



Public Health Emergency Preparedness (PHEP) Regional Cities Readiness Initiative (CRI) Regional Activities Approval Form

Complete the Regional Activity Approval form for a redirection of unspent LHD Subcontractor funding to a different cost category in the Regional PHEP CRI Contractor budget to support regional PHEP CRI activities. Once complete, submit this form and attachments to DPH.PHEP@ct.gov. Refer to the PHEP CRI Financial Guidelines for submission dates.

Fiduciary/Contractor Name		Region	
Activity Name		Date of Regional Approval	
Scope of Work			
PHEP Capabilities Supported			
<input type="checkbox"/> Community Preparedness <input type="checkbox"/> Community Recovery <input type="checkbox"/> Emergency Operations Coordination <input type="checkbox"/> Emergency Public Information and Warning <input type="checkbox"/> Information Sharing <input type="checkbox"/> Medical Countermeasures Dispensing and Administration		<input type="checkbox"/> Medical Material Management and Distribution <input type="checkbox"/> Nonpharmaceutical Interventions <input type="checkbox"/> Responder Safety and Health <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Public Health Surveillance and Epidemiological Investigation	
Proposed Activity Outputs			
Summary Breakdown of Costs and Services			
Total Redirected Funding:			
Services/Items		Costs	
Total			
Attachments (*Required)			
<input type="checkbox"/> REVISED Regional Budget Worksheet* <input type="checkbox"/> Invoice <input type="checkbox"/> Consultant/Vendor Agreement		<input type="checkbox"/> Training Info/Course Catalogue/Announcement <input type="checkbox"/> Project Proposal <input type="checkbox"/> Other: _____	

Signature of Regional Contractor

Signature of DPH OPHPR Staff

Signatures are required by Contractor and DPH OPHPR for approval of activity.