

Administration and Planning

1. List the local health departments that have executed subcontracts within the CRI Region for each budget period. (4.E.1.a)

BP1	BP2	BP3	BP4	BP5

2. Please list the meeting series that are conducted for the region, their frequency, a description of purpose, and partners that are in attendance. Update as needed. Refer to the contract for meeting requirements. Do not list one-time trainings or meetings not directly related to PHEP, exercises, or planning. (4.E.1)

1. Meeting Title	Frequency
Description of Purpose	
Partners Included	
<input type="checkbox"/> Local Health Departments/Districts <input type="checkbox"/> Access and Functional Needs Groups (Vulnerable Populations) <input type="checkbox"/> Healthcare Partners (Hospitals, FQHCs, Pharmacies, Urgent Cares, ect.) <input type="checkbox"/> Visiting Nurse Associations/Homecare Agencies <input type="checkbox"/> Long Term Care Facilities <input type="checkbox"/> Local Emergency Services (Fire, Police, etc.)	<input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Volunteer Organizations (MRC, ARC, CERC) <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Department of Public Health (DPH) <input type="checkbox"/> Division of Emergency Management and Homeland Security (DEMHS)
<input type="checkbox"/> Other	

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Description of Purpose	
Partners Included	
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<input type="checkbox"/> Other		

(Complete the "Additional Meetings Form" to add additional meetings series to this list and attach at the end of this form.)

3. List the two (2) prioritized PHEP Capabilities for each budget period. (4.E.1.h)

BP1	BP2	BP3	BP4	BP5

4. Attach the Regional cumulative list (combining all subcontractors submitted lists) of the engaged Access & Functional Needs (A&FN) Groups in the Region. There is no file format or file type requirement. (4.E.3.c.i.3)

Exercises and Drills

Regional Call Down Drill (4.E.2.b)

- Please record the 2 regional call down drills completed for each budget period and indicate if the call-down drill form was submitted to DPH (DPH.PHEP@ct.gov).

Budget Period	Date Conducted	Form Submitted
1		
1		
2		
2		
3		
3		
4		
4		
5		
5		

Tabletop: Anthrax (4.E.2.d)

- Indicate the completion date or estimated date for conducting the Tabletop exercise.

Date

- Provide information on the planning meeting series that were conducted in preparation for the Tabletop exercise. Review the contract and ORR guidance for participation requirements.

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3. Indicate if the required documentation for the Tabletop were submitted and the date of the submission.

Documentation	Submission Status	Date of Submission
Notice of Drill or Exercise (Due no later than 30 working days before exercise)		
After Action Report (Due no later than 60 working days after exercise)		

Tabletop: Pandemic Influenza (4.E.2.d)

1. Indicate the estimated date for conducting the Tabletop exercise.

Date

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Please, attach the following documents to this PDF file for submission:

- Submitted Subcontractor reports (please, indicate submitted reports on cover page, also.)
- Cumulative Regional Access and Functional Needs List
- Additional Meetings Sheet (If applicable)