# Public Health Emergency Preparedness (PHEP)

# Regional PHEP Activities Approval for Unspent Subcontractor Funding

Unspent PHEP funding may be redirected to support Regional PHEP activities. Regional PHEP activities must be approved through Regional ESF8 meetings and the Department of Public Health.

**Complete the table below with amount of Subcontractor funding to be redirected:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Health  Dept/District | Current  Subcontractor Award | Amount to be  Redirected  **(-/+)** | Revised  Subcontractor Award |
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| **Totals:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Date of Regional ESF8 Meeting approving regional activities:** Click here to enter text.

**Total amount of funding being redirected:** Click here to enter text.

**List Regional Activities to be supported:**

1. Click here to enter text.

Scope of Work/Activities: Click here to enter text.

Justification of need: Click here to enter text.

PHEP Capabilities supported: Click here to enter text.

Budget detail to support activity: Click here to enter text.

1. Click here to enter text.

Scope of Work/Activities: Click here to enter text.

Justification of need: Click here to enter text.

PHEP Capabilities supported:

Budget detail to support activity: Click here to enter text.

1. Click here to enter text.

Scope of Work/Activities: Click here to enter text.

Justification of need: Click here to enter text.

PHEP Capabilities supported:

Budget detail to support activity: Click here to enter text.

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Signature of Regional Fiduciary Signature of Finance Office

Click here to enter text. Click here to enter text.

Date Date

Telephone #: Click here to enter text. Telephone #: Click here to enter text.

Email: Click here to enter text. Email: Click here to enter text.

**Submit completed form to** [**hcc.dph@ct.gov**](mailto:hcc.dph@ct.gov) **with email subject line:**

**“Regional PHEP Activity Approval Form – Region X”**

\*\*\*\*\*\*\*\*\*Do not write below this line\*\*\*\*\*\*\*\*\*

Approved  Denied

More information required: Click here to enter text.

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Signature of DPH OPHPR Staff Date of Approval