

Program Element #31: Tribal Public Health Emergency Preparedness Program

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/Health Security, Preparedness & Response/ Hospital Preparedness Program

- 1. Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver the Tribal Public Health Emergency Preparedness (PHEP) Program.

The Tribal PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

A healthy community is a resilient community that is prepared and able to respond to and recover from public health threats and emergencies.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Tribal Public Health Emergency Preparedness (PHEP) Program.

- a. Access and Functional Needs:** Means those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them.
- b. Budget Period:** The intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/funding use. For purposes of this Program Element, Budget Period is July 1 through June 30.
- c. CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- d. CDC Public Health Preparedness Capabilities:** The 15 capabilities developed by the CDC to serve as national public health preparedness standards for state and local planning. For more details: <http://www.cdc.gov/phpr/capabilities/>
- e. Community Hazard Risk Assessment:** A process leading to a written document that presents findings used to assess and identify community-specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.
- f. Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, tribes, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local HAN administrators.
- g. Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American Tribes (Tribes) to develop plans and procedures to prepare Oregon to develop public health systems to prepare for and respond to major threats, acute threats and emergencies that impact the health of

people in Oregon.

- h. **Hospital Preparedness Program (HPP):** 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.
 - i. **Medical Countermeasures:** Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS material. SNS program support includes the 12-hour Push Pack, vendor managed inventory (VMI), and Federal Medical Stations.
 - j. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: <https://www.fema.gov/national-incident-management-system>
 - k. **Public Information Officers (PIOs):** The communications coordinators (officers) or spokespersons for governmental organizations.
 - l. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. <http://www.phaboard.org/>. Accreditation standards and measurements are outlined on <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>
 - m. **Public Health Emergency Preparedness (PHEP):** The local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from public health emergencies.
 - n. **Public Health Preparedness Capability Surveys:** A series of surveys sponsored by HSPR for capturing information from LPHAs and Tribes in order for HSPR to report to CDC.
 - o. **Volunteer Management:** The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.
3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon's Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:
- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
Planning	X	X	X	X		X	X	X	X	X	X	X
Partnerships and MOUs	X	X	X	X		X	X	X	X	X	X	X
Response and Exercises	X	X	X	X		X	X	X	X	X	X	X
Training and Education	X	X	X	X		X	X	X	X	X	X	X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Tribe agrees to conduct activities in accordance with the following requirements:

- a. Engage in activities as described in its Tribal PHEP Work Plan, which is to due OHA Tribal Liaison on or before August 1st and approved by OHA. The format for this plan is set forth in Attachment 1, incorporated herein with this reference.
- b. Use funds for this Program Element in accordance with its Tribal Program Budget, which is due to OHA Tribal Liaison on or before August 1st and approved by OHA. The format for this budget is set forth in Attachment 2, incorporated herein with this reference. Modification to the Tribal Program Budget may only be made with OHA approval.
- c. Statewide and Regional Coordination: Tribe shall attend HSPR meetings and participate as follows:
 - (1) Attendance to the annual HSPR-hosted health preparedness conference.
 - (2) Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of PHEP, as appropriate.
 - (3) Participation in activities associated with statewide emerging threats or incidents as identified by HSPR or the Tribe.

- d. **Public Health Preparedness Capability Survey:** Tribe must complete all applicable Public Health Preparedness Capability Surveys sponsored by HSPR by August 15 each year.
- e. **Work Plan:** Using the template provided by HSPR Liaison, PHEP work plans must be written with clear and measurable objectives with timelines and include:
 - (1) At least three broad program goals that address operationalizing plans, identifying gaps and guide PHEP activities.
 - (2) Planning activities in support of any of the CDC Public Health Emergency Preparedness Capabilities.
 - (3) Training and Education in support of any of the CDC Public Health Emergency Preparedness Capabilities.
 - (4) Exercises in support of any of the CDC Public Health Emergency Preparedness Capabilities.
 - (5) Community Education and Outreach and Partner Collaboration in support of any of the CDC Public Health Emergency Preparedness Capabilities.
 - (6) Administrative and Fiscal activities in support of any of the CDC Public Health Emergency Preparedness Capabilities.
 - (7) Planning shall include Access and Functional Needs populations.
- f. **24/7/365 Emergency Contact Capability.**
 - (1) Tribe must establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the Tribal service area.
 - (2) The telephone number must be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. Tribe may use an answering service or their 911 system in this process, but the eleven digit telephone number of the local 911 operators shall be available for callers from outside the locality.
 - (3) The telephone number described above must be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7/365 telephone number. Tribe must list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.
- g. **HAN**
 - (1) A HAN Administrator will be appointed and this person's name and contact information will be provided to the HSPR liaison and the State HAN Coordinator.
 - (2) The HAN Administrator must:
 - (a) Complete appropriate HAN training for their role.
 - (b) Act as a single point of contact for all Tribe's HAN issues, user groups, and training.
 - (c) Ensure participation in Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the Tribe's HAN system roles via alert confirmation for: Health Officer, CD Coordinator(s), Preparedness Coordinator, PIO and HAN Administrator within one hour.

- (d) Review Tribal HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
 - (e) Facilitate in the development of the HAN accounts for new Tribal users.
- h. Training and Exercise Plan (TEP):** If appropriate, Tribe may annually submit to HSPR on or before October 31, an updated TEP to include the following conditions:
 - (1) Demonstrate continuous improvement and progress toward increased capability to perform critical tasks.
 - (2) Include priorities that address lessons learned from previous exercises events, or incidents as described in existing After Action Report (AAR)/ Improvement Plan (IP).
 - (3) An effort to work with State, Federal and local emergency management, local health care partners and other community partners to integrate exercises.
 - (4) At a minimum, identify at least two exercises per year and identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring a Tribe response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify under this requirement the exercise or incident must:
 - (a) Have public health objectives that are described in the Exercise Plan or the Incident Action Plan.
 - (b) Involve public health staff in the planning process
 - (c) Involve more than one public health staff and/ or related partners as active participants
 - (d) Result in an AAR/ IP
 - (5) Tribe may provide HSPR an AAR/IP documenting each exercise within 60 days of conducting or participating in the exercise.
 - (6) Staff responsible for emergency planning and response roles must be trained for their respective roles consistent with their local emergency plans and according to the PHAB and NIMS. The training portion of the plan must:
 - (a) Include training on how to discharge Tribe statutory responsibility to take measures to control communicable disease in accordance with applicable law.
 - (b) Identify and train appropriate Tribe staff to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- i. Training Records:** Tribe must maintain training records for all staff with emergency response roles which demonstrate NIMS compliance.
- j. Planning:** Tribe shall maintain and execute emergency preparedness procedures/ plans as a component of its jurisdictional Emergency Operations. All Tribe emergency procedures must comply with the NIMS. The emergency preparedness procedures must address the CDC Public Health Preparedness Capabilities and/or hazards described in their Community Hazard Risk Assessment. Revisions must be done according to the schedule included in Tribes' plan, or according to its emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-0005

https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=e7tyqglzgcSXvWM-hgXgCIDItxyTs87-iea97zX6fq9kXUOA8dz1!-268141702?ruleVrsnRsn=869 .

- k. Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

- 5. General Revenue and Expense Reporting.** Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA by the 25th of the month following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12 month period).

6. Reporting Requirements.

- a. Work Plan.** Tribe must implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 1 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

b. Budget and Expense Reporting:

Using the budget template Excel file set forth in Attachment 2 and available the liaison and incorporated herein and by this reference, Tribe must provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year.

7. Performance Measures

Not applicable.

Attachment 1
Tribal Program Work Plan Template
Work Plan Instructions

Oregon HSPR Public Health Emergency Preparedness Program

For grant cycle: July 1, 2023 – June 30, 2024

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your Tribal PHEP liaison by February 15 and August 15.

WORKPLAN CATEGORIES

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct and identify at least at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.

PRE-FILLED ACTIVITIES

Activities required under this Program Element 31 are prefilled in the Tribe Public Health Preparedness Program Work Plan Template. Although you may not eliminate any specific requirements, you may adjust the language as necessary to fit your specific planning efforts within the scope of this Program Element 31.

COLUMN DESCRIPTIONS

CDC Cap. #s	DRILLS and EXERCISES Objective	Planned Activity	Date Completed	Actual Outcome	Notes
1	By December 31, 2023, 90% of all Tribal health staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/23	80% of staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the Tribe will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the 2017-18 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities; include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

Tribe Public Health Preparedness Program Work Plan Template

Goal 1: Current Tribal staff will receive ICS training appropriate for identified response role and responsibilities

Goal 2:

Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
CDC Cap. #s	PLANNING	Due Date	Notes
CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes
CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes

Recommended Plans for Public Health

- ❑ Emergency Support Function (ESF) #8 – Public Health and Medical Services
 - Includes but not limited to:
 - Public Health actions during response and recovery phases
 - Medical Services/EMS actions during response and recovery phases
 - Behavioral/Mental Health actions during response and recovery phases
 - Is an appendix to the Emergency Operations Plan (EOP)
 - Coordinated in conjunction with Emergency Management and partners
 - Is not an exclusively a public health responsibility. Public health should be deeply involved in most if not all of the issues included therein, however, and will likely act as the coordinating entity for ESF-8. This is something that must be worked out locally in coordination with local emergency management and with EMS, mental health services, health care providers and chief elected officials.
- ❑ All-Hazards Base Plan
 - Functional Annexes, including Hazard Specific Annexes, includes but not limited to:
 - Medical Countermeasure Dispensing and Distribution Plan
 - Emerging Infectious Diseases
 - Chemical Incidents
 - Influenza Pandemic
 - Climate Change
 - Weather / natural disasters- floods, earthquake, wildfire
 - Support Annexes, includes but not limited to:
 - Inventory Management Operations Guide
 - Continuity of Operations Plan (COOP)
 - Information and Communication Plan
 - Volunteer Management
 - Appendices, includes but not limited to:
 - Public Health and Partner Contact Information
 - Public Health Incident Command Structure
 - Legal Authority
 - Job Action Sheets

Sustaining Public Health Emergency Preparedness Program

- Maintain Multi-year Training and Exercise Plan (MYTEP)
- Public Health agency participates or performs in two exercises per year
- Complete After Action Report/Improvement Plans (AAR/IP) sixty days after each exercise
- Apply identified improvement plan items to future exercises and work plans
- Coordinate with partners including Emergency Management, Tribal and Healthcare partners
- Attend Healthcare Preparedness Program (HPP)/Healthcare Coalition meetings
- Conduct 24/7/365 testing with Public Health personnel
- Test HAN on a regular basis
- Document meetings with partners including minutes and agendas
- Schedule a five year plan to update plans and Memorandums Of Understanding (MOUs)
- Ensure current Access and Functional Needs populations data is current in plans

Resources

State:

- Health Security, Preparedness and Response
<http://public.health.oregon.gov/Preparedness/Pages/index.aspx>
- Oregon ESSENCE
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/PreparednessSurveillanceEpidemiology/essence/Pages/index.aspx>
- Oregon Web Links
<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/weblinks.aspx>
- Secure HAN Login <https://member.everbridge.net/index/892807736723686#/login>
- State Emergency Registry of Volunteers in Oregon (SERV-OR) <https://serv-or.org>
- Oregon Emergency Management (OEM)
http://www.oregon.gov/OEM/Documents/Oregon_ESF_Descriptions_One_Page_Job_Aid.pdf
- OEM OpsCenter <https://oregonem.com/>
- OEM Emergency Support Functions
<http://www.oregon.gov/OMD/OEM/docs/ESF%20Realignment%20Issue%20Paper.pdf>

Federal:

- ❑ CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning <http://www.cdc.gov/phpr/capabilities/>
- ❑ CDC Division of Strategic National Stockpile (DSNS) <http://www.cdc.gov/phpr/stockpile/stockpile.htm>
- ❑ CDC Office of Public Health Preparedness and Response <http://www.cdc.gov/about/organization/ophpr.htm>
- ❑ CDC Public Health Preparedness <http://emergency.cdc.gov/>
- ❑ FEMA National Preparedness Resource Library, including Emergency Support Functions <http://www.fema.gov/national-preparedness-resource-library>
- ❑ FEMA Core Capabilities <https://www.fema.gov/core-capabilities>
- ❑ FEMA Comprehensive Preparedness Guides <https://www.fema.gov/plan>

Other:

- ❑ Association of State and Territorial Health Officials <http://www.astho.org/Programs/Preparedness/>
- ❑ National Association of City and County Health Officials (NACCHO) <http://www.naccho.org/topics/emergency/>
- ❑ Public Health Incident Command Structure <http://www.ualbanycph.org/pinata/phics/>
- ❑ Public Health Preparedness <http://www.phe.gov/preparedness/Pages/default.aspx>
- ❑ Medical Reserve Corps (MRC) <https://www.ready.gov/medical-reserve-corps>
- ❑ Preparedness and Emergency Response Learning Center Training Catalog <http://perlc.nwcphp.org/>
- ❑ Practical Law for Public Health Officials <http://www.nwcphp.org/training/opportunities/online-courses/practical-law-for-public-health-officials>

Tribal:

- ❑ Tribal Public Health Law Resources <https://www.cdc.gov/phlp/publications/topic/tribal.html>
- ❑ National Congress for American Indians <http://www.ncai.org/about-tribes>
- ❑ Tribal Law & Order Resource Center <http://tloa.ncai.org/>
- ❑ Northwest Portland Area Indian Health Board <http://www.npaihb.org/>
- ❑ Affiliated Tribes of Northwest Indians <http://www.atntribes.org/>
- ❑ The Red Guide to Recovery <https://www.theredguidetorecovery.com/>
- ❑ Rural Domestic Preparedness Consortium <https://www.ruraltraining.org/>
- ❑ Center for Domestic Preparedness Tribal Nations Week <https://cdp.dhs.gov/training/week/theme/tribal>

Attachment 2
Tribal Program Budget Template
Preparedness Program Annual Budget PHEP

Tribe

Budget Period: July 1, 2023 - June 30, 2024

			Subtotal	Total
PERSONNEL				\$0
	List as an Annual Salary	% FTE based on 12 months	0	
<i>(Position Title and Name)</i>			0	
Brief description of activities, for example, This position has primary responsibility for _____ Tribe PHEP activities.				
			0	
Fringe Benefits @ ()% of describe rate or method			0	
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)			\$0	
Hotel Costs:				
Per Diem Costs:				
Mileage or Car Rental Costs:				
Registration Costs:				
Misc. Costs:				
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)			\$0	
Air Travel Costs:				
Hotel Costs:				
Per Diem Costs:				
Mileage or Car Rental Costs:				
Registration Costs:				
Misc. Costs:				
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)			\$0	\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)			\$0	\$0
CONTRACTUAL (list each Contract separately and provide a brief description)			\$0	\$0
Contract with () Company for \$_____, for () services.				
Contract with () Company for \$_____, for () services.				
OTHER			\$0	\$0
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method				\$0
TOTAL BUDGET:				\$0