Indiana Department of Health

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Governor

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Public Health Crisis Response Cooperative Agreement
Grant Info CFDA: 93.354

Attachment A

The Division of Emergency Preparedness (DEP) within the Indiana Department of Health (IDOH) is responsible for ensuring the use of Public Health Crisis Response Cooperative Agreement grant funds and activities are allowable and executed per the funding announcement. DEP administers these funds through sub-recipient agreements, which require various activities to enhance state and local preparedness to better respond to public health and healthcare emergencies.

Attachment A outlines the minimum preparedness requirements that each local health department must fulfill to remain eligible for funding under the agreement. Subrecipients utilizing Public Health Response Cooperative Agreement funds will follow a deliverable-based reimbursement approach. For this funding opportunity, there are two deliverable-based approaches: (1) monitoring and (2) preparedness intervention. Each approach includes specific requirements and deadlines that serve as guidelines outlined in the subsequent sections below.

We understand the approaches may change based on data or monitoring guidelines after the application submission. As such, we recommend that each local health department be flexible and adjust strategies to address the current needs within the two deliverable-based approaches. This allows for modification of the approach if there is a need to alter intervention and monitoring strategies.

Funding Construction and Criteria

All local health departments are eligible to apply for this funding. IDOH will prioritize funding distribution based on the criteria below (in no particular order):

- Number of large-scale dairy operations
- History of HPAI detection in commercial poultry flocks
- High poultry and/or dairy farm density

Funding Potential

Local health departments may receive funding allotments up to $100,000. Awarded amounts will be determined based on the above-mentioned criteria and the number of awarded applicants.

Required Activities

1. Public health monitoring of persons exposed to HPAI. If applicable, activities should include:
    a. Contact exposed persons (or designated point of contact for premise) as soon as possible upon receipt of contact information from IDOH
    b. Conduct **daily active monitoring** for exposed person(s) for ten (10) days after the last exposure (poultry/wild bird) or ten (10) days after the first positive animal specimen collection date (cattle). If daily monitoring cannot be achieved, contact should at least occur on days 1, 5 and 10 following these dates.
        i. Initial contact with the exposed person(s) or point of contact should determine whether any exposed persons are experiencing symptoms, requesting HPAI testing, or requesting antiviral prophylaxis with oseltamivir (Tamiflu). Additional guidance on testing and obtaining oseltamivir can be found here.
        ii. Follow-up contacts should determine whether any exposed person has developed signs or symptoms of acute respiratory illness and/or conjunctivitis.

iii. Contact with the exposed person(s) or point of contact may be via telephone, text message, or e-mail

c. Conduct **passive monitoring** for exposed person(s) for an additional 19 days (day 11 through day 30) for persons with ongoing exposure to cattle in a non-negative status.
    i. Instruct the exposed person(s) to notify the LHD if they develop signs or symptoms of acute respiratory illness and/or conjunctivitis and provide them with appropriate 24-hour contact information.
d. Complete all required variables in the IDOH Monitoring REDCap ("IDOH Avian Influenza Monitoring v2") in a timely manner as required by IDOH.
e. Refer exposed persons who develop signs and symptoms of acute respiratory illness and/or conjunctivitis for prompt medical attention, HPAI testing, and empiric initiation of antiviral treatment with oseltamivir (Tamiflu).
    i. Ensure that contact information for symptomatic exposed persons is promptly submitted to your IDOH field epidemiologist.

Deliverable Deadline: *Submit quarterly update in REDCap by 5 p.m. based on quarterly schedule outlined below.*

2. Development of a Local Oseltamivir (Tamiflu) Access Plan using the template provided by IDOH.

Deliverable Deadline: *Upload Local Oseltamivir (Tamiflu) Access Plan into REDCap by 60 days after contract execution date. The deliverable can be submitted earlier than the due date.*

Optional Activities

Additional activities in the following categories may also be conducted:

a. Emergency response coordination
b. Monitor and promote testing practices (as appropriate)
c. Risk communication, health education, and outreach to high-risk populations and employers.
    - LHDs may host seasonal influenza clinics with agriculture partners. Documentation of clinic activities should include the following information: Date of clinic, how many vaccinated, and where the event took place.
d. Case investigation and contact tracing to prevent additional cases and understand risk factors for transmission.
e. Enhance surveillance system(s) and or data management/informatics.

Deliverable Deadline: *Submit quarterly update in REDCap by 5 p.m. based on quarterly schedule outlined below. The quarterly status update is required regardless of the deliverable status (i.e., started, not started, in-process).*

Quarterly Deadline Table

(Note: Lines indicated with a (*) are unique to extension based on fully executed agreement and PO timelines).

Quarter #	Deadlines 2025
1*	Wednesday, April 30
2	Monday, June 30
3	Tuesday, Sept. 30
4	Monday, Dec. 29

Allowable Spending Categories

Expenses related to the Public Health Crisis Response Influenza A/H5N1, and Pandemic Preparedness and Response grant deliverables must fall within the approved spending categories listed below.

1. Contractual
2. Supplies
3. Equipment (any supply over $10,000 per unit)
4. Other
5. Travel

Reimbursement and Payment Claims

1. Each local health department (LHD) is required to invoice at the completion of each grant deliverable upon receiving a fully executed agreement and purchase order (PO).
2. Use the invoice templates provided to submit for reimbursement. Each invoice should clearly indicate the following information:
    a. Purchase Order (PO) number
    b. Invoice Number (created by subrecipient)
    c. Invoice Date
    d. Dates of Service
    e. Amount of Payment
    f. Budget Service Line (i.e., contractual payment, equipment, supplies)
    g. Person Submitting Invoice: Name and email address
3. Invoices should be submitted to IDOH Finance at invoices@health.in.gov and copied to the IDOH Grant Support team at idohgrantsupport@health.in.gov.

Other Helpful Reminders and Reporting Responsibilities

1. No reimbursement can be initiated without a fully executed agreement and purchase order (PO).
2. The PO provided is unique to H5N1 activities and reporting.
3. Any allowable purchases made must be made by the budget period end date of **Jan. 16, 2026.**
4. All accounts will be closed sixty (60) days after the **Jan. 16, 2026, budget period end date**. The 60-day deadline to submit final invoices for payment is **Tuesday, March 17, 2026**. After this date, IDOH may not be able to process your invoice(s) for payment.