

# Introducing The Public Health Emergency Preparedness (PHEP) Contract Process



MISSOURI DEPARTMENT OF  
**HEALTH &**  
**SENIOR SERVICES**



# Definitions

The contract includes a list of definitions and abbreviations that are frequently included within the contract.

## Definitions of Note

- ▶ Missouri Department of Health and Senior Services will be referred to as “Department”.
- ▶ County Health Department/LPHAs will be referred to as “Contractors”.
- ▶ Director of LPHA will be referred to as “Administrator”.

# Work Plan Deliverables

- ▶ Work plans are developed annually to reflect the issues of most importance for the current budget year.
- ▶ LPHAs must select a minimum three of more PHEP capabilities annually, and cover all fifteen capabilities within the 5 year grant cycle.
- ▶ LPHAs must attend a Public Health Emergency Preparedness Grant strategic grant planning session once every 5 years.
- ▶ LPHAs must submit a Record of Changes. If no changes are made, LPHAs should communicate as such.



# What is a Work Plan?

- ▶ The Work Plan is an Excel spreadsheet that helps you determine what activities and outputs you want to address in the current budget period.
- ▶ The Work Plan serves as a tool for providing Mid-Year and End-of-Year Reports to DHSS.
- ▶ The Work Plan serves as a tool for the capability leads to provide reviewer comments or feedback.

PHEP LPHA WORK PLAN REPORT JULY 1, 2022 – JUNE 30, 2023				Submitted by: <i>Enter Name &amp; Title</i>	
<b>Domain E: Community Resilience</b>					
<b>CAPABILITY E: COMMUNITY</b>					
Select the Quarter in Which the Activity will be Completed:		Lead/Deputy/Member	December/January/February/March/April/May/June/July/August/September/October/November/December		
<b>Exercise Hospital Preparedness Program (HPP) coordination</b> 2. Strengthen community partnership to support public health preparedness		<b>Pre-Written Work Plan Activity</b> Select Whether you are Using the Pre-Written Plan or Not	<b>Pre-Written Expected Outputs</b> List of contact information for representative from the Healthcare Coalition (HCO), as well as stakeholders within the community who have capabilities and resources for an emergency response situation. List of available capabilities and resources of each representative or stakeholder for mutual aid response.	<b>Output Accomplishments Mid Year</b> Output Accomplishments End of Year	<b>Reviewer Comments</b> (Please note whether comments are for WFP, Mid Year, or End of Year) <i>Eligible. Do not delete existing comments.</i>
1. Identify At-Risk Populations Attend 4 quarterly Health Care Coalitions meetings by June 30, 2023 in an effort to strengthen partnership and ensure shared approach to following public health emergency should health care services to mitigate public health emergency occur within an emergency. Coordinate with emergency of stakeholders through the HCO to ensure the community has available capabilities and resources for an emergency response situation.		04 April 1- June 30	Select One	Select One	Select One
<b>Exercise Hospital Preparedness Program (HPP) coordination</b> Select One Function Which Supports the Above Activity. Select One Programmatic Requirement Which Supports the Above Activity & Function. Select the Quarter in Which the Activity will be Completed.		<b>Work Plan Activity</b> <i>(WHO) with the (WHAT) at (WHERE) from (TIME FRAME - TIME AND DATES) by (REQUIREMENTS AND CONSTRAINTS) for the purpose of (WFP - SPECIFIC REASONS OR GOALS), as evidenced by (HOW WILL YOU SHOW ACCOMPLISHMENTS).</i>	<b>Expected Outputs</b> <i>By (TIME FRAME - TIME AND DATES) (REQUIREMENTS AND CONSTRAINTS) for the purpose of (WFP - SPECIFIC REASONS OR GOALS), as evidenced by (HOW WILL YOU SHOW ACCOMPLISHMENTS).</i>	<b>Output Accomplishments Mid Year</b> Output Accomplishments End of Year	<b>Reviewer Comments</b> (Please note whether comments are for WFP, Mid Year, or End of Year) <i>Eligible. Do not delete existing comments.</i>
<b>Strengthen and implement plans through training and exercising</b> Select One Function Which Supports the Above Activity. Select One Programmatic Requirement Which Supports the Above Activity & Function.		<b>Work Plan Activity</b> <i>(WHO) with the (WHAT) at (WHERE) from (TIME FRAME - TIME AND DATES) by (REQUIREMENTS AND CONSTRAINTS) for the purpose of (WFP - SPECIFIC REASONS OR GOALS), as evidenced by (HOW WILL YOU SHOW ACCOMPLISHMENTS).</i>	<b>Expected Outputs</b> <i>By (TIME FRAME - TIME AND DATES) (REQUIREMENTS AND CONSTRAINTS) for the purpose of (WFP - SPECIFIC REASONS OR GOALS), as evidenced by (HOW WILL YOU SHOW ACCOMPLISHMENTS).</i>	<b>Output Accomplishments Mid Year</b> Output Accomplishments End of Year	<b>Reviewer Comments</b> (Please note whether comments are for WFP, Mid Year, or End of Year) <i>Eligible. Do not delete existing comments.</i>

# Work Plan Components

- ▶ The work plan spreadsheet has multiple tabs at the bottom.
- ▶ At the far left, there are tabs for “Instructions” and “SMART Model.” These provide guidance for completing the work plan.
- ▶ After that, there are tabs for the 15 capabilities.
- ▶ Within each of the capability tabs, there are:
  - ▶ Pre-written Activities and Outputs that have been developed by the Capability Leads that can be selected as your work plan for the current budget year.
  - ▶ Additional spaces are provided for adding activities and outputs if you decide to write your own.

# Work Plan Components (continued)

- ▶ Each capability tab also includes:
  - ▶ A column for the Mid-Year Report (July-December)
  - ▶ A column for the End-of-Year Report (January-July)
  - ▶ A column for selecting the status of the End-of-Year Report
  - ▶ The final column is for Reviewer Comments from the capability leads that review the work plans.
- ▶ For help with determining what activities fit under the capabilities and functions in the work plan, refer to “Public Health Emergency Preparedness and Response Capabilities” at
- ▶ <https://www.cdc.gov/cpr/readiness/capabilities.htm>

# Reports

- ▶ Contractor shall submit Mid-Year and End-of-Year Work Plans (due January 15 and July 15).
- ▶ Contractor shall submit a Subrecipient Annual Financial Report (July 30).
- ▶ Contractor shall submit a Tangible Property/Inventory Report (June 30).
- ▶ Contractor will submit a Jurisdictional Risk Assessment (JRA) once every five years.



# Identification Numbers (UEI and EIN)

- ▶ Unique Entity Identifier (UEI) Number

- ▶ Can be found on the PHEP Contract (MO 580-3017 dated 03-22).
- ▶ If you have questions, contact the ASIF/DUNS-UEI Help Desk at 573-751-6471 or [UEI Transition@health.mo.gov](mailto:UEI%20Transition@health.mo.gov)

## Employer Identification Number (EIN)

- ▶ **HHS Payment Management System (PMS) assigns this number to applicant organizations.**



# What to Include in the Mid-Year and End-of-Year Work Plan

- ▶ The Mid-Year Work Plan is due January 15. It should include:
  - ▶ Output Accomplishments, or accomplishments made as of December 31.
  - ▶ Should be measurable. Example: If the goal was to train 100 employees, how many did you actually train?
- ▶ The End-of-Year Work Plan is due July 15. It should include:
  - ▶ Output accomplishments made by June 30 (end of budget year)
  - ▶ Determine whether each activity has been completed, partially completed, or discontinued. Indicate this by using the drop down box in the work plan spreadsheet to select “Completed”, “Partially Completed” or “Discontinued.”

# What to include on Subrecipient Annual Financial Report

- ▶ Contractor Name, Address, ID number
- ▶ Contract Period and Contract Number
- ▶ Identification Numbers
  - ▶ UEI and EIN
- ▶ Report Type
  - ▶ Annual/Final
- ▶ Transactions
- ▶ Total Contract Funds Authorized
- ▶ Total Expenditures

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Subrecipient Annual Financial Report**

1. Contractor Name and Complete Address			
2. Contract Number		3. Contract Period (MM/DD/YY) From: To:	
4. Contractor Identifying Number (optional)		5. UEI Number	
6. EIN		7. Report Type <input type="checkbox"/> Annual <input type="checkbox"/> Final	
<b>8. Transactions</b>			
<b>Contract Expenditures:</b>			
8a. Total contract funds authorized:			
8b. Total expenditures:			
8c. Unspent balance of contract funds (see minus):		\$0.00	
<b>Match Requirements (if required by the contract):</b>			
8d. Total match required:			
8e. Total match expenditures:			
8f. Remaining match to be provided (see minus):		\$0.00	
9. Remarks: Attach any explanations deemed necessary.			
10. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).			
11a. Typed or Printed Name and Title of Authorized Certifying Official of the Contractor		11b. Telephone (including Area Code)	
11c. Email Address			
11d. Signature of Authorized Certifying Official of the Contractor		11e. Date Report Submitted (MM/DD/YY)	

MO 585-4891 (3-2020)

# What to include on Subrecipient Annual Financial Report (continued)

- ▶ Unspent Balance of Contract Funds
- ▶ Total Match Required
- ▶ Total Match Expended
- ▶ Remaining Match to be Provided
- ▶ Certification
- ▶ Date and Signature

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES Subrecipient Annual Financial Report			
1. Contractor Name and Complete Address			
2. Contract Number		3. Contract Period (MM/DD/YY) From: To:	
4. Contractor Identifying Number (optional)		5. UEN Number	
6. EIN		7. Report Type <input type="checkbox"/> Annual <input type="checkbox"/> Final	
8. Transactions Contract Expenditures:			
8a. Total contract funds authorized:			
8b. Total expenditures:			
8c. Unspent balance of contract funds (see a minus sign):		\$0.00	
Match Requirements (if required by the contract):			
8d. Total match required:			
8e. Total match expenditures:			
8f. Remaining match to be provided (see a minus sign):		\$0.00	
9. Remarks: Attach any explanations deemed necessary.			
10. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code title 18, Section 1001 and title 31, Sections 3729-3750 and 2801-2812).			
11a. Typed or Printed Name and Title of Authorized Certifying Official of the Contractor		11b. Telephone (including Area Code)	
11c. Email Address			
11d. Signature of Authorized Certifying Official of the Contractor		11e. Date Report Submitted (MM/DD/YY)	

MO 582-555 (3-022)

# Jurisdictional Risk Assessment

The PHEP Capability 1 (Community Preparedness) team has been diligently working on developing a standardized public health risk assessment process utilizing a single, best practice data-driven tool. The Public Health Risk Assessment Tool (PHRAT) we are using as a foundation was originally developed by Drexel School of Public Health and the Pennsylvania Department of Health. It's one of three best practice tools published and promoted by the CDC. The work to complete the development of this tool continues and the plan is to implement this tool for Missouri and socialize it in January, 2023. Guidance will be provided prior to the time of the release.

# Contract Required PHEP Documents

**IMPORTANT**

- ▶ DH-38 Invoice
- ▶ Tangible Personal Property Report (SF-428S) and PHEP Inventory Listing
- ▶ Subrecipient Financial Report
- ▶ Work Plan of Activities and Outputs
- ▶ LPHA Budget Reallocations (as-needed)
- ▶ LPHA PHEP Budget

# Filling out an Invoice (DH-38)

**1. ENTER THE COMPLETE NAME OF VENDOR**  
Example: Whatthe City Health Department

**3. ENTER THE MAILING ADDRESS OF VENDOR**  
Example: 123 S. Main St., Healthyville, MO. 00123

**4. ENTER THE STATE VENDOR NUMBER**  
11 DIGIT NUMBER – should be on all past invoices. Assigned by IRS.

**5. ENTER THE BILLING PERIOD**  
Example: January 2022

**6. ENTER THE CONTRACT NAME**  
Public Health Emergency Preparedness  
Cities Readiness Initiative  
Crisis Cooperative Agreement

**7. ENTER THE CONTRACT NUMBER**  
From Page 1 of the fully executed contract.

**9. SIGNATURE OF PERSON COMPLETING FORM**  
If there are questions, we will contact this person

**2. ENTER THE COMPLETE INVOICE NUMBER**  
a. Funding Source Name Abbreviation  
PHEP (Public Health Emergency Preparedness)  
CRI (Cities Readiness Initiative)  
CCA (Crisis Cooperative Agreement/Crisis Co Ag)  
b. Month and Year being invoiced  
Two Digit Month  
Two Digit Year  
Examples:  
PHEP0122 (Invoice for PHEP January 2022)  
CRI0122 (Invoice for CRI January 2022)  
CCA0222 (Invoice for CCA February 2022)

**8. AMOUNT REQUESTED**  
The amount to be reimbursed.

**10. TITLE OF PERSON COMPLETING FORM**  
Examples: Administrator, Director, Accountant, etc.

**11. DATE**  
The date the form was completed.

**IMPORTANT NOTES:**

- Save your completed DH-38 as a PDF. PDFs are easier to read and process if sent via email or fax.
- Invoices are to be sent by the 15<sup>th</sup> of the following month.
- An Invoice Tool (excel spreadsheet) specific to the funding source must be submitted with each invoice. If multiple invoices are submitted for one funding source, you can enter all invoices on one Invoice Tool, prior to sending.
- If multiple invoices are submitted, each one must be attached/sent as a separate pdf.

# Invoice Tool

Do Not Alter, Modify or Change any of the cells, formatting or formulas on the Invoice Tool!

- DHSS will provide a tool for determining Indirect Costs.
- These are established at the beginning of a new contract.
- An invoice tool is submitted with each invoice.

The Invoice Tool should be submitted as a separate excel document!

Invoicing Tool to Assist in the Calculation of Indirect for Invoices and Base for Overall Indirect															
<b>[Do NOT enter data in the grey highlighted cells]</b>															
PHEP FY23 July 1, 22 - June 30, 23															
Enter the contract's budgeted amount by category. Enter the amount billed from each invoice. The indirect rate will calculate based upon the percentage entered below.															
Budget Category	Budgeted Amount	July	August	September	October	November	December	January	February	March	April	May	June	Total Invoiced	Remaining Balance
Personal Services														0.00	0.00
Fringe														0.00	0.00
Travel														0.00	0.00
Supplier														0.00	0.00
Other														0.00	0.00
Subcontract 1														0.00	0.00
Subcontract 2														0.00	0.00
Subcontract 3														0.00	0.00
Subcontract 4														0.00	0.00
Subcontract 5														0.00	0.00
Subcontract 6														0.00	0.00
Indirect		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter the Indirect Rate 10.00%															
Allowable Indirect by Invoice (DO NOT CHANGE FORMULAS)															
Personal Services		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fringe		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplier		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 1		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 2		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 3		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 4		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 5		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 6		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Base (DO NOT CHANGE FORMULAS)															
Personal Services		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fringe		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplier		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 1		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 2		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 3		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 4		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 5		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 6		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MO 550-3094 (4-15)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

# Submitting an invoice

The screenshot shows an email form with a 'Send' button on the left. To its right are four input fields: 'To..', 'Cc..', 'Subject', and 'Attached'. The 'To..' field contains the email address 'Preparedness@health.mo.gov'. Red arrows originate from each of these four fields and point to corresponding callout boxes on the right side of the slide.

**To..**  
Preparedness@health.mo.gov

**Cc..**  
Copy as you prefer or based on your agency policy.

**Subject**  
Vendor Jurisdiction Name and Program to be invoiced  
Example: Perfection County PHEP DH-38

**Attachment(s)**  
PDF documents are the preferred file type.  
Photo viewer documents are not clear or legible.

## IMPORTANT NOTES:

- It's imperative that you send invoices to [Preparedness@health.mo.gov](mailto:Preparedness@health.mo.gov)
- Entering your jurisdiction's name on the subject line will speed up the processing of your request for reimbursement



# LPHA PHEP Budget

- ▶ Use the budget template to record how you plan to spend funding.
- ▶ Identify direct costs
  - ▶ Equipment that costs over \$5,000, has a greater than one-year lifespan and has CDC approval.

(Equipment that costs under \$5,000 should be entered under the Other Category)

  - ▶ Subcontractor's name and amount owed.
- ▶ Identify Indirect Costs
  - ▶ Full-time equivalent employee costs.

[ENTER COUNTY NAME HERE] COUNTY HEALTH DEPARTMENT		
Public Health Emergency Preparedness Budget FY23 (July 1, 2022 - June 30, 2023)		
Category	Budget	Automatic adjustment for costs allowed for Indirect Calculation (for calculation purposes only)
Personnel Services		0.00
Fringe Benefits		0.00
Travel		0.00
Equipment (*see definition below)		
Supplies		0.00
Other		0.00
Contractual		
Subcontractor #1 (Enter Name)		0.00
Subcontractor #2 (Enter Name)		0.00
Subcontractor #3 (Enter Name)		0.00
Subcontractor #4 (Enter Name)		0.00
Subcontractor #5 (Enter Name)		0.00
Total Direct Costs	0.00	
Indirect (Administrative) Cost	0.00	
<b>TOTAL CONTRACT</b>	<b>0.00</b>	
Allowed cost for the calculation of Indirect (Administrative) Costs:		0.00
If your organization does not have an approved federally negotiated Indirect Cost Rate, enter rate you are requesting.		10.00%
Does your organization have an approved federally negotiated Indirect Cost Rate? (Enter Yes or No)		
Provide in the space below a summary of how you calculated your Indirect (Administrative) Costs in accordance with your federally negotiated rate. Enter the allowed Indirect (Administrative) Cost in the blue cell C27. Attach a		

Instructions
Budget FY21
Calculation
+

# LPHA Budget Reallocations

- ▶ LPHAs are able to reallocate funding received by the State if identified to be necessary. DHSS should be notified of any reallocation.
- ▶ Not more than 10% of the budget may be reallocated without Department approval as long as indirect costs are not affected.
- ▶ There must be a written contract amendment on any changes over 10% and anything that affects indirect costs.
- ▶ Processing a Contract Amendment may take up to 120 days.

Public Health Emergency Preparedness Budget Reallocation Request 2020-2021 LPHA NAME:						
Category	Current Budget (OLD)	Proposed Budget (NEW)	Difference	Work Plan Capability Associated with Funding Move	Item(s) to be Purchased and the Cost of Each Item	Please explain why the reallocation is being requested
Personnel Services	0.00	0.00	0.00			
Fringe Benefits	0.00	0.00	0.00			
Travel	0.00	0.00	0.00			
Equipment	0.00	0.00	0.00			
Supplies	0.00	0.00	0.00			
Other	0.00	0.00	0.00			
Contractual						
Subcontractor #1	0.00	0.00	0.00			
Subcontractor #2	0.00	0.00	0.00			
Subcontractor #3	0.00	0.00	0.00			
Subcontractor #4	0.00	0.00	0.00			
Subcontractor #5	0.00	0.00	0.00			
<b>Total Direct Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>			
Indirect (Administrative) Cost	0.00	0.00	0.00			
<b>TOTAL CONTRACT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>			
Indirect Cost Rate default 10.00%, enter rate you are requesting if different from 10.00%.						
	10.00%	10.00%				

# PHEP Inventory Listing

- ▶ Complete list of all supplies and equipment purchased with PHEP money in the current budget year.
- ▶ This will include all items for which the total cost is less than \$5,000.
- ▶ Does not include consumable items.

# What to Include on your Tangible Personal Property Report/SF-428S

- ▶ Identify Grant
  - ▶ Use the identifying number for the grant that is being used to purchase items on the report.
  - ▶ PHEP Identification number is:
- ▶ Determine Report Type
  - ▶ Consolidated or Individual
- ▶ Determine whether item is GP or ACQ
  - ▶ GP is federally-owned property and ACQ is acquired by award money.
- ▶ Provide a description of the item.

TANGIBLE PERSONAL PROPERTY REPORT - PHEP									
Supplemental Sheet SF-428S									
Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SFY-428). Leave blank for Consolidated Annual Reports (Block 1 below)									
LPHA NAME HERE									
1. Report Type (Choose One)					2. Report As Of:				
(a) Individual _____ (Reporting Federally-owned property for one award)					30 SEP _____ (YYYY)				
(b) Consolidated _____ (Reporting Federally-owned property for all awards with a Federal Agency Organizational Element)					or _____ (MM/DD/YYYY)				
3. Federally-owned Property									
	Award Number	GP or ACQ	Description of Item	Identification Number	Acq. Date	Cond. Code	Acq. Cost	Disp. Req.	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

# What to Include on your Tangible Personal Property Report/SF-428S

(Continued)

- ▶ Identification number of item
  - ▶ Serial number, model number, Federal stock number, national stock number, or other identification number.
- ▶ Acquired Date of Item
- ▶ Condition Code
  - ▶ 1- Excellent, new or unused condition
  - ▶ 4- Usable, some wear, but useable without significant repair
  - ▶ 7- Repairable, needs repairs to return to a useable condition
  - ▶ X- Salvage, little value left, repairs are not advisable based on value
  - ▶ S- Scrap, not usable, no value, not repairable

TANGIBLE PERSONAL PROPERTY REPORT - PHEP									
Supplemental Sheet SF-428S									
Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SFY-428). Leave blank for Consolidated Annual Reports (Block 1 below)									
LPMA NAME HERE									
1. Report Type (Choose One)					2. Report As Of:				
(a) Individual _____ (Reporting Federally-owned property for one award)					30 SEP _____ (YYYY)				
(b) Consolidated _____ (Reporting Federally-owned property for all awards with a Federal Agency Organizational Element)					or _____ (MM/DD/YYYY)				
3. Federally-owned Property									
	Award Number	GP or ACQ	Description of Item	Identification Number	Acq. Date	Cond. Code	Acq. Cost	Disp. Req.	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
1									
2									
3									
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17									
18									
19									
20									

# What to Include on your Tangible Personal Property Report/SF-428S

(Continued)

- Acquisition Cost
- Disposition Request
  - Indicate the type of disposition request

For a template and more detailed instructions download:

TANGIBLE PERSONAL PROPERTY REPORT - PHEP									
Supplemental Sheet SF-428S									
Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SFY-428). Leave blank for Consolidated Annual Reports (Block 1 below)									
LPHA NAME HERE									
1. Report Type (Choose One)					2. Report As Of:				
(a) Individual _____ (Reporting Federally-owned property for one award)					30 SEP _____ (YYYY)				
(b) Consolidated _____ (Reporting Federally-owned property for all awards with a Federal Agency Organizational Element)					or _____ (MM/DD/YYYY)				
3. Federally-owned Property									
	Award Number	GP or ACQ	Description of Item	Identification Number	Acq. Date	Cond. Code	Acq. Cost	Disp. Req.	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
1									
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20									

# Cities Readiness Initiative (CRI)

- ▶ CRI is separate PHEP funding provided to cities and counties in metropolitan areas around the country who complete specified requirements.
- ▶ Funding provides for the cities ability to obtain medical countermeasures from the SNS.
- ▶ Focused on Capabilities 8 and 9.



# Important Dates for PHEP information

Important PHEP Documents	Due Date
Mid-Year Reports	* 15 of January and July
Subrecipient Annual Financial Report	* Due July 15th
Jurisdictional Risk Assessment	Due once during the contract period (5 years)
Invoices	By the 15 <sup>th</sup> of the following month
Tangible Personal Property Report (SF-428S)/ PHEP Inventory Listing	* June 30th
LPHA Budget Reallocations	Processing may take 120 days
LPHA PHEP Budget	
Record of Changes	* September 30

Submit to [Preparedness@health.mo.gov](mailto:Preparedness@health.mo.gov)



\* Dates may vary



# List of Resources



- ▶ NACCHO Toolbox
- ▶ Preparedness Summit
- ▶ CDC Technical Resource and Assistance Center
  - ▶ On-TRAC- <https://www.cdc.gov/cpr/readiness/on-trac.htm>
  - ▶ DHSS LPHA Resources: [Office of Emergency Coordination | Center for Local Public Health Services \(mo.gov\)](#)

# NACCHO Toolbox

- ▶ The NACCHO toolbox is a community resource available to LPHAs.
- ▶ Provides helpful information for completing PHEP contract requirements.
- ▶ Good for communicating with other LPHAs.
- ▶ Requires a NACCHO account, more information can be found here:

<https://www.naccho.org/membership/become-a-member>

- ▶ The NACCHO toolbox can be found at:  
<https://toolbox.naccho.org/pages/index.html>

# Preparedness Summit

- ▶ The Preparedness Summit is a conference hosted by NACCHO.
- ▶ Attended by preparedness coordinators in all levels of government.
- ▶ Great opportunity to communicate with and learn from people in the preparedness field.
- ▶ Provides tools and resources to help meet challenges related to the year.
- ▶ More information about the Preparedness Summit here:  
<https://www.preparednesssummit.org/home>

# Tips and Tricks

## ▶ **READ YOUR CONTRACT!**

- ▶ Most Templates have instructions along with the template.
- ▶ The CDC has good resources on PHEP.
- ▶ The contract will outline all requirements necessary for fulfillment.

## ▶ **READ YOUR CONTRACT!**

- ▶ Reach out to other planners.
- ▶ Contact the DHSS PHEP Coordinator.

**DID WE MENTION, BE SURE AND  
READ YOUR CONTRACT? 😊**

# Capability Leads

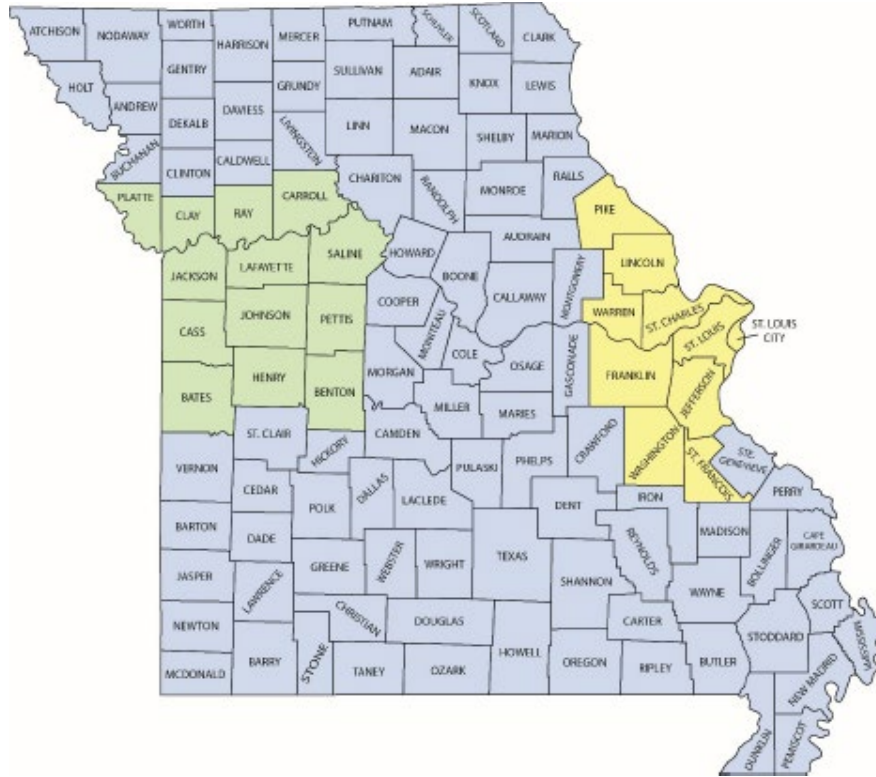
(CURRENT AS OF 9/8/2022)

PHEP Capability Leads for BP4 (2022-2023)				
Domain	Capability	Lead	Email	Phone
Domain #1 Community Resilience	CAP 1 Community Preparedness	Chiquita Small, Lead - SEMA	<a href="mailto:Chiquita.Small@sema.dps.mo.gov">Chiquita.Small@sema.dps.mo.gov</a>	573-526-4231
		Marcia Davis, DSDS	<a href="mailto:Marcia.Davis@health.mo.gov">Marcia.Davis@health.mo.gov</a>	573-526-8560
	CAP 2 Community Recovery	Kay Beesley, Lead - SEMA	<a href="mailto:Katie.Beesley@sema.dps.mo.gov">Katie.Beesley@sema.dps.mo.gov</a>	573-526-9364
		Jeremy Wilson, - DHSS	<a href="mailto:Jeremy.wilson@health.mo.gov">Jeremy.wilson@health.mo.gov</a>	573-522-6131
Domain #2 Incident Management	CAP 3 Emergency Operations Coordination	Anna Long, Lead - DHSS	<a href="mailto:Anna.long@health.mo.gov">Anna.long@health.mo.gov</a>	573-526-3784
		Marcia Davis, DSDS	<a href="mailto:Marcia.Davis@health.mo.gov">Marcia.Davis@health.mo.gov</a>	573-526-8560
Domain #3 Information Management	CAP 4 Emergency Public Information and Warning	Vacant, Lead - SEMA		
	CAP 6 Information Sharing	Susan Thomas, Lead - DHSS	<a href="mailto:Susan.Thomas@health.mo.gov">Susan.Thomas@health.mo.gov</a>	573-526-4276
Domain #4 Countermeasures and Mitigation	CAP 8 Medical Countermeasure Dispensing	Sebastian Gely, Lead - SEMA	<a href="mailto:Sebastian.Gely@sema.dps.mo.gov">Sebastian.Gely@sema.dps.mo.gov</a>	573-522-5637
	CAP 9 Medical Materiel Management and Distribution	Sebastian Gely, Lead - SEMA	<a href="mailto:Sebastian.Gely@sema.dps.mo.gov">Sebastian.Gely@sema.dps.mo.gov</a>	573-522-5637
	CAP 11 Non-Pharmaceutical Interventions	Chiquita Small, Co-Lead - SEMA	<a href="mailto:Chiquita.Small@sema.dps.mo.gov">Chiquita.Small@sema.dps.mo.gov</a>	573-526-4231
		Amy Pierce, Co-Lead - DHSS	<a href="mailto:Amy.Pierce@health.mo.gov">Amy.Pierce@health.mo.gov</a>	573-526-7386
	CAP 14 Responder Safety and Health	Barb Sassi, Co-Lead - DHSS	<a href="mailto:Barbara.Sassi@health.mo.gov">Barbara.Sassi@health.mo.gov</a>	573-526-6647
		Jeremy Wilson, Co-Lead - DHSS	<a href="mailto:Jeremy.wilson@health.mo.gov">Jeremy.wilson@health.mo.gov</a>	573-522-6131

# Capability Leads continued

Domain #5 Surge Management	<b>CAP 5</b> Fatality Management	Kay Beesley, Lead - SEMA	<a href="mailto:Katie.Beesley@sema.dps.mo.gov">Katie.Beesley@sema.dps.mo.gov</a>	573-526-9364
	<b>CAP 7</b> Mass Care	Tina Brown, Lead - SEMA	<a href="mailto:Tina.brown@sema.dps.mo.gov">Tina.brown@sema.dps.mo.gov</a>	573-526-3780
	<b>CAP 10</b> Medical Surge	John Whitaker, Lead - DHSS	<a href="mailto:John.Whitaker@health.mo.gov">John.Whitaker@health.mo.gov</a>	573-526-1031
	<b>CAP 15</b> Volunteer Management	Steven Tatlow, Lead - SEMA	<a href="mailto:Steven.Tatlow@health.mo.gov">Steven.Tatlow@health.mo.gov</a>	573-522-8637
Domain #6 Surveillance	<b>CAP 12</b> Public Health Laboratory Testing	Russ Drury, Lead - DHSS	<a href="mailto:Russ.Drury@health.mo.gov">Russ.Drury@health.mo.gov</a>	573-751-1090
	<b>CAP 13</b> Public Health Surveillance and Epidemiological Investigation	Nathan Koffarnus, Co-Lead – DHSS John Bos, Co-Lead DHSS	<a href="mailto:Nathan.Koffarnus@health.mo.gov">Nathan.Koffarnus@health.mo.gov</a> <a href="mailto:John.bos@health.mo.gov">John.bos@health.mo.gov</a>	417-829-0329 417-895-6945

# Healthcare Coalition Contacts (CURRENT AS OF 9/8/2022)



Healthcare Coalition (HCC) Contacts		
Region A	Non-Urban Rural	Region C
Jennifer Sutherlin	Kara Amann-Kale	Brad Zoref
Mid-America Regional Council	Missouri Hospital Association	St. Louis Area Regional Response System
<a href="mailto:jsutherlin@marc.org">jsutherlin@marc.org</a>	<a href="mailto:KAmann-Kale@mhanet.com">KAmann-Kale@mhanet.com</a>	<a href="mailto:Brad.Zoref@ewgateway.org">Brad.Zoref@ewgateway.org</a>
816-701-8362	573-893-3700	314-421-4220

# Helpful Links

CDC PHEP website

- ▶ <https://www.cdc.gov/cpr/readiness/phep.htm>

Missouri PHEP Resources and Templates

- ▶ <https://clphs.health.mo.gov/lphs/oec.php>

CDC Grants Page

- ▶ <https://www.cdc.gov/grants/index.html>

On-TRAC technical assistance

- ▶ <https://www.cdc.gov/cpr/readiness/on-trac.htm>



# More Links

- ▶ CDC Supplemental Guidance Document
  - ▶ [https://www.cdc.gov/cpr/readiness/00\\_docs/2019\\_PHEP\\_SupplementaGuidanceApplicationInstructions\\_FINAL\\_3.8.19\\_508.pdf](https://www.cdc.gov/cpr/readiness/00_docs/2019_PHEP_SupplementaGuidanceApplicationInstructions_FINAL_3.8.19_508.pdf)
- ▶ Office of Emergency Coordination Emergency Preparedness Page
  - ▶ <https://clphs.health.mo.gov/lphs/oec.php>
- ▶ Email [Preparedness@health.mo.gov](mailto:Preparedness@health.mo.gov) with any questions or correspondence regarding PHEP.

# Still have questions?



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

- ▶ Reach out to the PHEP Unit:
  - ▶ Email: [Preparedness@health.mo.gov](mailto:Preparedness@health.mo.gov)
  - ▶ Phone: Annette Lopes (573) 522-5008  
Jody Starr (573) 751-8262

*Thanks for all you do to protect the  
health and safety of the people of  
Missouri!*