PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

LOCAL HEALTH DEPARTMENT (LHD) WORK PLAN GUIDANCE DOCUMENT

2025-2026: BUDGET PERIOD 2

Kansas Department of Health and Environment
Bureau of Community Health Systems
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1.   Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 2, 2025-2026. Under the administrative authority of the CDC, this budget period marks the second year of the project period (2024-2028).

In this budget period, all (small, medium and large) Local Health Departments (LHDs) will have the same work plan.

Kansas PHEP will continue to focus on developing community partnerships, expanding networking and continuing to develop support framework within communities. Kansas Department of Health and Environment (KDHE) will continue to make diligent efforts to help ensure work plan items for local public health departments are within the requirements of the cooperative agreement and aligned with local public health department activities and emergency management practices. The KDHE Preparedness Program will continue reviewing reporting processes and procedures to reduce the reporting workload on the PHEP administrators.

The LHDs will ensure the continued involvement within their jurisdictions, with the Healthcare Coalitions (HCCs) and their work plan activities.

This guidance document is specific for administrators of the LHDs and outlines the KDHE Preparedness Program expectations for the budget period. A listing of resources can be found at the end of this document. Any new or updated guidance from the CDC will be shared.

1.1   General Administrator Information

The following information is provided to all Preparedness Program participants. Please reference this information as needed.

Submitting deliverables and documentation:

- When submitting any documentation, ensure the submitting agency name and a point of contact are included on the document.
- Due dates are outlined in the work plans and will not be extended. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions (if necessary) and meet the federal guidelines.
- Work plan deliverables may be submitted prior to the due date.
- Completed work plan items will be submitted via the Kansas Grant Management System (KGMS), unless otherwise noted. In some cases, items may need to be sent to KDHE.Preparedness@ks.gov. Please note the work plan activity item number, task being submitted, and county name in the email subject line. All submitted documents must be dated.

1.2   Statement of Federal Support

All publications, coursework and documents that are created or generated by, or in relation to, this cooperative agreement must include a statement of Federal Support. This requirement applies to the following: documents, educational materials, deliverables, and related supporting information. This also includes, within the body of, any courses created using preparedness funding. Sign-in sheets are excluded from this requirement.

Required statement for PHEP documents/publications:

"This publication was supported by the Grant or Cooperative Agreement Number, NU90TU000045, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services."

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money, all awardees receiving federal funds, including state, local governments, and recipients of federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with federal money;
- dollar amount of federal funds for the project or program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Required statement for conferences/meetings and accompanying materials:

"Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government."

1.3   PHEP LHD Submission Requirements – Due Dates

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2025 – September 30, 2025) – due October 15, 2025
- **Quarter 2** (October 1, 2025 – December 31, 2025) – due January 15, 2026
- **Quarter 3** (January 1, 2026 – March 31, 2026) – due April 15, 2026
- **Quarter 4** (April 1, 2026 – June 30, 2026) – due July 15, 2026

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend, the due date becomes the next business day. Any alteration to this designated schedule of due dates will be communicated via e-mail notification to the Regional PHEP Coordinator, Subject Matter Expert (SME) for regions without a Regional PHEP Coordinator, and the LHD administrator. In addition, those designated Quarterly Progress Report due date changes will be posted on the KGMS Home Page.

For all Activity Items, due dates have been listed at the top of each Activity Item Section within the Progress Report. The activity must be completed by the due date listed. As example, if an Activity Item reflects a due date of September 30, 2025, this means that the activity must be completed between the Quarter 1 Designation Dates of July 1, 2025, and September 30, 2025, and reported on the first quarter progress report due October 15, 2025. Completion of the activity on October 5, 2025, would be outside of the Quarter 1 Designation Dates for completing the activity.

The completion of the activity will be reported on the appropriate quarterly Progress Report. Activity items may be completed prior the listed due date and reported on the coordinating Quarterly Progress Report unless

specified differently within the activity. Except for items due every quarter, completion of an activity is to only be reported one time on the appropriate quarterly Progress Report for which the activity was completed. As an example, if the activity was completed, reported, and approved by KDHE in Quarter 1 on the Quarterly Progress Report, do not report the same Quarter 1 completion information on the Quarter 2, 3, and 4 Progress Reports.

1.4   PHEP LHD Submission Requirements – Deliverable Submission

Work plan deliverables are to be submitted via KGMS.

Emails should be sent per the following guidelines to KDHE.Preparedness@ks.gov to better facilitate timely responses to questions or concerns on work plans, exercises and/or trainings and FSRs.

- Send emails regarding work plan items with the email subject line: **County Name, Work plan: Q#** (quarter number) **or Item #.** Only submit work plan concerns and questions using this format. All attachments to the email should be work plan and/or work plan related deliverables.
- Send emails regarding Financial Status Report (FSR) or budget related questions with the email subject line: **County Name, FSR**. Only submit items relating to the FSR and budget changes on this email. All attachments should be financial in nature and not a work plan deliverable.
- Send emails regarding exercise or training related questions with the subject line: **County Name, Exercise or Training**.

This process will help to quickly route inquiries to the correct Preparedness Program staff member for follow-up.

1.5   Financial Status Reports (FSRs) – Reimbursement Requests

The LHD will be required to submit their FSRs in KGMS on or before the respective due dates. Please refer to the KGMS user guides for instructions on how to maneuver through the KGMS system. The KGMS user guides can be found by clicking the *Help* button in KGMS. KGMS can be accessed at kgms.ks.gov/ and requires a user ID and password for access.

Supporting documentation should be included for each item submitted on the FSR (e.g., receipts, invoices, purchase orders, etc.). This documentation should be uploaded into KGMS. Expenses listed in the FSR must either be a budgeted item or have prior approval from the KDHE Preparedness Program.

KDHE Preparedness Program staff will review the FSRs to ensure items and/or services included on the FSR are allowable using PHEP funds. KDHE fiscal management will review and verify funding is being utilized as allocated. Payments will be made after the KDHE Preparedness Program verifies the quarterly work plan report and deliverables have been submitted to KGMS. Payments will be made by either electronic funds transfer (EFT) or a paper check (via mail) once all work plan reports and deliverables have been approved by KDHE.

An FSR is **required** for each quarter, even if no funding has been spent in that quarter. FSRs must be remitted in chronological order in KGMS. Failure to remit a quarterly FSR in KGMS will result in the next quarter FSR not being generated within the system.

1.6   Budgetary Information

The LHD will receive notification from KGMS of when to submit an application, preliminary budget, and budget narrative for the next budget period. The annual application period is typically open from January through March. Specific due dates for the application will be communicated. The preliminary budget is based on the prior year's Award Amount.

After the application, preliminary budget and budget narrative are submitted by the agency and received by KDHE, they will be reviewed by the KDHE Preparedness Program to assure the items submitted on the budget are allowable and reimbursable with PHEP funding.

KGMS will be updated to reflect the Final Award Amount once the KDHE Preparedness Program receives the final PHEP award allocation amount from the CDC. If there is a difference between the preliminary budget and the final award amount, the budget will be returned in KGMS to Agency Processing by KDHE Fiscal. The LHD, KGMS Administrator, and Financial Officer will then need to adjust the budget to match the final award amount to the penny and then resubmit to KGMS for approval. The LHD will receive notification of the final allocation award amount. Notification will be sent if an update to the budget will be required. Completion of that budget update in KGMS must be completed and resubmitted to KDHE within thirty (30) days after the notification is received. KGMS will not generate the Quarter 1 FSR for the budget period until the budget has been approved by the KDHE Preparedness Program.

All PHEP resources and documents are located on the KDHE Preparedness Program website at: kdhe.ks.gov/769/Local-Health-Department-Resources.

Please refer to the list below to determine if the item you wish to purchase is an allowable or unallowable expense. If the item is not on this list, please email KDHE.Preparedness@ks.gov for approval of the purchase if PHEP funding will be used.

Allowable

- Recipients may use funds only for reasonable program purposes, including:
  - Personnel
  - Travel
    - Conference registrations need to be included in the "Other" category.
    - All other conference travel expenses need to be placed in the "Travel" category.
  - Supplies
  - Services
- Purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
- PHEP awardees can (with prior approval) use funds to purchase industrial or warehouse-use equipment.
  - Vehicles must be of a type not licensed to travel on public roads.

Unallowable

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or $199,300 per year.
- Recipients cannot use funds for the following:
  - Fundraising activities or lobbying.
  - Research.
  - Construction or major renovations.
  - Clinical care (e.g., syringes, band-aids, gowns, etc.).

- Reimbursement of pre-award costs.
- Response activities.
- Purchasing clothing such as polo shirts, sweatshirts, T-shirts, etc.
- Generally, funds may not be used to purchase food.
- Vaccines.
- Recipients may supplement, but not replace, existing state, local, or agency funds for activities described in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Payment or reimbursement of backfilling cost for staff is not allowed.
- The LHD cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods (e.g., passenger cars or trucks and electrical or gas-driven motorized carts).
- Recipients may not use funds to purchase furniture.
- Proposed equipment purchases must have KDHE approval prior to purchase.

1.7   Compliance Statement

The KDHE Preparedness Program will review all submitted progress reports, progress report documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. KDHE Preparedness will notify the administrator of the reviewed LHD of any findings discovered during these reviews, outline the nature of the finding, explain what action is needed to correct the finding, and the date the action needs to be completed by and then validated by KDHE Preparedness Program Compliance. Administrators will also be notified if no findings were discovered during their review.

KDHE Preparedness Program has been advised by the CDC that it is important all work plan activities, regardless of their type, need to be completed on or before the assigned deadlines. It is imperative any challenges or obstacles that will impede completion of these work plan activities, projected or otherwise, are addressed with the KDHE Preparedness Program as soon as possible. The KDHE Preparedness Program will work with the LHD to find viable solutions to those challenges. Please do not hesitate to contact the KDHE Preparedness Program at KDHE.Preparedness@ks.gov.

1.8   Contact Information

KDHE Preparedness: KDHE.Preparedness@ks.gov

Healthcare Coalition (HCC) Readiness and Response Coordinators (RRC) represent the seven (7) HCCs within the state:

kdhe.ks.gov/DocumentCenter/View/6476/

Regional PHEP Coordinators represent the fifteen (15) public health regions:

kdhe.ks.gov/DocumentCenter/View/6253/

1.9   Budget Period Insights

This year marks the second budget year of the 2024-2029 grant project period. The CDC has released several resources that outline the new direction the PHEP Program is taking. These resources include the Funding Opportunity Announcement (FOA), a revised version of the PHEP Performance Measures, and a few supporting documents that explain how the various work plan activities contribute towards LHD preparedness progress. The LHDs will ensure the continued involvement within their jurisdictions, with the HCCs and their work plan activities.

While the PHEP Program and the HPP portions of the cooperative agreement have separate application processes, the two programs remain actively aligned with each other. In the instances where the health departments are required to collaborate with their local HCC, the Regional PHEP Coordinators will be tasked with assisting them and the HCC RRC in completing these activities.

1.10   Full Time Equivalent

In addition to the 19 work plan items, KDHE is requesting on each quarterly progress report that LHDs submit the number of full-time equivalent personnel whose salaries are being paid or partially paid with funding from the PHEP grant.

Steps to calculate FTE:

1) Determine the standard number of hours for a fulltime employee at your health department. This is typically 40 hours per week or 2080 per year.
2) Calculate the total number of hours worked by all employees include both full-time and part-time employees working on PHEP. This could be done for a month or a year.
3) Divide the total hours worked by the standard full-time hours. This will give you the total FTE for the project.

For example: Employee A spends 40 hours per week on PHEP and Employee B spends 20 hours per week on PHEP. Collectively, the health department employees are dedicating 60 hours per week to PHEP. If your health department considers 40 hours per week as full-time and employees are working on PHEP collectively for 60 hours per week, the FTE would be 60 hours/40 hours =1.5 FTE.

2.   PHEP Work Plan Guidance

The state PHEP program goals for this project period focus on the public health system developing strategies and activities to improve and then expand readiness at the local, state, and national levels. This will lead to a reduction of the impact of identified threats to public health and safety during emergency situations. There is the underlying emphasis of working to improve and exceed the day-to-day capacity and capabilities of the public health response systems in Kansas. This development process can be found in detail in the FOA, 2024-2028 Public Health Emergency Preparedness (PHEP) Cooperative Agreement CDC-RFA-TU24-0137. Additionally, further resources are available in Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, October 2018. Coupled with this guidance document, these sources will assist the administrator with the execution of the contracted work plan. (Please refer to the **Reference appendix** for details).

2.1 Work Plan Overview

Activity 1 - HCC Meetings

An LHD representative (or proxy) will attend, in person, via conference call or webinar, the local quarterly scheduled Healthcare Coalition (HCC) meetings for their region. Designees/Proxies are permitted, provided they are designated by the LHD Administrator, and the Designee/Proxy letter is received by KDHE and the HCC Readiness and Response Coordinator (RCC) prior to any meeting(s) that will be missed. Letters received after a missed meeting will not be made retroactive. It is recommended that the letter be sent in at the beginning of the grant year to cover the entire year.

Justification

This activity ensures the LHD is participating and collaborating with the HCCs. This activity supports the HPP requirement that the LHD are one of the four core members of a coalition that must attend the meetings, either in-person, virtually, or by Designee/Proxy. Through participation with the HCC, the LHD will have increased partnership opportunities and access to more tangible and intangible resources.

Guidance on Completing this Activity

Refer to kdhe.ks.gov/761/ to view a map of the HCC Regions in Kansas and obtain the contact information of the HCC RRC.

- KDHE Preparedness will validate attendance of the meeting via the KansasTRAIN rosters verified by the HCC RRC from these meetings. It is the responsibility of the attendee to assure their attendance has been properly recorded by the HCC RRC.
- KHDE Preparedness will review the coalition meeting minutes to validate how the LHD participated and contributed to coalition activities, especially joint activities.

If the LHD administrator or an LHD staff member/employee representative cannot attend the local HCC meeting, a Designee/Proxy would be applicable and appropriate. Designees/Proxies are permitted, provided they are designated by the LHD Administrator/Director, and the letter is received prior to any meetings that will be missed. Letters received after a missed meeting will not be made retroactive under any circumstance. Designee/Proxy Letters must be emailed to KDHE.Preparedness@ks.gov and to the HCC RRC prior to any meeting that will be missed. Proxy letters must be physically signed by the LHD Administrator/Director. It is the responsibility of the LHD to communicate to the assigned Designee/Proxy when they will be unable to attend a meeting to assure the assigned Designee/Proxy can attend in their absence.

Designee: an individual that the LHD administrator appoints/designates who will attend the local HCC meetings in the absence of a LHD representative (employee) and cannot vote for the LHD.

Proxy: an individual that the LHD administrator appoints/designates that will attend the meetings in the absence of the LHD representative (employee) and can place a vote on behalf of the LHD in their absence from the local HCC meetings. When assigning Proxy Rights (voting rights) the letter must indicate Proxy for voting and contain a physical (wet) signature of the LHD administrator.

An HCC RRC, chairperson, secretary, treasurer is not an appropriate individual to appoint as a designee/proxy as this would be a conflict of interest. Sample Designee and/or Proxy letters can be located on the Preparedness website at: kdhe.ks.gov/745/. The LHD Administrator must provide a copy of a Designee Letter or a Proxy Letter to KDHE.Preparedness@KS.Gov and to the HCC RRC prior to the coalition meeting that will be missed.

Progress Report
Due in the KGMS LHD Progress Report every quarter.
1. Select the HCC region from the drop-down list.
2. Type the KansasTRAIN ID of the HCC meeting attended. NOTE: This number can be found by looking in your KansasTRAIN completed courses or by asking your HCC RRC.
3. Type the HCC meeting date attended and the attendees first and last name(s). Enter as MM/DD/YYYY – Jane Doe.

Activity 2 - PHEP Meetings

For each quarter, a representative of the LHD will participate in at least one of the quarterly regional public health preparedness meetings in person or virtually. Note that a Designee/Proxy Letter does not apply to this activity.

Justification
The purpose of this activity is to ensure networking and information sharing among health departments within each region. KDHE Preparedness staff will attend, as available, for information sharing between state and local partners.

Guidance on Completing this Activity
Refer to kdhe.ks.gov/769/ to view a map of the Public Health Emergency Preparedness (PHEP) Regions and obtain the contact information of the PHEP Regional Coordinator of the region. An attendee from each health department must register in KansasTRAIN for the quarterly meetings for the region in which they are located and attend one meeting per quarter virtually or in person. Regional Coordinators will need to complete verification of attendees in KansasTRAIN following the meeting. If you notice in KansasTRAIN that you have not been verified, contact your Regional Coordinator.

Progress Report
Due in the KGMS LHD Progress Report every quarter.
1. Select the PHEP region from the drop-down list.
2. Type the KansasTRAIN ID of the PHEP regional meeting attended. NOTE: This number can be found by looking in your KansasTRAIN completed courses or by asking your PHEP Regional Coordinator.
3. Type the PHEP regional meeting date attended and the attendees first and last name(s). Enter as MM/DD/YYYY – Jane Doe.

Activity 3 - Trainings and Conferences

The LHD, at its discretion, may send staff to preparedness conferences, preparedness meetings, trainings, or exercises to increase knowledge, skills, and abilities to develop and maintain plans, conduct trainings and exercises, and respond to public health threats and emergencies using a whole-community approach to preparedness management.

Examples include but are not limited to:

- NACCHO Preparedness Summit
- Four Corners Emergency Management
- Kansas Public Health Association
- Governor's Public Health Conference

Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload in KGMS a summary report of the learned knowledge/skill and must include the course/event name, attendee first and last name and date(s) attended.

Justification

The intent of this activity is to provide support to the LHD administrators in expanding learning and networking opportunities for multiple LHD staff. Please note this only applies to major conferences and out-of-state training sessions, not local or regional trainings conducted during the budget period.

Guidance on Completing this Activity

Prior to attending an out-of-state conference or training event the LHD must obtain approval by the KDHE Preparedness Program. If not already documented in the approved current budget, submit a Conference/Training Approval Request via email to KDHE.Preparedness@ks.gov, containing the following information:

- Subject – County Name, Conference/Training Approval Request
- Title of the conference or training event
- Date/s of the event
- Description of the conference or training event
- Names and title of staff LHD attendees. Note: the attendees must be an employee of the health department who is at least partially funded by PHEP.
- How does attending this conference or training event impact each attendee?
- PHEP capabilities that will be addressed by attendance of the conference or training event
- Cost

Following completion of the out-of-state training or conference, a summary report from each attendee must be uploaded to the appropriate quarterly Progress Report Upload Tab in KGMS. A template for the summary can be located at kdhe.ks.gov/769/Local-Health-Department-Resources and on the KGMS Public Health Emergency Preparedness (PHEP) Program home screen.

The one-page summary is to include:
- Name of attendee
- Name of the LHD being represented

- What information was learned?
- How is this information being applied at the local level?
- How is this information being shared within the agency and/or across the region?

Progress Report

This work plan activity is split into two parts on the progress report. Item 13A should be completed for in-state travel and item 3B should be completed for out-of-state travel. If PHEP funding was not used to attend trainings or conferences in a particular quarter, select the checkbox for "no funding was used for in state or out of state travel this quarter."

13A - For in-state events:
1. Type the date(s) of the first in-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYY-MM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.

There are fields for three in-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

3B - For out-of-state events:
1. Type the date(s) of the first out-of-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYY-MM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.
4. Select whether the summary report(s) was uploaded.
5. If the report was not uploaded, there is a field to provide justification for why this wasn't completed.

There are fields for three out-of-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

Activity 4 - Preparedness Webinars

LHD will have a staff member attend at least three (3) webinars developed by the KDHE Preparedness Program for the SFY2026 PHEP grant.

- Attendance is required for the July 28, 2025, Work Plan Guidance session.
- The LHD can choose the other two (2) webinars from the approved SFY2026 KDHE Preparedness Webinar listing to complete this activity.

Justification

Trainings provided by the KDHE Preparedness program are developed based on gaps and needs identified in LHD After Action Reports (AARs) and during the annual Integrated Preparedness Planning Workshop (IPPW). Trainings are designed to build preparedness and response capacity and the knowledge base of the staff at the LHD in working with the requirements of the PHEP grant.

Guidance on Completing this Activity

KDHE Preparedness will publish a list of trainings planned for the year. This training schedule is subject to change. LHD staff must attend the July 2025 Work plan Guidance session or watch the recording. LHD staff

must attend the live sessions or watch recordings of two additional trainings from the 2025-2026 Preparedness training list. The Preparedness webinars can be found on KansasTRAIN under Training Plan # 8733.

The KDHE Preparedness Program will review the KansasTRAIN rosters for attendance completion verification. All activities to meet the specified goals are to be reported within the quarter attended/watched and/or completed no later than June 30, 2026.

Progress Report
Complete this progress report question in the quarter the training was watched live or the recording viewed.

1. First and last name of the staff who attended the July 2025 Work Plan Guidance webinar live or viewed the recording.
2. Title of training #2 that was attended live or recorded. Note: The names of webinar sessions can be found on the published training list on the KDHE website kdhe.ks.gov/740/Preparedness-Webinars.
3. First and last name of LHD staff who attended the second training live or watched the recording.
4. Title of training #3 that was attended live or recorded. Note: The names of webinar sessions can be found on the published training list on the KDHE website kdhe.ks.gov/740/Preparedness-Webinars.
5. First and last name of LHD staff who attended the third training live or watched the recording.

Activity 5 – ESF 8 or LEPC Meetings

A LHD representative will participate in a local Emergency Support Function 8 (ESF 8) or Local Emergency Planning Committee (LEPC) planning meeting at least once per budget period to work with health and medical partners to strengthen community preparedness and response activities.

The local ESF-8 or LEPC acts as an advisory committee of governmental and non-governmental partners to the LHD to integrate preparedness efforts across jurisdictions and to leverage funding streams.

Justification
This activity is an opportunity for the LHD to engage with other agencies and partners within the county on their preparedness plans and processes and allowing for coordination of efforts. This will ensure all parties are aligned with how the emergency manager, local law enforcement, etc. will respond in the event of an incident.

Guidance on Completing this Activity
An LHD representative will participate in a local ESF 8 or LEPC planning meeting at least once per budget period. To validate attendance the LHD administrator will upload in KGMS to the appropriate quarterly Progress Report Upload Tab at least one of the following: sign-in attendance sheet, meeting minutes reflecting attendance or an email confirming attendance. Documentation should be uploaded to KGMS in the quarter the meeting was attended. All activities to meet the specified goals are due by June 30, 2026.

Progress Report

Due in KGMS in the Progress Report for any quarter in which an ESF 8 or LEPC meeting is attended. If an ESF 8 or LEPC meeting was not attended in a particular quarter, select the checkbox for "no ESF 8 or LEPC meeting attended this quarter."

1. Select either ESF 8 or LEPC to indicate which meeting was attended.
2. Type the date of the meeting. Enter as MM/DD/YYYY.
3. Type the first and last name(s) of LHD representative(s) who attended the ESF 8 or LEPC meeting.
4. Select yes/no to indicate whether the required documentation has been uploaded to KGMS.

5. If the documentation was not uploaded, there is a field to provide justification for why this wasn't completed.

Activity 6 – KS-HAN Registration

The LHD Administrator/Director or their representative will maintain their contact information in the Kansas Health Alert Network (KS-HAN) to ensure the ability of the LHD in receiving situational awareness information.

- Contact information should be checked no less than annually by the user. Users are expected to update their own user profiles.
- The KDHE Preparedness Program will send the LHD Administrator/Director a KS-HAN registrant list, annually. The LHD Administrator/Director will provide a list of changes (add and/or remove registrants) to the
  KDHE KS-HAN Administrator within the quarter the report was received.

Justification

The KS-HAN Messaging System relies on up-to-date recipient lists to ensure notifications are reaching the desired audience. By continually updating contact information, the LHD will receive important public health alerts.

Guidance on Completing this Activity

LHD Administrator will maintain their contact information in the KS-HAN. For login issues LHDs can reach out to the KS-HAN Admin at kdhe.kshanadmin@ks.gov. The LHD Staff Registrant list from the KS-HAN Admin is due within the quarter received.
A group of LHDs are emailed each month from KS-HAN Administrator (kdhe.kshanadmin@ks.gov) with instructions to complete this work plan task. This LHD Staff Registrant list only needs to be reviewed by the LHD once per budget period. The KS-HAN Admin has a schedule for when these emails will be sent to each LHD. However, the LHD can email kdhe.kshanadmin@ks.gov at any time to request this list for review. If the LHD requests the KS-HAN Staff Registrant List, they can use the request date for the progress report if the reviewed and updated list is returned to the KS-HAN Admin.

Progress Report

This item on the progress report must be completed in the quarter the registrant list was received and returned to KDHE. If the registrant list was not reviewed in a particular quarter, select the checkbox for "no registrant list reviewed this quarter."
In the quarter you receive the registrant list and provide updates, you will type the date the LHD Staff Registrant List was updated. Note: The day you email the reviewed registrant list back to the KS-HAN Admin is the date you use in KGMS.

Activity 7 – KS-HAN Drill

LHD staff registered on KS-HAN will respond to the quarterly KS-HAN drill each quarter to ensure and demonstrate the ability to receive and respond to situational awareness updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

Justification

The quarterly drills test if recipients can receive and respond to alerts coming from KS-HAN. This provides a chance to review the effectiveness of the current communication platform and ensure its readiness in the event of a public health emergency requiring rapid dissemination of vital information.

Guidance for Completing this Activity

All LHD Staff will be contacted for this drill and should respond. If staff can't respond, documenting struggles in the appropriate progress report can provide insight on how the KDHE Preparedness Program can achieve a better response to the quarterly drills. A drill will take place once in each quarter of the budget period. The subject line of the KS-HAN Message will read as Quarter # Response Drill MM-DD-20YY. Note that the KS-HAN Drill can be sent to the registered user via work e-mail, cell phone text messaging, or mobile app, depending on the contact information the registered user has included in their profile. As a registered user at the LHD, the platform for which the Drill is sent may be different for each user.

Progress Report
The KDHE Preparedness Program will use KS-HAN system reports to verify participation in drill activities. This activity is due all four quarters.

1. Select yes or no indicating whether LHD staff received the HAN drill.
2. Select yes or no indicating whether LHD staff responded to the HAN drill.
3. If "No" is selected, then the LHD Administrator will provide a brief explanation of why the activity cannot be completed.

Activity 8 – K-COMS

LHD Administrator/Director or their representative will ensure the following contacts and roles are maintained in KDHE's Contact Management Community System (K-COMS):

- Administrator/Director (required)
- Assistant Administrator/Director (if applicable)
- Health Officer (required)
- Medical Consultant (if applicable)
- Public Information Officer (required)
- Pharmacy Consultant (if applicable)
- Primary After-hours Emergency Contact (required)
- Secondary/Backup After-hours Emergency Contact (required)

Justification

Regular updates ensure 24/7 epidemiological contact information is kept current and sent to the KDHE Bureau of Epidemiology & Public Health Informatics through KDHE's Contact Management Community System (KCOMS) (available at kansasct.force.com/cms/s/). This supports the public health system by having access to

personnel trained to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.

Guidance for Completing this Activity
Each quarter, make any changes to the requested contacts in K-COMS. Updates to the Administrator/Director, Health Officer, Public Information Officer, Primary After-hours Emergency Contact, and Secondary/Backup After-hours Emergency Contact are required.

Progress Report

This activity is due all four quarters.

1. Indicate if there were any changes to contact information by selecting yes or no.
2. Select the checkboxes for the contacts that have been updated in K-COMS for the designated quarter.

Activity 9 – Emergency Communications

LHD Administrator/Director or their representative will work to ensure that priority communication services are available in an emergency. This should include maintaining an always-on, high-speed internet connection, email services, and a telephone and/or cell phone that is available to LHD preparedness personnel.

Justification
Priority communications are a requirement for several capabilities. This work plan item allows the LHD to spend PHEP funds obtaining and/or maintaining related services.

Guidance for Completing this Activity

This activity allows LHDs to use funding to support communications equipment, including internet service and phone lines. Funding used for this must be recorded on the quarterly Financial Status Report (FSR).

Progress Report
This activity is due by September 30, 2025. On the first quarter progress report (due October 15, 2025), type the date the LHD verified that priority communications are available. Enter the date as MM/DD/YYYY.

Activity 10 – National Preparedness Month

The LHD will use National Preparedness Month to create an awareness campaign to address risks within their community.

LHD will participate in the National Preparedness Month campaign in September 2025 by posting:

- At least two (2) different posts on one (1) social media platform and/or website each week during the month of September 2025.
- Each social media post must highlight and focus specifically on National Preparedness Month.
- Use the hashtag #KSPrepared to signify participation and avoid having to remit supporting documentation.

Justification
This ensures community engagement via social media.

Guidance for Completing this Activity

The LHD must post at least two different posts on one social media platform and/or the county website each week during the month of September 2025. On each post, ensure you include #KSPrepared in the caption.

Progress Report

Type (or copy and paste) the website URL for the LHD's social media site or website where the Preparedness Month social media campaign posts were posted.

Activity 11 – Partner Engagement

LHDs will engage with community partners to build partnerships and promote preparedness with current and atypical partners who might otherwise not be involved with preparedness efforts. Documentation of engagements through planned events or real-world responses will be required biannually.

One engagement is to be completed between July 1, 2025, and Dec. 31, 2025, and a second engagement is to be completed between Jan. 1, 2026, and Jun. 30, 2026.

Justification

Community engagement and communications are crucial to community preparedness and recovery. Regularly engaging with your community will aid in building community trust and recognition before an emergency occurs.

Guidance for Completing this Activity

There are several options for completing this activity. KDHE recognizes that LHDs are already regularly interacting with their communities and that this interaction may vary greatly across the counties. KDHE is not prescribing a particular method of communication. Rather, LHDs are expected to inform KDHE of the community engagement they are experiencing in their communities. Community engagement is not limited to, but may include:

- The LHD maintaining a web page or social media presence that provides information to the public.
- Participation at community fairs or seasonal events
- Providing car seat checks or other community safety events
- Providing CPR/First Aid Training in the community

Progress Report

This activity requires two instances of community engagement. The first must occur between July 2025 and December 2025 and should be reported on the January 15, 2026, progress report. The second instance of community engagement must occur between January 2026 and June 2026 and should be reported on the July 15, 2026, progress report.

1. Type the date the community engagement occurred.
2. Type a short description of the community engagement and include an outcome associated with performing the community engagement.
3. Type what partners and/or community groups were involved.

Activity 12 – New Administrator Training

New LHD administrator/director, (for those employed six (6) months or less, new to the administrator/director position, or have not previously completed as a New Administrator/Director in BP1) will take the Preparedness – New LHD Administrator Training, Modules 1 through 5, on KS-TRAIN for administration of the PHEP grant. KS-TRAIN Training Plan # 4137.

Justification

This activity will help facilitate the knowledge base of the new administrators working with the requirements of the PHEP grant.

Guidance for Completing this Activity

The New LHD Administrator Training can be accessed on KansasTRAIN by searching 4137. Administrators new to the position must watch modules one through five.

Progress Report

This work plan activity is due by December 31, 2025, and should be reported on the second quarter progress report due January 15, 2026.

1. Select yes or no indicating if the LHD Administrator/Director is new to the position in the last six (6) months AND has not previously completed the New LHD Administrator Training. Selecting no indicates that the Administrator is not new and/or has previously completed the training. If no is selected, the second question is not required.
2. Type the first and last name of the LHD Administrator/Director and the date the final training module was completed. Enter as Jane Doe - MM/DD/YYYY.

Activity 13 – FEMA Training

LHD Administrators/Directors or their representative will ensure all PHEP funded staff * complete the following Federal Emergency Management Agency (FEMA) online training:

- FEMA IS-100: An Introduction to the Incident Command System (ICS)
- FEMA IS-120: An Introduction to Exercises
- FEMA IS-200: Basic ICS
- FEMA IS-700: An Introduction to the National Incident Management System (NIMS)

The LHD Administrator/ Director may designate additional staff, who are not PHEP funded, to take the identified FEMA IS courses for situational awareness and, building of knowledge and skills directly related to preparedness to strengthen the health department's ability to respond to emergency incidents.

*PHEP funded staff are any LHD staff member whose salary is fully funded or partially subsidized with funding from the PHEP Grant Award.

Note: These trainings are only required once.

Justification

This activity represents the ongoing effort to bring all preparedness elements into alignment with NIMS and ICS. Any new staff members will need to complete the training required by their assigned ICS position (if they have one). Completion of this ensures we are "speaking the same language" as our responding partners in an emergency. We are also meeting Federal guidelines from the Homeland Security Presidential Directive- 5

(HSPD-5), which directs the Secretary of Homeland Security to develop and administer a National Incident Management System. NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

Guidance for Completing this Activity

FEMA IS trainings can be accessed on FEMA's website: training.fema.gov/is/crslist.aspx?lang=en. Individuals will need to register for a FEMA SID. Instructions for creating/retrieving a FEMA SID, which will be assigned to you and will be needed when taking the tests following each course, can be accessed at cdp.dhs.gov/femasid/register and cdp.dhs.gov/femasid/account/find

All training certificates must be maintained on site and may be requested by either the KDHE Preparedness Program or the PHEP Federal Project Officer (FPO).

Progress Report

Select yes or no indicating whether the appropriate staff have completed the identified FEMA trainings. If "No" is selected, then the LHD Administrator will provide a brief explanation of why the activity cannot be completed.

Activity 14 – IMATS

The LHD will ensure that a minimum of two (2) health department staff or volunteers are registered and active users of the Inventory Management Tracking System (IMATS) and:

- All new users have completed IMATS training via KS-TRAIN (1121098).
- All users must login to IMATS a minimum of once every six (6) months to keep their account active and update their own user profiles.
- LHD will update Point of Dispensing (POD) location(s) and any other relevant POD information in IMATS, at least annually. If no updates are warranted, attest in KGMS verifying POD info is up-to-date and no updates are required this budget period.

Justification

IMATS is a system created by the CDC that can be used to track Strategic National Stockpile (SNS) materiel at the facility level. IMATS is the system identified in Kansas preparedness and response plans to track medical countermeasures distributed from the SNS to the local level. By maintaining access to the system, LHDs will be prepared if IMATS is needed during a response.

Guidance for Completing this Activity

All users must login to IMATS a minimum of once every six (6) months to keep their account active and to update their own user profiles. Failure to login to IMATS once every six (6) months will result in the user account being closed by Secure Access Management Services (SAMS), requiring the user to re-establish access through the identity proofing process. The LHD administrator and PHEP point of contact will receive an email twice within each budget period containing a list of users and the POD information contained in IMATS for their county. The LHD administrator or PHEP point of contact should ensure all listed users are able to login, respond with any changes, and ensure that the POD information is up to date. The table below indicates when health departments in each region can expect to receive the update reminder emails. IMATS information should either be reported on the quarters one and three progress reports or quarters two and four, in accordance with the table below.

Region	First Update	Second Update	Progress Report
Central Kansas Region	July	January	Quarters 1 and 3
East Central Kansas Public Health Coalition	July	January	Quarters 1 and 3
Kansas City Area 15	July	January	Quarters 1 and 3
Lower 8 of Southeast Kansas	August	February	Quarters 1 and 3
North Central Kansas Public Health Initiative	August	February	Quarters 1 and 3
Northeast Corner Regional Initiative	September	March	Quarters 1 and 3
South Central Coalition	September	March	Quarters 1 and 3
Southeast Kansas (SEK) Multi-County	September	March	Quarters 1 and 3
Southwest Kansas Health Initiative	October	April	Quarters 2 and 4
Southwest Surveillance	October	April	Quarters 2 and 4
West Central Public Health Initiative	October	April	Quarters 2 and 4
Western Pyramid Public Health Region	November	May	Quarters 2 and 4
Wildcat Region	November	May	Quarters 2 and 4
Kansas South-Central Metro	December	June	Quarters 2 and 4
NW Bioterrorism	December	June	Quarters 2 and 4

Make note that the IMATS training is required one time and does not need to be repeated unless the user needs a refresher or is otherwise instructed.

Progress Report
1. Select yes or no indicating whether there were new IMATS users registered in the designated quarter.
2. If yes was selected, type the date the IMATS training was viewed by the new IMATS user(s).
3. Select yes or no indicating whether LHD staff have logged in to IMATS in the designated quarter.
4. Select yes or no indicating whether POD information was updated.
5. If no is selected, there is a field to provide justification. If the POD information is up to date, enter "POD information is up to date and does not need updates" in the justification.

Activity 15 – Packing and Shipping Training

Using KansasTRAIN, LHD will ensure appropriate staff members take or renew certification every two (2) years for:

- Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know (1092665).

KDHE will verify completion of the training in KS-TRAIN

Justification
LHD will remain current on preparing specimens for packaging and shipping to ensure safe delivery of specimens to the Kansas Health and Environmental Laboratory.

Guidance for Completing this Activity
The Packing and Shipping training is available on KansasTRAIN by searching 1092665. Staff should review this training in its entirety every two years. Completion of this training will be recorded on the KansasTRAIN transcript.

Progress Report
Type the first and last name and the date for all LHD staff that have completed the packaging and shipping training. Enter as Jane Doe – MM/DD/YYYY.

Note: the completed and passed training is valid for two (2) years from the date of completion. The LHD must report those individuals for the budget period that have a completed, passed, and received a valid training certificate; including those who are still employed at the LHD that may have a valid training certificate from the previous budget period.

Activity 16 – Fit Testing

LHD will ensure annual fit testing for Personal Protective Equipment (PPE) or Powered Air-Purifying Respirators (PAPR) annual training for LHD staff is completed in compliance with the revised Occupational Safety and Health Administration (OSHA) respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.

Justification
N95 respirators are required under OSHA to be fit-tested annually. This ensures the mask size still fits, as a face can change from year to year. Annual training, in the case a PAPR is used, is designed to re-enforce the initial training each staff member had on how to don and doff this type of PPE. A PAPR can substitute for an N95 respirator.

Guidance for Completing this Activity
Annual fit testing of LHD staff must be completed by June 30, annually. If the LHD uses PAPRs or CAPRs instead, annual training on the models used by the LHD may take the place of fit testing. The administrator will confirm the date testing (or PAPR training) was completed.

Progress Report
Type the date the required Fit Testing and/or PAPR training was completed. Enter the date as MM/DD/YYYY.

Activity 17 – Inventory

LHD can purchase equipment and supplies to maintain PHEP readiness based on their county plans, risk assessments and After-Action Report/Improvement Plans (AAR/IPs). These items must be included in the KDHE approved PHEP KGMS budget. LHD Administrator or designee will:

- Use Comprehensive Resource Management and Credentialling System (CRMCS) for deployable/non-consumable items (items purchased with PHEP funds that cost $5,000 or more are required to be in CRMCS). Track other items in any inventory tracking system(s).
- Complete a review of the actual inventory, removing expired items and adding new items to CRMCS or another inventory tracking system.
- Note the responsible person for the cache and how the expired items were disposed.

Justification

This work plan activity allows LHDs to purchase items needed to maintain PHEP readiness and ensures supplies purchased with PHEP funding that meet the deployable, non-consumable threshold are available when needed in the county and region.

Guidance for Completing this Activity

All inventory should be tracked and audited regularly. For deployable/non-consumable items that cost over $5,000, the items must be entered in CRMCS. Items that have reached their end of life will need to be disposed of in accordance with the procedure outlined on the KDHE disposition form. To access this form, email KDHE.Preparedness@ks.gov requesting the required forms for seeking approval from the KDHE Preparedness Program to dispose of or transfer ownership of any non-consumable supply/equipment item where PHEP funding was utilized in the purchase. CRCMS uses the Salamander Live program in partnership with KDEM. For access, please contact your local Emergency Manager.

For the PHEP Grant, the KDHE Preparedness Program is only concerned with deployable, non-consumable equipment/supply items purchased using PHEP Funding. It is important to note that prior to disposing of any item that was purchased using PHEP Funding the LHD must have the prior approval of the KDHE Preparedness Program. To request the Disposal/Transfer Forms, send an e-mail to KDHE.Preparedness@ks.gov with the subject line "Equipment Disposal Request." Items purchased using PHEP funding must be disposed of properly and cannot be sold, auctioned or raffled.

Progress Report

1. If no PHEP funding was used for inventory purchases in this quarter, select the checkbox to indicate this.
2. Download a list of PHEP-funded inventory from CRMCS and upload to the Uploads tab in the progress report.
3. Upload a list of inventory tracked in other systems that corresponds with the items submitted on quarterly FSRs.
4. Type the date you completed an inventory review, removing expired items and adding new items to CRMCS or another inventory tracking system.
5. Enter the first and last name(s) of the cache

Activity 18 – Plan Review and Update

LHD will review and update a Public Information and Communications (PIC) plan or Crisis and Emergency Risk Communications (CERC) plan or equivalent plan. The updated plan will be submitted in KGMS.

Justification

Regular review of plans ensure content is updated as changes in procedure, staffing, or other conditions occur. The review of the communications plan in the first half of the budget period will prepare LHDs to complete the tabletop exercise in the second half of the budget period.

Guidance for Completing this Activity

The communications plan should be reviewed to check for any inaccuracies and update information. After reviewing and updating the plan, the PHEP Regional Coordinator will review and provide feedback on the plans for LHDs within their regions.

Progress Report

Upload the reviewed and updated communications plan to the Uploads tab in the progress report in quarter one or two. Select yes or no indicating whether the plan was uploaded.

Activity 19 - Exercise

LHD will participate in an annual PHEP regional exercise during Budget Period 2 (2025-2026). The exercise to meet this requirement will be coordinated by KDHE Preparedness staff and PHEP regional coordinators. Exercise AAR/IPs must be written following the exercise using the KDHE approved AAR/IP Template.

Justification
Regularly testing and validating preparedness plans through exercises will improve response and planning efforts on both local and regional levels. KDHE will assist in facilitating an exercise with each region utilizing a threat identified from the State Jurisdictional Risk Assessment.

Guidance on Completing this Activity

The exercise will be held by April 30, 2026. An AAR/IP from each county is due within 60 days of exercise completion or no later than June 30, 2026. LHD staff will participate as an exercise player at the regional tabletop exercise that will be conducted between January 1, 2026, and April 30, 2026. The exercise documentation will be provided by the KDHE Preparedness Program and will be facilitated by a Preparedness staff member.

Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. This must be included in the narrative of the AAR/IP. The exercise activity will be aligned with the HSEEP principles and test/validate current local plans and procedures. Exercise AAR/IPs must be written using the KDHE approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e., CMS, NPG, etc.). In the AAR/IP, ensure that specific exercise role(s)/responsibilities and improvement plan tasks are outlined for your individual health department. Any strengths and areas of improvements identified during the exercise must be outlined in the report.

LHD staff will complete an AAR/IP and submit the AAR/IP to their regional PHEP coordinator to review, allowing the regional coordinator to provide feedback. Once feedback has been received from the regional coordinator and any necessary edits made, the LHD staff will email the AAR/IP to the KDHE.Preparedness@ks.gov email address for approval.

If the document meets all of the minimum activity requirements, the KDHE Preparedness Program will send the LHD a written approval form confirming that the AAR/IP meets all requirements and is approved. If the AAR/IP does not meet all requirements, the KDHE Preparedness Program will send the LHD a written document outlining necessary revisions and a timeframe for completion. Once the revisions are made and resubmitted to KDHE.Preparedness@ks.gov, the KDHE Preparedness Program will send the approval form.

The LHD Administrator will submit the AAR/IP and the written approval form from KDHE by uploading a copy of both documents in KGMS to the appropriate quarterly Progress Report Upload Tab.

Progress Report

1. Type the date of the regional exercise. Enter the date as MM/DD/YYYY.
2. Type the date the AAR/IP was emailed to KDHE.Preparedness@ks.gov. Note: this date should be within 60 days of the exercise date.
3. Type the date the approval form was received from KDHE.
4. Select the checkbox verifying the AAR/IP and the Approval from KDHE have been uploaded to KGMS.

2.2   Budget Period Administrative Requirements Overview

Annual Administrative Requirements

The following administrative preparedness requirements can be requested at any time during the project period. Please maintain all documents on-site throughout the project period (2024 - 2029):

- Document, through job descriptions and employee time and attendance records, that all staff members paid with Preparedness funds are performing activities directly related to preparedness.
- Retain copies, or transcripts, of all certificates and/or proof of attendance for trainings completed during the entire project period for at least five (5) years.
- Have available signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and any maintenance contracts relating to PHEP grant funds.
- LHD Administrators/Directors will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Hospital Preparedness Program (HPP) and/or the Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
- Retain copies of expenditure reports, including but not limited to invoices for each capital equipment purchase, for a period of at least five (5) years. Capital equipment includes purchases of $5,000.00 and above and/or with a lifespan of greater than a year.

2.3   Budget Period Deadline Overview

Due dates are outlined in the work plans and will not be extended, except for certain special circumstances where KDHE Preparedness program has provided notice of those changes. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions if necessary, and meet the federal guidelines. Please be mindful of the scheduled due dates as the KDHE Preparedness Program has Federal Reporting deadlines to meet in order to remain inclusive of the Federal Grant without restrictions and/or penalties.

3.   Summary

This document provides the LHD administrators and/or PHEP Coordinator of the LHD the information needed to be successful during this budget period. Communication is key to any successful venture, and this guidance document has provided the necessary information required to be compliant with the new budget period work plan activities.

Keys points to remember:

- **Time management** – A majority of the work plan activities have due dates required by the federal project officers. Missing a deadline could result in punitive action being levied against the LHD.
- **Document retention** – All documents generated as part of the completion of these work plan activities are to be legitimate outcomes which can be requested for review or audit. It is important these documents be maintained either in a hard copy or digital form for the project period or no less than **five (5) years**. LHD will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement.
- **Work plan instructions** – There is an increased burden of validation on the KDHE Preparedness Program to ensure the cooperative agreement funds are being spent to further preparedness. Instructions need to be carried out as outlined in the work plan and in this document.
- **Communication** – LHD administrators are encouraged to contact their coordinator or the KDHE Preparedness Program if clarification is needed on an activity, or a question arises regarding procedure. All questions are welcome and will be answered accordingly. If there is a question that can't be answered by the KDHE Preparedness Program, the federal project officer will be queried.

As always, the KDHE Preparedness Program stands ready to assist our local public health departments and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

3.1 Kansas Department of Health and Environment (KDHE) Preparedness Team

Title	Name	Email Address
Preparedness Program Director	Natalie Savage	Natalie.Savage@ks.gov
Operations Team Supervisor	Amber Kelly	Amber.Kelly@ks.gov
Grants Team Supervisor	Lisa Beebe	Lisa.Beebe@ks.gov
MRC State Coordinator	Jennifer Kraft	Jennifer.Kraft@ks.gov
Grant Manager	Tamara Wilkerson	Tamara.Wilkerson@ks.gov
Compliance Coordinator	Nancy Griffith	Nancy.K.Griffith@ks.gov
MCM Coordinator	Natalie Gerety	Natalie.Gerety@ks.gov
HPP Program Manager	Peter Rafferty	Peter.P.Rafferty@ks.gov
Operations Specialist	Katherine Wist	Katherine.Wist@ks.gov
Public Information Officer	James Roberts	James.Roberts@ks.gov
Training and Exercise Coordinator	Luke Johnson	Luke.C.Johnson@ks.gov
Preparedness Systems and Outreach Specialist	Cynthia Aspegren	Cynthia.Aspegren@ks.gov
Senior Administrative Specialist	Jackie Riggles	Jackie.Riggles@ks.gov

Appendix A: Glossary of Common Terms Used

Budget Maintenance Request (BMR) – A BMR is utilized to alter a KDHE approved budget. BMRs are entered in KGMS.

Budget Period (BP) – A One (1) year period that goes from July 1st to June 30th. Five (5) budget periods typically make up one project period.

Centers for Disease Control and Prevention (CDC) – The managing federal agency for the Public Health Emergency Preparedness Program (PHEP), which is part of the cooperative agreement.

Compliance – An evaluation that assesses an institution's business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners. Compliance is also the term used to describe KDHE's Preparedness Program's Preparedness Cooperative Agreement Compliance Program and or the Compliance Coordinator.

Compliance in Real Time (CRT) – A real-time monitoring feature of the Preparedness Cooperative Agreement Compliance Program (PCACP), which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement, as defined by the work plan activity and the Funding Opportunity Announcement (FOA).

Compliance Review – A review of the LHDs administrator's adherence to the programmatic requirements of the work plan and fiscal accountability, as defined by the PHEP Cooperative Agreement. -Reviews are conducted quarterly to determine that required programmatic progress is being met with due diligence. The review can be used as a wide-reaching overview of the Administrator's programmatic and fiscal accountability, or a focused audit that can determine trending for either part of the state or for a certain work plan activity over a work period.

Cooperative Agreement – An agreement in which the federal government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. government and a recipient.

Deliverables – These are the concrete evidence that recipients of the award are fulfilling their obligations and making progress towards the shared public health goals of the PHEP cooperative agreement.

Deployable – Items purchased by a county or region that can be deployed to another county and/or region during an incident for utilization.

Designated Staff – Any person selected by the LHD administrator to represent the health department in training or attendance at meetings and/or conferences for the PHEP grant requirements.

Designee – An individual that the LHD administrator appoints/designates that will attend the local Healthcare Coalition (HCC) meetings in the absence of an LHD representative (employee) and they **do not** have a right to place a vote in the absence of the LHD.

External Partners – Any entity that accepts federal funding under the PHEP cooperative agreement and is charged with preparedness for a Healthcare Coalition organization, local public health department, or public health region. These entities will be referred to as administrators.

Federal Emergency Management Administration (FEMA) – An agency of the United States Department of Homeland Security, initially created by Presidential Reorganization Plan No. 3 of 1978 and implemented by two

(2) Executive Orders on April 1, 1979. The agency's primary purpose is to coordinate the response to a disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.

Financial Status Report (FSR) – The FSR replaces the previously utilized Affidavit of Expenditure (AOE) that was utilized for reimbursement requests. FSRs are entered in KGMS.

Finding(s) – An identified or observed shortcoming or oversight in fulfilling the requirements of a task, directive, stipulation, policy, or procedure. Findings can either be identified by the administrator as a method of acknowledging an existing problem (see *gap*) or can be discovered by Compliance during the review process.

Funding Opportunity Announcement (FOA) – A notice in Grants.gov of a federal grant funding opportunity. Also known as a *Notice of Funding Opportunity Announcement* or *NOFO*.

Gap – A difference, especially an undesirable one, between two (2) views or situations. Gaps represent challenges to preparedness. Some examples of gaps are a lack of manpower, financial shortfalls, time constraints, work priorities, and differing interpretations of available information. Creating or changing policies and procedures are ways to overcome gaps.

Hospital Preparedness Program (HPP) – A program that provides leadership and funding through grants and cooperative agreements to states, territories and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

Homeland Security Exercise and Evaluation Program (HSEEP) – Provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response and recovery.

Inventory Management and Tracking System (IMATS) – An Inventory and Tracking Management System utilized to house preparedness related supplies and equipment. This is updated by the LHD of their stock. IMATS requires a User ID and Password to access and must be accessed every six (6) months to maintain active status.

Kansas Department of Health and Environment (KDHE) – The Kansas agency that is the designated pass-through agency for the cooperative agreement. As the awardee, KDHE is charged with executing and managing the requirements of the cooperative agreement for the state's administrators.

Kansas Division of Emergency Management (KDEM) – A division of the Kansas Adjutant General's office charged with managing disasters within the state. This emergency management entity is defined by state statute as the lead agency in disaster response and recovery.

Kansas Grant Management System (KGMS) – This is a system specifically developed by KDHE to for the Aid-To-Local (ATL) Grants for submission of applications, budgets, reimbursement requests, progress reports, etc. KGMS requires a User ID and Password to access.

New Employee – In this document, "new" is defined as an employee of the health department employed six (6) months or less, or is new to the position, six (6) months or less, at the LHD.

Notice of Award (NoA) – The legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated Health and Human Services (HHS) payment system or

office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period.

Notice of Funding Opportunity (NOFO) – A notice in Grants.gov of a federal grant funding opportunity. Also known as a *Funding Opportunity Announcement* or *FOA*.

Preparedness Cooperative Agreement Compliance Program (PCACP) – The evolution of the program formerly known as the Grants Compliance Review Program or GCRP. The name change reflects the shift of the preparedness funding being referred to as a "cooperative agreement" rather than a "grant." The designation change also marks the changes implemented for the new project period, with the focus now being on programmatic requirements being spread across the budget period rather than at the end of the budget period. CRT is the active part of PCACP.

Progress Report –The Progress Report replaces the previously utilized Work Plan document that was submitted for quarterly work plan item compliance. Progress Reports are entered in KGMS.

Project Period – Typically a five (5) year period of work plan covered by the requirements of a single FOA.

Proxy - A Proxy is an individual that the LHD administrator appoints/designates that <u>can attend the meetings</u> in the absence of the LHD representative (employee) <u>and</u> they <u>can place a vote</u> on behalf of the LHD in their absence from the local HCC meetings. When assigning Proxy Rights (voting rights) the letter must indicate Proxy or something to the effect of voting and contain a physical signature of the LHD Administrator.

Public Health Emergency Preparedness Program (PHEP) – Funding that helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, man-made disasters, biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

Recipient or Pass-Through Entity – The eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this cooperative agreement, as well as provides direction and monitors progress of the activity in its entirety.

Subject Matter Expert (SME) – This is an individual that possess years of experience and knowledge related to a particular topic or subject matter.

Training – An organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

Work Period – See *Budget Period*.

Work Plan – An outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

Work Plan Activity – The objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.

References and Resources

The Kansas Department of Health and Environment: kdhe.ks.gov/

KDHE Preparedness: kdhe.ks.gov/719/

KDHE Preparedness Exercise Library: kdhe.ks.gov/728/

KS-HAN Everbridge Member Log In: member.everbridge.net/892807736724418/login

KansasTRAIN: train.org/ks/home

CRMCS: kansas.responders.us/

KGMS: kgms.ks.gov/Default.aspx

From Federal Partners

2024-2028 PHEP Cooperative Agreement CDC-RFA-TU24-0137and subsequent budget period documents

2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC

The Centers for Disease Control and Prevention: cdc.gov

Secure Access Management System (SAMS):   SAMS login