & exercise)			
~~4 people for each day (Chihui & Tejas) + Tim, Amy for exercise day			
Signage @ registration		$	100
Lunch = 100 people @ $12		$	1,200
Snacks, Water, Coffee = 100 people * $5		$	500
Phone Calls		$	40
Postage		$	30
Develop/produce media presentations		$	6,000
	Subtotal	$	12,870
	TOTAL	$	42,870

District Level Tabletops

Adapt existing Pan Flu materials for 10 TTXs--1 per District

Prepare/ Execute TTX @ $15K x 10 districts (NO ARR)		$	150,000
	Subtotal	$	150,000

Supplies and Expenses

Copy/paper budget in PHSI $150 mo x 3 mo		$	450
Copies of Exercise Plan, Controller/Eval Plans	$650 per district x 10 districts	$	6,500
Travel…no travel to districts, but budget 3 trips to ISDH		$	300
Phone Calls…..$40 per district x 10 districts		$	400
Postage……..$20 per district x 10 districts		$	300
Delivery of Web Cast $300 x 10 districts		$	3,000
	Subtotal	$	10,950
	TOTAL	$	160,950

District Level Functionals

Adapt existing Pan Flu materials for 10 FTXs--1 per District

Prepare/ Execute TTX @ $20K x 10 districts (NO ARR)		$	200,000
	Subtotal	$	200,000

Supplies and Expenses

Copy/paper budget in PHSI $150 mo x 3 mo		$	450
Copies of Exercise Plan, Controller/Eval Plans	$650 per district x 10 districts	$	6,500
Travel…no travel to districts, but budget 3 trips to ISDH		$	300
Phone Calls…..$40 per district x 10 districts		$	400
Postage……..$30 per district x 10 districts		$	300
Delivery of Web Cast $300 x 10 districts		$	3,000
	Subtotal	$	10,950
	TOTAL	$	210,950

Desktop Drills

Deliver three Desktop Drills on the following subjects: 1) Laboratory and Surge Capacity, 2) Public Health, EMA, and Public Information, and 3) Special Needs Populations. Each drill will be delivered three times to cover the state of Indiana.

Deliver 3 drills, 3 times each at $18,500 for each delivery		$	166,500
Management fee for each desktop drill (9 desktops x $3,000 each) plus F&A (14.5% of first $25,000)		$	30,625
Provide SES assessments for each drill and each delivery ($5,000/assessment x 9)		$	45,000
	Subtotal	$	242,125
	TOTAL	$	242,125

Pandemic Exercise Preparedness Education

Development of online exercise education that will provide for self-paced and expanded presentation of materials covered in live sessions.		$	110,000
	Subtotal	$	110,000
	TOTAL	$	110,000

PURVAC Interactive Exercise Tool

Creation of an interactive dsplay of pandemic flu exercise data for a decision making tool.		$	87,500
	Subtotal	$	87,500
	TOTAL	$	87,500

Total S&E	**$**	**34,770**
Total Exercises	**$**	**819,625**
TOTAL	**$**	**854,395**

Health Care Excel®

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October 16, 2007

Dr. Ted Bailey
Indiana State Department of Health
2 North Meridian Street
Section 6F
Indianapolis, IN 46204

Re: Technical and Cost Proposals for Contract to Provide Services Related to Mass Fatality Planning Services

Dear Dr. Bailey:

This letter is to express both the interest and intent of Health Care Excel (HCE) to contract with the Indiana State Department of Health (ISDH) for the follow-on work to the RFP 7-56 "Mass Fatality Planning Services" contract. Included within this document will be a general description of how HCE intends to meet the three deliverables as discussed in our meeting on October 15, 2007, as well as a price component for implementation and completion of the deliverables.

To our understanding, the three deliverables are as follows.

1. Make necessary revisions to the report titled *Indiana Field Guide for the Management of Dead Bodies during an Influenza Pandemic*.

2. Based upon the revisions of the above manual, revise the needs assessment survey format. Develop an electronic version of the needs assessment survey that will be provided to each county. The surveys will be completed and returned to HCE. HCE will analyze the survey results, and incorporate that analysis in the training.

3. Develop a training program for all counties in Indiana and provide training for each county. The individuals to be involved in these training sessions should include county health departments, coroners, funeral directors, mortuary associations, and others as appropriate to the county.

The enclosures describe how and tentatively when HCE will accomplish the tasks required to produce the deliverables. The cost for HCE to accomplish these tasks will be $277,562 (includes $92,000 for county reimbursement of survey completion).

Thank you for considering HCE for this project. We hope to continue to work with the Indiana State Department of Health on future endeavors.

Sincerely,

Sharon Smith

Sharon Smith
Chief Executive Officer

c: Mitzi Daffron

Enclosures

Indiana State Department of Health
Mass Fatality Planning Services Contract

Deliverable 1

Health Care Excel (HCE) staff will meet with Bob Clifford and Dr. Bailey to review, revise, and incorporate changes to the manual titled *Indiana Field Guide for the Management of Dead Bodies During an Influenza Pandemic*. This will entail the project lead (PL) and Technical Advisor conducting an interview to discuss additions, deletions, and revisions required to the current document. Such changes will be made by the project lead on-site during the interview such that a final copy can be completed and approved near the conclusion of the meeting.

Deliverable 2

After meeting with the staff of ISDH, members of the HCE team will revise the needs assessment format to reflect the information in the revised manual. These questions will then be translated into a Web-based data-gathering program, Survey Monkey. Answers for any questions already asked of the ten counties working on the prior contract will be entered into the Web program by HCE staff. This will allow the county to review previous answers and make changes, if necessary, without having to re-enter information. New questions will be left blank for their consideration and data entry purposes.

For all other counties, answers from these questions will be downloaded by HCE staff on a weekly basis. This will allow the PL and Technical Advisor to ascertain county completion for reporting to ISDH so that counties may receive monetary reimbursement for meeting this deliverable. Additionally, the PL will analyze the data to identify gaps or make observations that are common among counties, districts, regions, or rural/urban classification. Individualized needs analysis will be developed for each county by the PL and the project educator (PE) based on the outcome of each county's data analysis.

Deliverable 3

The PL and PE will develop both a general and a specific training program for all county health departments in Indiana and provide training for each county. There will be two levels to each training session. The first will be a general training during which the revised *Indiana Field Guide for the Management of Dead Bodies During an Influenza Pandemic* will be discussed. The PE will develop any necessary handouts and/or PowerPoint presentations for these sessions. In the second part of the training, the PL and the PE, as well as representatives from Briljent (subcontractor to HCE) will meet with county representatives individually to discuss their survey results. These results will be incorporated into each county's Mass Fatality Operational Plan.

Meetings will be held on a district level for each of the 10 health districts throughout Indiana. Additionally, counties with large metropolitan areas each will have a separate training session. These will include the counties of Lake, Allen, Marion, Vanderburgh, and St. Joseph.

Representatives from each county suggested to attend each meeting include, but are not limited to, county health department, coroner, funeral directors, mortuary associations, and others as appropriate. A list of county health department attendees will be submitted to the ISDH.

HCE will submit a final report to ISDH that shall contain an overall analysis of the data from the needs assessment. This report will show any trends, gaps, generalities, and statistical analyses that were conducted using these data.

Indiana State Department of Health
Mass Fatality Planning Services Follow-On Contract
Tentative Project Work Plan for 11/01/2007—04/30/2008

Topic	*Scheduled*		*Actual*		*Comments*
	Start	**Completion**	**Start**	**Completion**	
1.0 General Administration	11/01/07	04/30/08			
1.1 Workplan	11/01/07	11/16/07			
1.1.1 Draft Workplan	11/01/07	11/01/07			
1.1.2 Submit Workplan	11/01/07	11/07/07			
1.1.3 Finalize Workplan	11/07/07	11/16/07			
1.2 Progress Meetings		Ongoing			
1.2.1 Notify attendees of meeting date	11/26/07 12/31/07 01/21/08 02/11/08 03/03/08 03/24/08 04/14/08	11/26/07 12/31/07 01/21/08 02/11/08 03/03/08 03/24/08 04/14/08			
1.2.2 Distribute agenda	12/03/07 01/07/08 01/28/08 02/18/08 03/10/08 03/31/08 04/21/08	12/03/07 01/07/08 01/28/08 02/18/08 03/10/08 03/31/08 04/21/08			
1.2.3 Progress Meetings	12/06/07 01/10/08 01/31/08 02/21/08 03/13/08 04/03/08 04/24/08	12/06/07 01/10/08 01/31/08 02/21/08 03/13/08 04/03/08 04/24/08			
2.0 Revise Manual	11/01/07	11/16/07			Anticipate 2-day on-site meeting to complete task.
3.0 Develop Revised Needs Assessment Survey	11/16/07	12/14/07			

Topic	*Scheduled*		*Actual*		*Comments*
	Start	Completion	Start	Completion	
3.1 Needs Assessment Draft Survey to ISDH for approval	11/16/07	12/07/07			
3.2 Final Needs Assessment revisions incorporated into survey instrument web-based program	12/10/07	12/14/07			ISDH to e-mail counties with survey Web address and completion requirements.
3.2.1 Counties complete data entry into Survey Monkey	12/14/07	01/14/08			HCE will reimburse counties for successful completion of the survey, per ISDH request.
3.3 Analyze Data	12/14/07	01/21/08			
3.3.1 Weekly download of counties meeting deliverable requirements	12/14/07	01/14/08			
3.3.2 Analyze Data using SAS	01/07/08	01/21/08			
3.3.3 Develop Individualized needs analysis based on survey analysis by county	01/07/08	03/13/08			
4.0 Conduct Training	01/14/08	03/14/08			HCE will sign-off on completion of training for deliverable requirements for counties
4.1 Develop PowerPoint or handouts based on revised manual	11/16/07	01/14/08			
4.2 Train counties	01/14/08	03/14/08			
5.0 Final Report	03/14/08	04/30/08			
5.1 Prepare Draft of Final Report	03/14/08	03/28/08			
5.2 Draft of Final Report to ISDH	03/28/08	04/04/08			
5.3 Revision of Final Revised Draft	04/04/08	04/11/08			

Topic	*Scheduled*		*Actual*		*Comments*
	Start	Completion	Start	Completion	
5.4 Submit Final Report to ISDH	04/18/08	04/18/08			
5.5 Submit Final Invoice to ISDH	04/25/08	04/25/08			

Translating Ethics Advice into Practice: Public and Professional Outreach about Pandemic Flu Planning in Indiana A Proposal to Indiana State Department of Health

Principal Investigators:
Eric M. Meslin, Ph.D. Indiana University Center for Bioethics
Paul R. Helft, M.D., Charles Warren Fairbanks Center for Medical Ethics

Revised: October 17, 2007

Summary

In August 2007, the Indiana University Center for Bioethics submitted to ISDH four Technical Advisory Documents (TADs) and an ethics framework (called a Points to Consider) in fulfillment of a contract to address ethical issues in pandemic flu preparedness. The TADs were summarized in our report "Ethical Issues and Recommendations to the Indiana State Department of Health" and included 14 recommendations for education and policy.

The ISDH recognized that scientific, public health and consequent ethical and policy issues will continue to evolve and that continued vigilance on these issues was needed. The ISDH requested a proposal to address the emerging issues. A preliminary proposal was submitted to ISDH on October 7 with suggestions for seven specific projects that could be undertaken to implement the "next logical steps" that follow from the August 2007 report. ISDH responded by suggesting a priority list of topics in two categories: Tier 1: State Summit on Pandemic Flu Issues; Study Groups with Key Stakeholders; Updated TADs; Survey Public and Professional Opinion; Tier 2: Community Outreach Efforts; Development of Case Studies; Updating the IU Center for Bioethics webportal.

The following proposal attempts to balance the ISDH's priority interests with the requirements necessary to undertake them, with particular consideration given to the hard deadline of June 2008 for completion of all projects and submission of deliverables.

The proposal outlines four major projects which will accomplish 6 of the 7 original project ideas. We have decided that it will not be possible to undertake the Community Outreach Project.

The overall project will be overseen by Meslin and Helft. The total budget for all items is estimated at $266,770 ($199,828, direct; $66,942 indirect). A detailed budget is appended to this proposal.

Proposed Projects

1. State Summit on Ethical and Policy Issues in Pandemic Flu Preparedness

Indiana would host to a select group of states whose initiatives we are either borrowing (e.g., California, New York) or might wish to emulate. This would provide an opportunity to share

best practices, develop collaborations, share common findings and policies and plan a collaborative research agenda. This Summit would be available for CME, CLE, CNE credit. It will be organized by the IU School of Medicine's Department of Continuing Medical Education which has extensive experience (under the leadership of Associate Dean Charles Clark Jr.) in organizing and administering meetings of this kind and importance.

- Purpose:
    - To learn from states about efforts at addressing ethical and policy issues in panflu preparedness and planning
    - To develop collaborations for research, evaluation, assessing successes
    - Deliverables: a Communiqué or Memorandum of Understanding among the States

- Participants:
    - Senior officials, 2-3, from state health departments. Conceivably all states could be invited, though the number of states could be determined more carefully by putting them into 3 groups: states that are are heavily involved in pan flu prep, states that are just getting underway, states that are slow to get started. Therefore this number of participants could range from 15 (5 states) to 70-80
    - Academic experts (bioethics, law, public health) who are involved in research on these issues (n = 10?)
    - Elected officials from state legislatures (n = 10-15)
    - Representatives from local hospitals (e.g., Clarian, Community Health, St Vincent, St. Francis)
    - Representatives from state hospital, nursing, medical associations.
- Observers
    - CDC or other DHHS officials
    - Media
    - Students
    - Other local academics and professionals (law, medicine, nursing, dentistry, public health, SPEA, Liberal Arts).

<u>Deliverables:</u>

The Summit will be moderated by an experienced expert, tape recorded and transcribed with a professional writer who will prepare a final report. The conference will be video-streamed to other states, and recorded to DVD, as well as downloaded to the IUCB website.

2. Convene Study Groups to Assess Relevance and Applicability of Technical Advisory Documents (TADs)

- We will convene and supervise working groups on each of the four topical areas of the TADs to model and refine the current policies and procedures. The IU Center for Bioethics has extensive experience running study groups, having done so in the past on

stem cell research[1] and organ/tissue transplantation.[2] One obvious example would be to establish a "Study Group on Triage" consisting primarily of ER and ICU physicians and nurses to model and refine the current triage policies surrounding admission to the hospital and ventilator triage. Each group will meet 1-3 times, and produce a final published report that would describe feasibility of implementing policy. If necessary, external experts may be invited to advise. Study groups membership would be supplemented by experts from public health, medicine, and health policy. Two part time (20 hour/week) bioethics/public health graduate students will be responsible coordinating all aspects of the study group, including scheduling, distribution of materials, drafting of final reports, under the supervision of an experienced physician educator (Dr. M. Gaffney).

Deliverables: A White Paper to ISDH providing final recommendations for implementing each of the TAD's proposals.

3. Revise and Supplement the TADs with Case Studies, Annotated Bibliographies; Locate all on a Revised Bioethics Pandemic Flu Web Portal

Current TADs will be revised and updated to accommodate new developments in ethics, science and law. These TADs will be supplemented with case studies that explain the key issues arising in the reports. New annotated bibliographies will be constructed to further update and refine existing documents. Graduate students with training in public/health bioethics will undertake these activities under the supervision of the PIs (Helft and Meslin) and the IU Center for Bioethics digital initiatives manager, Jere Odell, M.L.S. These deliverables will serve the additional purpose of providing necessary background materials for the "State Summit on Ethical and Policy Issues in Pandemic Flu Preparedness". Since all materials will need to be housed in electronic formats and be available to a wide audience, this same student, working with Mr. Odell, will create a user-friendly web Portal on Ethics and Pandemic Flu by updating the pandemic resources listing currently housed on the IU Center for Bioethics website to make them more accessible and user friendly to a wider array of users wishing to get the latest information on pandemic flu preparedness and ethics. This portal will be available as a web-link to ISDH.

Deliverables: Revised TADs with Case Studies, Annotated Bibliographies, Updated Web Portal

4. Survey of Public and Health Professionals

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[1]IU Center for Bioethics Study Group. *Diverse Perspectives: Considerations about Human Embryonic Stem Cell Research*. October 2002. Available at: https://idea.iupui.edu/dspace/bitstream/1805/636/1/PerspectivesStmCellRsch.pdf. Accessed September 13, 2007.

[2] IU Center for Bioethics Study Group. *Health Related Philanthropy: The Donation of the Body and Parts Thereof*. December 2004. Available at: https://idea.iupui.edu/dspace/bitstream/1805/638/3/BodyDonationFinalReportVOL1.pdf Access September 13, 2007

We will survey these groups about planning and preparedness, confidence in the government's planning and communication strategies and related issues. The public's attitudes will be obtained through a telephone survey, with costs based on an average interview length of 10 minutes and 1,000 completed interviews. Health professionals' attitudes will be obtained through a web-based survey, a questionnaire equivalent to a six page printed questionnaire. Costs are based on email invitations sent to 2,000 health care professionals throughout Indiana. In previous research we have successfully used phone surveys for assessing statewide confidence in public services and web-based surveys for studying attitudes of health care professionals. Both are necessary and capture different contextual issues. Content of the questionnaires will be designed in cooperation with ISDH to specifically address critical policy implementation concerns while also informing the more theoretical concerns of campus researchers. This survey will be conducted under contract with James Wolf, Director of the Survey Research Center at IUPUI with whom we have worked extensively on prior projects of this kind.

Deliverables: Final reports will be developed to address priorities of the ISDH and the IU research team, and presentation of the results will be made to an appropriate audience using Power Point summary slides and summary report handouts. Statistical datasets and other electronic files used in the analysis will also be sent to ISDH.

Total Budget

The total budget for all items is estimated at $266,770 ($199,828 direct; $66,942 indirect). See attached for detailed budget and justification.

Timeframe

We are aware that this proposed contract period is likely to begin in January 2008 and end in June 2008.

Respectfully submitted,

Eric M. Meslin, Ph.D
Director, Indiana University Center for Bioethics
Associate Dean for Bioethics, IU School of Medicine
Professor of Medicine, Medical & Molecular Genetics,
and Philosophy
410 West 10th Street, Suite 3100
Indianapolis, Indiana 46202

Attachments:
Budget Justification (below);
Detailed IU School of Medicine Budget
Detailed Continuing Medical Education Budget

Budget Justification

Personnel

Eric Meslin, Ph.D., – PI on the project will have overall responsibility with for all aspects of the project, including submission of deliverables to ISDH. 10% effort is requested.

Paul Helft, M.D., – Co-PI on the project will share overall responsibility with Eric Meslin for all aspects of the project, including supervision of students, conduct of State Summit and deliverables. 10% effort requested.

Margaret Gaffney, M.D., Dr. Gaffney is core faculty at the IU Center for Bioethics, and medical ethics competency director at the IU School of Medicine. She will be responsible for overseeing the Study Groups (Project 2). 10% effort is requested

Jere Odell, M.A., M.L.S., is Digital Initiatives Manager at the IU Center for Bioethics. He will be responsible for assisting with all aspects of Project 3. 20% effort is requested.

Cathie McGlynn. Is Administrator of the IU Center for Bioethics. She will be responsible for budget tracking, correspondence, communication and project coordination activities. 10% effort is requested.

Graduate Students – Three M.A.-level graduate students with training in public health and bioethics will be required, each working a maximum allowed 20 hours/week are required to work on all projects. One of these, Jennifer Alyea, has worked on the previous contract and will be retained for this one. Two other students of similar quality and expertise will be identified. In addition to their hourly pay, we also provide fee remission and health insurance.

Other Costs

Printing costs – Costs to print 25-30 copies of revised TADs/Annotated Bibliographies

Graduate student fee remission and health insurance – We customarily pay these expenses for graduate students who work a full semester (part time)

Study Group supplies and expense. We will convene four study groups. Cost per group estimated at $5000 per group to include materials, related travel for experts to attend, meeting expenses.

Surveys. – [As noted above] The public's attitudes will be obtained through a telephone survey, with costs based on an average interview length of 10 minutes and 1,000 completed interviews. Health professionals' attitudes will be obtained through a web-based survey, a questionnaire equivalent to a six page printed questionnaire. Costs are based on email invitations sent to 2,000 health care professionals throughout Indiana. In previous research we have successfully used phone surveys for assessing statewide confidence in public

services and web-based surveys for studying attitudes of health care professionals. Both are necessary and capture different contextual issues. Content of the questionnaires will be designed in cooperation with ISDH to specifically address critical policy implementation concerns while also informing the more theoretical concerns of campus researchers

Web Design – Costs incurred for any redesign to accommodate changes in IUCB website to build Pandemic Flu Portal for efficient use by public, counties, state.

Conference expenses/hospitality – [These costs are associated with convening the 1 ½ day "State Summit". See supplementary budget attached].

UMDA: Margaret M. Gaffney and Paul Helft

Summit on Ethical and Policy Issues in Pandemic Flu Preparedness
Course Estimate State

INCOME

Educational Grant (Expected) **($61,500.00**)

EXPENSES:

Meeting Planning		**Educational**	
Publicity -		**DVD Production**	
Brochure Printing	1,500.00	Recording	3,600.00
Brochure Mailing	3,000.00	Duplicating (1,000 copies)	6,000.00
Editorial/Design	500.00		
Subtotal	$5,000.00	Subtotal	$9,600.00
On-Site -		**Administrative –**	
Day Meeting Package(150 X$110) : 16,500.00		Scholarship ($250 X 50 participants)	12,500.00
(meeting rooms, food and parking)		Syllabus	3,000.00
AV Operation/equipment 3,000.00		Evaluation	500.00
Subtotal	$19,500.00	Subtotal	$16,000.00
Administrative –		**Program Proceedings**	
Accreditation/Coordination Fee $5,000.00		Writer/editor fee	3,000.00
Registrar	500.00	Moderator fee	3,000.00
Subtotal	$5,500.00	Subtotal .	6,000.00
Projected Meeting Expenses	**$30,000.00**	**Projected Educational Expenses**	**$31,500.00**

Projected Sum of Expenses **$61,500.00**
COURSE (DEFICIT) **($61,500.00)**

Distribution of course funds: Any deficit will be assumed from the educational grant or by the sponsoring department/division. All overage from the course will be returned to the sponsoring department/division to be used for their educational activities.

Deficit billed to (please check one) IU account Account #_____Other Account #_____

Account Manager=s Name:

Overage returned to (please check one): IU account Account #_____Other Account #_____

Account Manager=s Name:

_____ _____
Hassan Danesh, Ph.D. Date Eric Meslin, Ph.D. Date

Exhibit A
Network Services Provided by I-Light Network (UITS)

I. Duties of Contractor

Contractor agrees to:

A. Purchase, install, and maintain equipment and circuits necessary to bring I-LIGHT Network services, using ***Ethernet connectivity,*** to an agreed upon demarcation or point of interface with local area network service on State premises. The network will support the TCP/IP suite of protocols.

B. Furnish, install, and maintain additional equipment, circuits, and systems external to State as necessary to provide data network service within Indiana and external to Indiana via other regional networks and the national Internet.

C. Be responsible for maintenance of the data service to the demarcation point at State.

D. Provide a Network Operation Center (NOC) to monitor network operation, respond to trouble reports received from Site Coordinator, and provide for the technical management of the network. NOC service will be provided on 24-hour basis each day.

E. Bill the State monthly. Invoices will be issued on a monthly basis one month after service has been provided and in accordance with the rates established in Paragraph III. below. The addition of new sites or any other changes that would affect the amount of the monthly payment shall be addressed by way of an amendment to this Contract, signed by the State, UITS, and all other required State signatories.

F. Thirty (30) day notification will be given for cancellation of services. The State will not be invoiced for the cancelled service after the month that the cancellation is effective.

II. Duties of State

The State agrees to:

A. Provide and maintain the Local Area Network at State including: equipment, wiring, and software support to connect the LAN to the on premise network demarcation point.

B. Provide suitable space for housing I-LIGHT equipment and protect I-LIGHT equipment as it would its own.

C. Designate a Site Coordinator and authorized alternate(s) for the I-LIGHT Network. This individual will serve as the primary contact for the NOC on technical matters relating to initial installation of the service as well as continuing maintenance and operating contacts

D. Report technical problems to the I-LIGHT NOC after first taking reasonable steps to assure the problem is not with the LAN at the site. The NOC will accept trouble calls only from the Site Coordinator or a designated alternate. If the site coordinator and alternate are not available, the site can contact Daniel Hovious at 317-233-1391 or Chuck Berning at 317-233-8187. They will follow up with I-LIGHT on the problem.

E. Provide "hand and eyes" and other assistance for trouble shooting problems as requested by the NOC.

F. Arrange with IHETS for Domain Name Service and E-mail service.

G. Allow no "back-door" connections to I-LIGHT Network service unless such connection has been approved in accordance with I-LIGHT policy.

H. Take reasonable steps to assure that all users are aware of and abide by Acceptable and Ethical Use Policies of the I-LIGHT Network and all other networks routing State traffic.

I. Pay the monthly invoice issued in accordance with Paragraph I.E. above within 35 days of its receipt, as per IC 5-17-5-1.

J. Provide thirty (30) days notice for the cancellation of services.

III. Site Locations and Monthly Rates as of July 1, 2007:

SITE NAME	Service Type	CIRCUIT ID	Monthly Rate
IDOH Allen Cty	T1	DHDC100579AID	$677.71
IDOH Benton Cty	T1	DHDC007611AID	$515.14
IDOH Brown Cty	T1	DHDC040258AID	$677.71
IDOH Carroll Cty	T1	DHDC344269AID	$677.71
IDOH Clark	T1	DHDC031823AID	$677.71
IDOH Clay	T1	DHDC033459AID	$677.71
IDOH Clinton	T1	DHZA326890NB	$515.14
IDOH Crawford	Co-located with CES	DHDC219885AID (ces)	$338.86
IDOH Dekalb	Co-located with CES	DHDC221934AID (ces)	$338.86
IDOH Delaware Cty	Co-located with CES	DHDC101473AID (ces)	$257.57
IDOH Delaware Cty	Co-located with CES		$257.57
IDOH Elkhart Cty	T1	DHDC978230AID	$677.71
IDOH Fayette Cty	Co-located with CES	DHDC227413AID (ces)	$338.86
IDOH Floyd Cty	T1	DHDC099092AID - Tail	$1,016.57
IDOH Fountain-Warren Cty	T1	DHZA329479NB	$515.14
IDOH Franklin Cty	T1	DHDC058188AID	$677.71
IDOH Gibson Cty	Co-located with CES	DHDC220057AID (ces)	$338.86
IDOH Harrison Cty	T1	DHDC055037AID	$677.71
IDOH Jackson Cty	T1	DHDC053846AID	$677.71
IDOH Jay Cty	Co-located with CES	DHDC914449AID (ces)	$338.86
IDOH Jennings Cty	Co-located with CES	DHDC369645AID (ces)	$338.86
IDOH Kosciusko Cty	Co-located with CES	DHDC270436AID (ces)	$338.86
IDOH Lake Cty	T1	DHDC926222AID	$677.71
IDOH Martin Cty	T1	DHDC008555AID	$677.71
IDOH Miami Cty	T1	DHZA325368NB	$515.14
IDOH Montgomery	T1	DHZA329480NB	$515.14
IDOH Morgan Cty	Co-located with CES	DHZA326712NB (ces)	$257.57
IDOH Newton Cty	Co-located with CES	DHDC007434AID (ces)	$338.86
IDOH Noble Cty	Co-located with CES	DHDC226254AID (ces)	$338.86
IDOH Ohio Cty	T1	DHDC033496AID	$677.71
IDOH Orange Cty	Co-located with CES	DHDC101485AID (ces)	$225.91
IDOH Owen Cty	T1	DHDC994618AID	$677.71
IDOH Parke Cty	T1	DHZA329483NB	$515.14
IDOH Perry Cty	Co-located with CES	DHDC220117AID (ces)	$275.86
IDOH Pike Cty	Co-located with CES	DHDC220994AID (ces)	$338.86
IDOH Posey Cty	Co-located with CES	DHDC333390AID (ces)	$338.86
IDOH Pulaski	Co-located with CES	DHDC270831AID (ces)	$338.86
IDOH Putnam	Co-located with CES	DHDC935150AID (ces)	$338.86
IDOH Ripley Cty	T1	DHDC217484AID	$677.71
IDOH Rush Cty	Co-located with CES	DHDC384043AID (ces)	$338.86
IDOH Scott Cty	T1	DHDC990810AID - Tail	$1,016.57

SITE NAME	Service Type	CIRCUIT ID	Monthly Rate
IDOH Shelby Cty	T1	DHZA329481NB	$515.14
IDOH Spencer Cty	Co-located with CES	DHDC333640AID (ces)	$338.86
IDOH Starke Cty	Co-located with CES	DHDC271126AID (ces)	$338.86
IDOH Sullivan Cty	T1	DHDC011568AID	$677.71
IDOH Switzerland Cty	T1	DHDC093636AID	$677.71
IDOH Tipton Cty	T1	DHDC055023AID	$677.71
IDOH Union Cty	T1	DHDC384174AID	$677.71
IDOH Vermillion Cty	T1	DHZA329482NB	$515.14
IDOH Wabash Cty	T1	DHDC682403AID	$677.71
IDOH Warrick Cty	Co-located with CES	DHDC333745AID (ces)	$225.90
IDOH Washington Cty	Co-located with CES	DHDC939487AID (ces)	$338.86
IDOH Wayne Cty	T1	DHDC035829AID	$677.71
IDOH Whitely Cty	T1	DHDC682394AID	$677.771
		Total Monthly Cost =	**$27,647.17**
		Total Annual Cost =	**$331,766.16**

Exhibit B

IHETS E-MAIL ACCOUNT SERVICE
SERVICE LEVEL AGREEMENT (SLA)

CREATED 4-25-07

SITE responsibilities

Support

You must provide the following support and personnel:

- Information, assistance and other support as required by IHETS for service at your location
- A site coordinator for each site, who serves as the primary contact for reporting problems, requesting changes, and ordering additional email accounts.
- Provide the name and business telephone contact information of the site coordinator

Note: Site coordinators are not required to have technical background or training; therefore may function in a capacity to provide local site support with IHETS assistance. It is important that the site coordinator obtain the IHETS trouble ticket number assigned to any problems opened with the IHETS Applications and Operations Support Desk. The trouble ticket number should be referenced in all communications with IHETS.

Security

Listed are some important security requirements for use with IHETS provided email accounts.

- It is important for all email account subscribers to keep their account information, and login password in particular, as secret and to themselves or (selected individuals only in the case of role based email accounts, if applicable).

IHETS provided email accounts are for official business use only.

Hardware & Software

A computer with internet access is required for email to work. The computer must be provided and be made operational by the site before IHETS will configure an email account on the computer. In order to configure the email account the computer must have an email client. The email client can be any client that is at a minimum POP3 compatible. However, IHETS Applications and Operations Support Desk can provide a higher level of implementation support for the following applications:

- Microsoft Outlook Express
- Microsoft Outlook
- Mozilla Thunderbird
- Eudora

Maintenance

Site coordinators are the only individuals authorized to request changes/additions to the provisioning department and to report technical problems to the IHETS Application and Operations Support Desk. It is the site coordinator's responsibility to:

- Assist Application and Operations Support Desk staff in testing and troubleshooting any problems that may be reported.

Note: If you are in need of reporting a problem and neither the site coordinator or alternate are available, contact Daniel Hovious (317-233-1391) or Chuck Berning (317-233-8187). They will help you gather the information you will need to provide to IHETS when reporting the problem.

IHETS RESPONSIBILITIES

Operations

The IHETS staff is responsible for overall availability and accessibility to the IHETS provided email accounts. IHETS has put into place an anti-spam and anti-virus application to protect customer sites and IHETS resources from unwanted use and exploitation. Instruction on using the system is available upon request and includes phone support and direction to specific IHETS email service web pages.

Application and Operations Support Desk

All site coordinators who contact the IHETS Application and Operations Support Desk may expect to be served promptly and courteously. The Application and Operations Support Desk is responsible for receiving your call, collecting information, and getting you in contact with the System Administrator.

All email problems that are referred to the Application and Operations Support Desk are assigned a trouble ticket number and entered into a database. Application and Operations Support Desk staff set the priority and status of problems within the trouble ticket system. Application and Operations Support Desk staff coordinate trouble reporting through customers and staff and regularly log progress and status into the trouble ticket database.

Application and Operations Support Desk engineers are available 7 days a week, 24 hours a day. The Application and Operations Support Desk is staffed with engineers during normal business hours. After normal business hours, an engineer is available by voice mail activated pager.

The systems that are configured to host this Email Service are set to alert engineers when performance problems occur. This system ensures that most problems or potential problems are reported to the Application and Operations Support Desk, and are being addressed even before members are aware they have occurred.

Problems that cannot be resolved while the caller is on the telephone are immediately escalated to an IHETS systems engineer. If the problem is not resolved within 24 hours, the Director of Operations is notified via the trouble ticket system. The IHETS Application and Operations Support Desk will update the site every two hours when necessary with current status.

MTTR & response times

Mean time to repair[1]	4 hours
Account Creation and Change Request turn-around	48 hours (business hours)
Application and Operations Support Desk response to telephone notifications during business hours	20 minutes
Application and Operations Support Desk response to voice mail notifications after business hours	45 minutes
Application and Operations Support Desk response to e-mail notifications during business hours	1 hour

[1] Mean time to repair (MTTR) is calculated from the time the Application and Operations Support Desk is notified of the problem to when service is fully restored. Time spent gaining access to the site is not included in the MTTR calculation.

Disclaimer

IHETS will not be responsible for failure to meet any performance standards due to the action or inaction of a third party entity not under contract with IHETS; the action or inaction of a member employee, agent or contractor; or unexpected events beyond IHETS reasonable control.

Provisioning

Orders

All orders for new accounts and changes to existing accounts must be sent to the IHETS Provisioning department at provisioning@ihets.org. The Application and Operations Support Desk will help to configure one PC for each new account created as a result of a new order or a change to an existing account. The preferred POP3 applications required for our Applications and Operations Support Desk are as follows:

- Outlook Express
- Microsoft Outlook
- Mozilla Thunderbird
- Eudora

Billing

Bill State monthly. Invoices will be issued on a monthly basis one month after service has been provided. Thirty (30) day notification will be given for cancellation of service. The State will not be invoiced for the cancelled service after the month that the cancellation is effective.

Contact Information

IF YOU ARE IN NEED OF TECHNICAL ASSISTANCE IN REGARDS TO YOUR E-MAIL, PLEASE CONTACT THE APPLICATION AND OPERATIONS SUPPORT DESK.		
Application and Operations Support Contact the Application and Operations Support Desk in case of an outage, or for other technical assistance. helpdesk@ihets.org	**Local:** 317.263.8999	**Toll Free:** 800.246.7615 **FAX** 317.263.8831
Provisioning All orders for new accounts or requests for changing existing accounts must be made by the dedicated site coordinator to: provisioning@ihets.org		

IHETS Addendum
Created 4-25-07

IHETS E-Mail Account Basic Service Level Agreement

For Service to the Indiana State Department of Health (ISDH)

1. There are only four accounts per site funded by the ISDH and the ISDH must approve any new accounts.

IHETS LAN (Email) SERVICES

Current Monthly Charges as of 5-30-07:

Site Name	# of Email Accts	Service Start Date	MRC Cost	Credit	Total Amt Due	No
IDOH						
IDOH Benton County	4	4/21/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Brown County	4	4/23/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Crawford County	3	11/16/2006	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Delaware County	4	7/16/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Dubois County	4	4/15/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Fountain-Warren	4	11/14/2003	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Franklin County	3	9/8/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Gibson County	4	1/14/2004	$ 24.00	$ (0.80)	**$ 23.20**	One add One dele 4/24/07
IDOH Gibson County	1	4/18/2006	$ 6.00	$ (0.20)	**$ 5.80**	
IDOH IN State Dept of Health		11/14/2003	$ 100.00	$ (3.70)	**$ 96.30**	
IDOH Jackson County	8	7/28/2004	$ 48.00	$ (1.60)	**$ 46.40**	
IDOH Jefferson County	4	7/28/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Jennings County	4	4/6/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Jennings County	1	6/28/2005	$ 6.00	$ (0.20)	**$ 5.80**	
IDOH Jennings County	1	1/12/2006	$ 6.00	$ (0.20)	**$ 5.80**	
IDOH Lake County	4	5/27/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Lake County	4	5/27/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Montgomery County	4	4/14/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Morgan County	1	7/2/2004	$ 6.00	$ (0.20)	**$ 5.80**	
IDOH Newton County	5	5/19/2004	$ 30.00	$ (1.00)	**$ 29.00**	
IDOH Noble County	7	11/04/04 7/8/05	$ 42.00	$ (1.40)	**$ 40.60**	
IDOH Orange County	3	3/10/2004 8/22/05	$ 18.00	$ (0.60)	**$ 17.40**	
IDOH Owen County	4	4/12/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Owen County	1	4/26/2004	$ 6.00	$ (0.20)	**$ 5.80**	
IDOH Perry County	4	3/2/2004	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Pike County	4	4/8/2004 & 5/11/06 & 6/27/06	$ 24.00	$ (0.80)	**$ 23.20**	
IDOH Posey County	2	11/14/2003	$ 12.00	$ (0.40)	**$ 11.60**	
IDOH Posey County	1	3/17/2004	$ 6.00	$ (0.20)	**$ 5.80**	
IDOH Pulaski County	4	3/18/2004	$ 24.00	$ (0.80)	**$ 23.20**	

IDOH Putnam County	4	3/16/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Rush County	4	3/11/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Scott County	4	3/8/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Shelby County	6	3/12/2004 4/12/05 9/19/05	$	36.00	$	(1.20)	$	**34.80**
IDOH Spencer County	5	2/15/06 5/12/2004	$	30.00	$	(1.00)	$	**29.00**
IDOH Tipton County	4	6/24/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Union County	4	6/23/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Vermillion County	3	4/5/2004	$	18.00	$	(0.20)	$	**17.80**
IDOH Wabash County	4	3/8/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Wabash County	1	6/30/2005	$	6.00	$	(0.20)	$	**5.80**
IDOH Warrick County			$	-	$	-	$	**-**
IDOH Washington County	4	6/4/2004	$	24.00	$	(0.80)	$	**23.20**
IDOH Washington County	1	6/4/2004	$	6.00	$	(0.20)	$	**5.80**
IDOH Washington County - Disconnected 9/16/05		10/7/2004	$	-	$	-	$	**-**
IDOH White County	4	7/6/2004	$	24.00	$	(0.80)	$	**23.20**
TOTAL	**145**		**$**	**982.00**	**$**	**(32.70)**	**$**	**949.30**

Exhibit C

IHETS MANAGED FIREWALL SERVICE SERVICE LEVEL AGREEMENT (SLA)

SITE responsibilities

Environment

You must provide a suitable environment to accommodate the firewall(s):

- The firewall(s) must be located in a clean, secure area, selected by you in consultation with IHETS Security staff.
- Security, climate control and proximity to your technical staff are factors that should influence the choice of locations. Operating conditions for the firewall appliances are:
    - Temperature 32 to 104F
    - Relative Humidity 10 to 90 percent, non-condensed
- AC power sufficient to operate the firewall(s) must be provided and maintained.
- IHETS Security and support staff must be allowed access to the firewall(s) for installation, testing and maintenance.
- A telephone must be located near the firewall(s).

Support

Each site must provide the following support and personnel:

- Information, assistance and other support as required by IHETS for service at your location
- An administrative site contact who is responsible for ordering managed firewall service
- A site coordinator (and at least one alternate) for each site, who serves as the primary contact to provide local support related to the installation, activation and maintenance of services
- Provide the name and business telephone contact information of the site coordinator

Note: Site coordinators are not required to have technical backgrounds or training; therefore, one person may function as both an administrative contact and provide local site support. It is important that the site coordinator obtain the IHETS trouble ticket number assigned to any problems opened with the IHETS Applications and Operations Support Desk. The trouble ticket number should be referenced in all communications with IHETS.

Maintenance

Site coordinators or their alternates are the only individuals authorized to report technical problems to the IHETS Application and Operations Support Desk. It is the site coordinator's responsibility to:

- Assist Application and Operations Support Desk staff in testing and troubleshooting the firewall by being the "hands and eyes" at your site;

Note: **If you are in need of reporting a problem and neither the site coordinator or alternate are available, contact Daniel Hovious (317-233-1391) or Chuck Berning (317-233-8187). They will help you gather the information you will need to provide to IHETS when reporting the problem.**

IHETS RESPONSIBILITIES

Operations

The IHETS Security Administrator is responsible for the performance, overall availability, and accessibility of the firewall(s). Resolution of issues related to operations and management begin with the IHETS Security Administrator. The IHETS Security Administrator's responsibility includes the performance of all firewalls.

The following services are provided as part of your Baseline Service:

- Planning, scheduling, installation and testing of the firewall(s)
- Identification and resolution of information service problems via the trouble ticket database
- Liaison support between you and vendors to ensure the quality and continued effectiveness of the service
- Access-list Configuration Changes
- Custom solutions based upon your needs and services available

Application and Operations Support Desk

All site coordinators who contact the IHETS Application and Operations Support Desk may expect to be served promptly and courteously. The Application and Operations Support Desk is responsible for receiving your call, collecting information, and getting you in contact with the Security Administrator.

All firewall problems referred to the Application and Operations Support Desk are assigned a trouble ticket number and entered into a database. Application and Operations Support Desk staff set the priority and status of problems within the trouble ticket system. Application and Operations Support Desk staff coordinate trouble reporting through customers and staff and regularly log progress and status into the trouble ticket database.

Application and Operations Support Desk engineers are available 7 days a week, 24 hours a day. The Application and Operations Support Desk is staffed with engineers during normal business hours. After normal business hours, an engineer is available by voicemail activated pager.

The firewall(s) are configured to alert engineers when problems occur. This system ensures that most problems or potential problems are reported to the Application and Operations Support Desk, and are being addressed even before members are aware they have occurred.

Problems that cannot be resolved while the caller is on the telephone are immediately escalated to an IHETS Security staff member. If the problem is not resolved within 24 hours, the Director of Operations is notified. The IHETS Application and Operations Support Desk will update the site every two hours when necessary with current status.

Billing

- Bill State monthly. Invoices will be issued on a monthly basis one month after service has been provided.
- Thirty (30) day notification will be given for cancellation of service. The State will not be invoiced for the cancelled service after the month that the cancellation is effective.

Mean Time T0 Repair & response times

Mean time to repair[2] for any remote site requiring on-site dispatch	4 hours
Mean time to repair for any remote site not requiring on-site dispatch	2 hours
Application and Operations Support Desk response to telephone notifications during business hours	20 minutes
Application and Operations Support Desk response to voice mail notifications after business hours	45 minutes
Application and Operations Support Desk response to e-mail notifications during business hours	1 hour
Outage identification time to document	30 minutes
Site outage notification during customer business hours	45 minutes
Site outage notification after customer business hours	Start of next business day 7am

Disclaimer

IHETS will not be responsible for failure to meet any performance standards due to the action or inaction of a third party entity not under contract with IHETS; the action or inaction of a member employee, agent or contractor; or unexpected events beyond IHETS reasonable control. IHETS cannot be responsible for network traffic performance beyond the firewall. If the Mean Time to Repair has been exceeded, the site coordinator may report this to Daniel Hovious (317-233-1391) or Chuck Berning (317-233-8187).

Installation

The IHETS Managed Firewall Service provides the following installation services as part of the service:

Project Management

Project Management of the Managed Firewall Service includes the following:

- Setting installation dates with customers and vendors
- Coordinating installation with the customer, vendors, and engineers
- Creating custom Service Level Agreements (SLAs) for customers with unique requirements
- Providing regular status reports to the ISDH throughout the lifecycle of the project, on a quarterly basis

Provisioning

Provisioning of Managed Firewall Service includes the following:

- Conducting a technical needs assessment with the site coordinator
- Ordering equipment
- Monitoring orders to ensure timetables are kept and issues are resolved
- Providing customized billing for services rendered

[2] Mean time to repair (MTTR) is calculated from the time the Application and Operations Support Desk determines that dispatch is necessary to resolve the problem to when service is fully restored. Time spent gaining access to the site is not included in the MTTR calculation.

Testing & Turn-up

Testing and turn-up of the Managed Firewall Service includes the following:

- Testing services for acceptable performance, including connectivity and accessibility
- Notifying the customer of successful completion of testing and turn-up of said firewall(s)
- Billing the customer after successful completion of testing

Contact Information

IF YOU ARE IN NEED OF TECHNICAL ASSISTANCE IN REGARDS TO YOUR MANAGED FIREWALL, PLEASE CONTACT THE APPLICATION AND OPERATIONS SUPPORT DESK.		
Application and Operations Support Contact the Application and Operations Support Desk in case of an outage, or for other technical assistance. helpdesk@ihets.org	Local: 317.263.8999	Toll Free: 800.246.7615 FAX 317.263.8831
Provisioning All orders for new accounts or requests for changing existing accounts must be made by the dedicated site coordinator to: provisioningO,ihets.org		

IHETS FIREWALL SERVICES

Current Monthly Charges as of 5-30-2007:

***Site Eliminated - Costs will not be reimbursed beyond closure of these locations

Site Name	Service Start Date	Installation Cost	MRC Cost	Credit	Total Amt Due
IDOH - Allen County	10/21/2003		$ 599.05	$0.00	$ 599.05
*** IDOH - Allen Co District Office	5/26/2004		$ 180.00	($0.25)	$ 179.75
*** IDOH - Bartholomew District Office	6/19/2003		$ 180.00	($0.25)	$ 179.75
IDOH - Benton County	8/11/2003		$ 180.00	($0.25)	$ 179.75
IDOH - Brown County	11/15/2004		$ 213.00	($0.49)	$ 212.51
IDOH - Carroll County	8/7/2003		$ 180.00	($0.25)	$ 179.75
IDOH - Clark County - upgrade	9/16/2004		$ 213.00	($0.49)	$ 212.51
IDOH - Clay County	7/16/2003		$ 180.00	($0.25)	$ 179.75
IDOH - Clinton County	1/30/2004		$ 180.00	($0.25)	$ 179.75
IDOH - Crawford County	8/15/2003		$ 213.00	($0.49)	$ 212.51
IDOH - Dekalb County	6/17/2003		$ 180.00	($0.25)	$ 179.75
IDOH - Delaware County	4/7/2004		$ 180.00	($0.25)	$ 179.75
*** IDOH - Delaware District Office	12/5/2003		$ 180.00	($0.25)	$ 179.75
*** IDOH - Elkhart District Office	4/22/2004		$ 180.00	($0.25)	$ 179.75
IDOH - Fayette County	7/18/2005		$ 180.00	($0.25)	$ 179.75

	IDOH - Floyd County	7/14/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Fountain-Warren	8/1/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Franklin County	8/29/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Gibson County	1/14/2004		$ 180.00	($0.25)	$ 179.75
	IDOH - Harrison County	7/30/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Jackson County	7/17/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Jay County	6/30/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Jennings County	8/18/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Kosciusko County	3/30/2004		$ 180.00	($0.25)	$ 179.75
	IDOH - Lake County - Hammond	3/9/2007		$ 180.00	($0.25)	$ 179.75
***	IDOH - Lake County District Office - Merrillville	11/4/2004		$ 180.00	($0.25)	$ 179.75
	IDOH - Martin County	5/30/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Miami County	4/29/2005		$ 180.00	($0.25)	$ 179.75
	IDOH - Montgomery County	7/8/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Morgan County	6/19/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Newton County	8/8/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Noble County	6/24/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Ohio County	8/12/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Orange County	3/10/2004		$ 180.00	($0.25)	$ 179.75
	IDOH - Owen County	5/23/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Parke County	5/21/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Perry County	8/15/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Pike County	6/26/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Posey County	6/26/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Pulaski County	7/16/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Putnam County	8/29/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Ripley County	5/1/2004		$ 213.00	($0.49)	$ 212.51
	IDOH - Rush County	6/18/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Scott County	7/8/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Shelby County	7/1/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Spencer County	5/12/2004		$ 180.00	($0.25)	$ 179.75
	IDOH - Starke County	8/18/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Sullivan County	8/13/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Switzerland County	6/13/2003		$ 180.00	($0.25)	$ 179.75
***	IDOH - Tippecanoe District Office	10/22/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Tipton County	8/4/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Union County	6/18/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Vermillion County	6/30/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Wabash County	8/6/2003		$ 213.00	($0.49)	$ 212.51
	IDOH - Warrick County	8/17/2004		$ 180.00	($0.25)	$ 179.75
	IDOH -Washington County	6/25/2003		$ 180.00	($0.25)	$ 179.75
	IDOH - Whitley County	7/3/2003		$ 180.00	($0.25)	$ 179.75
	TOTAL		**$ -**	**$ 11,075.05**	**$ (16.88)**	**$ 11,058.17**

Exhibit D

IHETS PRIMARY DOMAIN NAME SERVICE ACCOUNT SERVICE LEVEL AGREEMENT (SLA)

CREATED 4-27-2007

SITE responsibilities

Support

You must provide the following support and personnel:

- Information, assistance and other support as required by IHETS for service at your location
- A site coordinator for each site, who serves as the primary contact for reporting problems, requesting changes, and ordering additional email accounts.
- Provide the name and business telephone contact information of the site coordinator

Note: Site coordinators are not required to have technical background or training; therefore may function in a capacity to provide local site support with METS assistance. It is important that the site coordinator obtain the METS trouble ticket number assigned to any problems opened with the IHETS Applications and Operations Support Desk. The trouble ticket number should be referenced in all communications with METS.

Maintenance

Site coordinators are the only individuals authorized to request changes/additions to the provisioning department and to report technical problems to the IHETS Application and Operations Support Desk. It is the site coordinator's responsibility to:

- Assist Application and Operations Support Desk staff in testing and troubleshooting any problems that may be reported.

Note: If you are in need of reporting a problem and neither the site coordinator or alternate are available, contact Daniel Hovious (317-233-1391) or Chuck Berning (317-233-8187). They will help you gather the information you will need to provide to METS when reporting the problem.

IHETS RESPONSIBILITIES

Operations

The METS staff is responsible for overall management and maintenance of domain name listings.

Application and Operations Support Desk

All site coordinators who contact the IHETS Application and Operations Support Desk may expect to be served promptly and courteously. The Application and Operations Support Desk is responsible for receiving your call, collecting information, and getting you in contact with the System Administrator.

All DNS problems and/or requests are assigned a trouble ticket number and entered into a database. Application and Operations Support Desk staff set the priority and status of problems within the trouble ticket system. Application and Operations Support Desk staff coordinate trouble reporting through customers and staff and regularly log progress and status into the trouble ticket database.

Application and Operations Support Desk engineers are available 7 days a week, 24 hours a day. The Application and Operations Support Desk is staffed with engineers during normal business hours. After normal business hours, an engineer is available by voice mail activated pager.

The systems that are configured to host this primary Domain Name Service are set to alert engineers when performance problems occur. This system ensures that most problems or potential problems are reported to the Application and Operations Support Desk, and are being addressed even before members are aware they have occurred.

Problems that cannot be resolved while the caller is on the telephone are immediately escalated to an IHETS systems engineer. If the problem is not resolved within 24 hours, the Director of Operations is notified via the trouble ticket system. The METS Application and Operations Support Desk will update the site every two hours when necessary with current status.

MTTR & response times

Mean time to repair[3]	4 hours
Account Creation and Change Request turn-around	48 hours (business hours)
Application and Operations Support Desk response to telephone notifications during business hours	20 minutes
Application and Operations Support Desk response to voice mail notifications after business hours	45 minutes
Application and Operations Support Desk response to e-mail notifications during business hours	1 hour

Disclaimer

IHETS will not be responsible for failure to meet any performance standards due to the action or inaction of a third party entity not under contract with METS; the action or inaction of a member employee, agent or contractor; or unexpected events beyond IHETS reasonable control.

Provisioning

Orders

- All orders for new accounts and changes to existing accounts must be sent to the IHETS Provisioning department at provisioning@ihets.org.

Billing

Bill State monthly. Invoices will be issued on a monthly basis one month after service has been provided.

[3] Mean time to repair (MTTR) is calculated from the time the Application and Operations Support Desk is notified of the problem to when service is fully restored. Time spent gaining access to the site is not included in the MTTR calculation.

Contact Information

IF YOU ARE IN NEED OF TECHNICAL ASSISTANCE IN REGARDS TO YOUR E-MAIL, PLEASE CONTACT THE APPLICATION AND OPERATIONS SUPPORT DESK.		
Application and Operations Support Contact the Application and Operations Support Desk in case of an outage, or for other technical assistance. helpdesk@ihets.org	**Local:** 317.263.8999	**Toll Free:** 800.246.7615 **FAX** 317.263.8831
Provisioning All orders for new accounts or requests for changing existing accounts must be made by the dedicated site coordinator to: provisioning@ihets.org		

CDC 3610/103200 FUNDING			PLEASE NOTE: Includes a 2.0% CPI Adjustment for Software Licensing Costs Only								
Projected Regenstrief Costs for 2007/2008											
08/31/07 through 06/30/08											
	TOTALS	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
# of Hospitals connected	**68**	**68**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
No New Connections Connection	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
17 Existing Rad & Lab Connections as of 08/30/06	**$ 52,700.00**	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00	$ 5,270.00
68 Connected Hospitals as of 08/30/07	**$ 210,800.00**	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00	$ 21,080.00
Sept Connections	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Oct Connections	**$ -**		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Nov Connections	**$ -**			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dec Connections	**$ -**				$ -	$ -	$ -	$ -	$ -	$ -	$ -
Jan Connections	**$ -**					$ -	$ -	$ -	$ -	$ -	$ -
Feb Connections	**$ -**						$ -	$ -	$ -	$ -	$ -
Mar Connections	**$ -**							$ -	$ -	$ -	$ -
April Connections	**$ -**								$ -	$ -	$ -
May Connections	**$ -**									$ -	$ -
June Connections	**$ -**										$ -
Software License Fee Cost	**$ 91,485.70**	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57	$ 9,148.57
TOTALS	**$ 354,985.70**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**	**$ 35,498.57**
CDC Approved Budget		**0.00%**									
Additional CDC Funds Needed	**$ 354,985.70**	**100.00%**									