Health Committee Index
Wednesday, July 8, 2026

INDEX OF RESOLUTIONS:		
COMMITTEE	**RESOLUTION**	**TITLE**
C/H/B/R	G/9	**RESOLUTION AUTHORIZING THE ACCEPTANCE OF GRANT FUNDING FROM THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE PUBLIC HEALTH PREPAREDNESS PROGRAM AND AMENDING THE 2026 RENSSELAER COUNTY ADOPTED BUDGET – DEPARTMENT OF HEALTH** **Motion Made By:** **Seconded By:** **In favor:** **Opposed:** **Notes:**

RENSSELAER COUNTY LEGISLATURE

Introduced by Legislator(s) Loveridge, Grant, Ashley, Patire, Nichols

Sent To: Contracts & Agreements **Committee** **Date** July 14, 2026

Resolution No. G/9

RESOLUTION AUTHORIZING THE ACCEPTANCE OF GRANT FUNDING FROM THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE PUBLIC HEALTH PREPAREDNESS PROGRAM AND AMENDING THE 2026 RENSSELAER COUNTY ADOPTED BUDGET – DEPARTMENT OF HEALTH

WHEREAS, This Resolution is filed with the Rensselaer County Legislature by the Rensselaer County Executive; and

WHEREAS, The Rensselaer County Department of Health ("RCDOH") has been awarded grant funding from the New York State Department of Health ("NYSDOH") for the Public Health Preparedness Program in the amount of $207,665.00 for the period commencing July 1, 2026 through June 30, 2027; and

WHEREAS, This program is essential for planning and implementing various public health preparedness initiatives; and

WHEREAS, Should the needs of RCDOH change, the grant budget would be modified as required by NYSDOH and the Centers for Disease Control and Prevention; and

WHEREAS, RCDOH seeks to amend its budget in order to accept such funding from the State and to expend the funds for costs incurred during the term of the grant; now, therefore, be it

RESOLVED, That any positions, programs, expenditures and/or agreements or contracts authorized or established pursuant to this resolution shall terminate and cease upon discontinuance of said funding; and, be it further

RESOLVED, That the Rensselaer County Executive, or his designee, is authorized to sign the above referenced grant award, together with any and all documents for such grant award, including any and all no cost extensions of such grant award, subject to the approval as to form by the Rensselaer County Attorney; and, be it further

RESOLVED, That the 2026 Rensselaer County Adopted Budget shall be and is hereby amended as follows:

GENERAL FUND REVENUE

CODE	PRESENT	CHANGE	REVISED
A.4017 Dept of Nursing			
A.4017.34026	$130,788.00	$97,628.00	$228,416.00
Public Health Preparedness Grant			
TOTAL REVENUE:		$97,628.00	

GENERAL FUND APPROPRIATIONS

CODE	PRESENT	CHANGE	REVISED
A.4017 Department of Health- Nursing			
.1 PERSONNEL			
A.4017.01007	$21,240.00	$21,240.00	$42,480.00
Public Health Aide			
A.4017.01007	$38,313.00	$38,313.00	$76,626.00
Public Health Preparedness Coordinator			
A.4017.01007	$152,305.00	$30,461.00	$182,766.00
Public Health Preparedness Educator			
.4 CONTRACTUAL			
A.4017.04503	$40,774.00	$7,614.00	$48,388.00
Dept of Nursing-Special Dept Supplies (Alt #3)		(Alt# 3)	
TOTAL APPROPRIATIONS:		$97,628.00	

Resolution ADOPTED by the following vote:
Ayes:
Nays:
Abstain:
July 14, 2026

Clerk of the Legislature

Sent to County Executive_____

Received from County Executive_____

Clerk of the Legislature

Executive Action

Approved_____ **Date**_____

Disapproved_____
Veto Message Attached and Returned to Clerk

County Executive

LEGISLATIVE FISCAL IMPACT STATEMENT

Type of Legislation: Local Law:_____ G Resolution:_____ P Resolution:_____

Title of Legislation: RESOLUTION ACCEPTING GRANT FUNDING FROM THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE PUBLIC HEALTH PREPAREDNESS GRANT AND AMENDING THE 202(

Requested by: DEPARTMENT OF HEALTH

Sponsor(s):_____

FISCAL IMPACT

1) Projected cost of proposed legislation, if any: $ 97,628.00 current year
   $110,037.00 ongoing expenses per year

2) Method of financing – note all that apply (federal funding, state funding, bonding, tax levy, etc.): State

   a) For federal funding: amount $_____ and length of time federal funding is available _____. Is it available for ongoing expenses? Yes _____ or No _____

   b) For state funding: amount $ 207,665 and length of time state funding is available 7/1/26-6/30/27. Is it available for ongoing expenses? Yes X or No _____

   c) If bonded, state amount of total indebtedness this legislation will create and projected interest cost over the course of borrowing:
   Principal $_____
   Total projected interest costs $_____

   d) Tax levy impact for current year $ 0.00 and ongoing $_____

   e) Other (please explain) $_____

3) Is this expense or program mandated? Yes _____ No X

4) Length of expense or project (one time only, ongoing, etc.): renewed yearly

5) Justification for the appropriation/expenditure requested. Include any revenue this will produce or any expense that will be avoided:
   this program is essential for planning and implementing various public health preparedness initiatives and is 100% reimbursed.

Department Head

Leonard F. Claus Jr.

Public Health Emergency Preparedness Contracts
2026-2027 Base and CRI Summary

LOCAL HEALTH DEPARTMENTS

County	2020 Total Population	Base Award	CRI Award	Subtotal (Base + CRI)	Emergency Placeholder	Total Contract Value
Albany	314,848	$154,663	$186,676	$341,339	$1,000,000	$1,341,339
Allegany	46,456	$52,099		$52,099	$1,000,000	$1,052,099
Broome	198,683	$116,822		$116,822	$1,000,000	$1,116,822
Cattaraugus	77,042	$77,196		$77,196	$1,000,000	$1,077,196
Cayuga	76,248	$76,937		$76,937	$1,000,000	$1,076,937
Chautauqua	127,657	$93,684		$93,684	$1,000,000	$1,093,684
Chemung	84,148	$79,511		$79,511	$1,000,000	$1,079,511
Chenango	47,220	$52,099		$52,099	$1,000,000	$1,052,099
Clinton	79,843	$78,109		$78,109	$1,000,000	$1,078,109
Columbia	61,570	$52,099		$52,099	$1,000,000	$1,052,099
Cortland	46,809	$52,099		$52,099	$1,000,000	$1,052,099
Delaware	44,308	$52,099		$52,099	$1,000,000	$1,052,099
Dutchess	295,911	$148,495	$103,076	$251,571	$1,000,000	$1,251,571
Erie	954,236	$362,950	$249,376	$612,326	$1,000,000	$1,612,326
Essex	37,381	$52,099		$52,099	$1,000,000	$1,052,099
Franklin	47,555	$52,099		$52,099	$1,000,000	$1,052,099
Fulton	53,324	$52,099		$52,099	$1,000,000	$1,052,099
Genesee	58,388	$52,099		$52,099	$1,000,000	$1,052,099
Greene	47,931	$52,099		$52,099	$1,000,000	$1,052,099
Hamilton	5,107	$52,099		$52,099	$1,000,000	$1,052,099
Herkimer	60,139	$52,099		$52,099	$1,000,000	$1,052,099
Jefferson	116,721	$90,122		$90,122	$1,000,000	$1,090,122
Lewis	26,582	$52,099		$52,099	$1,000,000	$1,052,099
Livingston	61,834	$52,099		$52,099	$1,000,000	$1,052,099
Madison	68,016	$52,099		$52,099	$1,000,000	$1,052,099
Monroe	759,443	$299,494		$299,494	$1,000,000	$1,299,494
Montgomery	49,532	$52,099		$52,099	$1,000,000	$1,052,099
Nassau	1,395,774	$506,785	$177,898	$684,683	$1,000,000	$1,684,683
Niagara	212,666	$121,377	$123,976	$245,353	$1,000,000	$1,245,353
Oneida	232,125	$127,716		$127,716	$1,000,000	$1,127,716
Onondaga	476,516	$207,328		$207,328	$1,000,000	$1,207,328
Ontario	112,458	$88,733		$88,733	$1,000,000	$1,088,733
Orange	401,310	$182,829	$103,076	$285,905	$1,000,000	$1,285,905
Orleans	40,343	$52,099		$52,099	$1,000,000	$1,052,099
Oswego	117,525	$90,384		$90,384	$1,000,000	$1,090,384
Otsego	58,524	$52,099		$52,099	$1,000,000	$1,052,099
Putnam	97,668	$83,915	$103,076	$186,991	$1,000,000	$1,186,991
Rensselaer	161,130	$104,589	$103,076	$207,665	$1,000,000	$1,207,665
Rockland	338,329	$162,313	$103,076	$265,389	$1,000,000	$1,265,389
Saratoga	235,509	$128,818	$103,076	$231,894	$1,000,000	$1,231,894
Schenectady	158,061	$103,589	$103,076	$206,665	$1,000,000	$1,206,665
Schoharie	29,714	$52,099	$103,076	$155,175	$1,000,000	$1,155,175
Schuyler	17,898	$52,099		$52,099	$1,000,000	$1,052,099
Seneca	33,814	$52,099		$52,099	$1,000,000	$1,052,099
St. Lawrence	108,505	$87,445		$87,445	$1,000,000	$1,087,445
Steuben	93,584	$82,585		$82,585	$1,000,000	$1,082,585
Suffolk	1,525,920	$549,181	$126,066	$675,247	$1,000,000	$1,675,247
Sullivan	78,624	$77,711		$77,711	$1,000,000	$1,077,711
Tioga	48,455	$52,099		$52,099	$1,000,000	$1,052,099
Tompkins	105,740	$86,545		$86,545	$1,000,000	$1,086,545
Ulster	181,851	$111,339		$111,339	$1,000,000	$1,111,339
Warren	65,737	$52,099		$52,099	$1,000,000	$1,052,099
Washington	61,302	$52,099		$52,099	$1,000,000	$1,052,099
Wayne	91,283	$81,835		$81,835	$1,000,000	$1,081,835
Westchester	1,004,457	$379,310	$141,114	$520,424	$1,000,000	$1,520,424
Wyoming	40,531	$52,099		$52,099	$1,000,000	$1,052,099
Yates	24,774	$52,099		$52,099	$1,000,000	$1,052,099
Total	**11,397,059**	**$6,296,884**	**$1,829,714**	**$8,126,598**	**$57,000,000**	**$65,126,598**

New York State Department Of Health
Health Research, Inc. - Public Health Emergency Preparedness Program
EXHIBIT B - Budget

Instructions:

Original Budget: *Enter your requested budget amounts in the Original Budget column; the Revised Budget column is linked to the totals from each individual budget page. Do not use the Restricted row. Your total Original Budget cannot exceed your total allocation amount. The summary page must be signed when submitted. The Modification and Revised Budget columns will be used for future budget modification requests, if needed.*

Budget Modification: Budget increases or changes to contract personnel, new equipment, and new or increased costs of contractual / consultant agreements require prior approval. *Do not make any changes to the Summary Budget tab. The Revised Budget column is linked to the totals from each budget page and the Modification column will calculate the difference. The Total of the Modification column must be zero unless the Modification is a Contract Amendment. The modified budget must be signed at the bottom of the Summary Budget page.*

Personnel:
Recipients may supplement but not supplant existing organization or federal funds for activities described in the budget.
If adding new staff: Describe how the staff will be funded by this program without supplanting. Include in the Position Description tab if the staff are existing employees or new hires? Moving existing staff effort to this contract without the intent to backfill the effort is prohibited.

Use Percent Effort for salaried staff. Total annual salary divided by number of pay periods in the year, multiplied by number of pay periods being funded, multiplied by the percent of effort to be worked on contract deliverables.

Use hours and hourly rate for hourly employees. Hourly rate times number of hours per week to be worked on contract deliverables times number of weeks to be worked in the contract period.

Reimbursement for overtime costs require prior approval and are limited to drills/exercises and education/training for eligible health staff. Provide the reason for the overtime, date(s) and a justification why the work cannot be conducted during normal working hours. Also provide the name and title of staff; current salary; number of overtime hours, hourly overtime rate, total overtime cost, and assigned duties/role during overtime activity. This information must also be submitted when vouchering for reimbursement of overtime costs.

Other Costs:
For cell phones, AirCards, internet services, software, or other items assigned to individuals: Provide the name, title and role of staff that will be assigned the items, and a justification for need. Confirm that the items will be used 100% for contract activities. If the items or services are used for other purposes then the total cost must be allocated appropriately to all programs that will benefit.

Special Requirements: see Attachment B: Program Specific Clauses

Questions:
Public Health Emergency Preparedness: NYSPHEP@health.ny.gov

New York State Department Of Health
Health Research, Inc. - Public Health Emergency Preparedness Program
EXHIBIT B

Contractor :
Contract Period : July 1, 2026 - June 30, 2027
Contract # : (for DOH use only)
HRI Account # : GR150068614 / GR150068814

See instructions for important information. Be sure to sign and date (see below) and submit this page as a pdf. In addition, submit the entire budget file in Excel.

SUMMARY BUDGET

Budget Categories	Original Budget	Modification	Revised Budget
SALARIES / PERSONNEL		$ 181,807	$ 181,807
FRINGE BENEFITS		$ -	$ -
SUPPLIES		$ 11,016	$ 11,016
TRAVEL		$ 4,000	$ 4,000
EQUIPMENT		$ -	$ -
MISCELLANEOUS		$ 10,842	$ 10,842
CONTRACTUAL / CONSULTANT		$ -	$ -
ADMINISTRATIVE COSTS		$ -	$ -
SUBTOTAL	$ -	$ 207,665	$ 207,665
RESTRICTED (For NYSDOH use only)	$ 1,000,000	$ -	$ 1,000,000
TOTAL :	**$ 1,000,000**	**$ 207,665**	**$ 1,207,665**

Reason for Proposed Changes (for budget modifications):

Planned allocations for Base and CRI expenditures will be brought forward from supporting form.

Budget Categories	Base	CRI	TOTAL
Salary	$ 90,904	$ 90,904	$ 181,807
Fringe Benefits	$ -	$ -	$ -
Supplies	$ -	$ 11,016	$ 11,016
Travel	$ 2,843	$ 1,157	$ 4,000
Equipment	$ -	$ -	$ -
Miscellaneous	$ 10,842	$ -	$ 10,842
Contractual	$ -	$ -	$ -
Admin/Indirect	$ -	$ -	$ -
Subtotal	$ 104,589	$ 103,076	$ 207,665
Restricted (NYSDOH)	$ 1,000,000	$ -	$ 1,000,000
Total	$ 1,104,589	$ 103,076	$ 1,207,665

Salaries / Personnel

Contractor:

Contract Period: July 1, 2026 - June 30, 2027

NOTE: Prohibition on Supplanting of Funds – funds under this program may not be used to replace or supplant any existing obligations. If adding new staff, include details showing how the staff are being added without supplanting. Add start and end dates if staff are being added or removed mid-year.

Number of pay periods per year (12 / 24 / 26) : 26.1

Number of hours in full-time agency work week : 35

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Position Title/Incumbent Name(s) **Salaried Employees** List only those positions funded on this contract. If salary for position will change during the contract period, use additional lines to show salary levels for each period of time.	**Hours Worked Per Week** Total hours worked per week, regardless of funding source.	**Annual Salary** Salary for 12 months, regardless of funding source.	**# of pay periods funded on this contract**	**% of effort funded by this contract**	**Amount Requested**	**Base Allocation Requested**	**CRI Allocation Requested**
Sample Position, John Doe(7/1/22-12/31/22)	40	$70,000	13.00	100.00%	$34,866	$17,500	$17,500
Sample Position, John Doe(1/1/23-6/30/23)	40	$72,500	13.00	95.00%	$34,306	$17,219	$17,219
Nicole Pollay/ Preparedness Coordinator 7/1/26-12/31/26	35	$76,626	13.20	100.00%	$38,753	$19,377	$19,377
Nicole Pollay/ Preparedness Coordinator 1/1/27-6/30/27	35	$78,158	12.90	100.00%	$38,630	$19,315	$19,315
Miranda McAvoy/ Public Health Aide 7/1/26-12/31/26	35	$42,480	13.20	100.00%	$21,484	$10,742	$10,742
Miranda McAvoy/ Public Health Aide 1/1/27-6/30/27	35	$43,330	12.90	100.00%	$21,416	$10,708	$10,708
Sarah Konig/ Public Health Educator 7/1/26-12/31/26	35	$60,922	13.20	100.00%	$30,811	$15,406	$15,406
Sarah Konig/ Public Health Educaor 1/1/27-6/30/27	35	$62,140	12.90	100.00%	$30,713	$15,357	$15,357
Position Title/Incumbent Name(s) **Hourly Employees** List only those positions funded on this contract. If hourly rate for position will change during the contract period, use additional lines to show hourly rate levels for each period of time.	**Number of Hours dedicated soley to this contract per week**	**Hourly Rate**	**Number of weeks**	**n/a**	**Amount Requested**	**Base Allocation Requested**	**CRI Allocation Requested**
Sample Position, John Doe (7/1/22 -6/30/23)	15	$15.00	52.00		$ 11,700	$5,850	$5,850
				Total :	$181,807	$90,904	$90,904

If you need assistance building a formula for the salary calculation in column 6, please contact the Grants Administration at: NYSPHEP@health.ny.gov.

Position Descriptions

Contractor:
Contract Period: July 1, 2026 - June 30, 2027

For each position listed on the summary budget page, provide a description of the duties supported by this contract.

Name: Nicole Pollay
Title: Public Health Emergency Preparedness Coordinator
Contract Duties : This position will develop comprehensive plans to address public health emergencies including threats of a bioterrorist nature; convene and conduct meetings of the Health Dept Staff and/or community groups to explore and define roles and responsibilities of individuals and their organizations during public health emergencies, coordinate all focus areas of public health emergency preparedness planning including information and communication technologies, surveillance and risk communication and preparedness and response training; respond to public health emergencies; attend community partner and regional and state trainings and meetings; provide ongoing evaluation of public health emergency plans; work with counterparts in other counties and with regional and state coalitions; prepares written reports to satisfy Federal, state and local requirements including, but not limited to, Grants, State DOH Deliverables, CDC Operational Readiness Reviews; maintains sign-in sheets, agendas and minutes of all meetings; coordinates workshops, table top exercises, drills and functional and full scale exercises to test the viability of existing plans and coordinates response activities with community partners.

Name: Sarah Konig
Title: Public Health Emegency Preparedness Educator
Contract Duties : This position assists the Public Health Preparedness Coordinator to complete all Public Health Emergency Preparedness Program requirements. This position supports staff and community training and ensures that PHEP Deliverables and other metrics are met. This position coordinates the Medical Reserve Corps program within the jurisdiction. This position recruits and trains volunteers and performs jurisdictional MRC administrative functions in order to ensure that all mandated objectives are met. This position is responsible for providing community organizations with educational materials and training regarding personal preparedness during emergencies including natural disaster and public health related events. This position is supported by Federal and PHEP funding.

Name: Miranda McAvoy
Title: Public Health Emergency Preparedness Aide
Contract Duties : This position assists the Public Health Preparedness Coordinator to complete all Public Health Emergency Preparedness Program requirements. This position supports staff and community training and ensures that PHEP Deliverables and other metrics are met. This position coordinates the Medical Reserve Corps program within the jurisdiction. This position recruits and trains volunteers and performs jurisdictional MRC administrative functions in order to ensure that all mandated objectives are met. This position is responsible for providing community organizations with educational materials and training regarding personal preparedness during emergencies including natural disaster and public health related events. This position is supported by Federal and PHEP funding.

Name:
Title:
Contract Duties :

Name:
Title:
Contract Duties :

Name:
Title:
Contract Duties :

Name:
Title:
Contract Duties :

Name:
Title:
Contract Duties :

Name:
Title:
Contract Duties :

Fringe Benefits

Contractor:
Contract Period: July 1, 2026 - June 30, 2027

FRINGE BENEFITS

1. Does your agency have a federally approved fringe benefit rate? ____ YES — Approved Rate (%) :
   Contractor must attach a copy of federally approved rate agreement. — Amount Requested ($): $ -
   ____ NO — ***Complete 2-7 below.***
2. Total salary expense based on most recent audited financial statements:
3. Total fringe benefits expense based on most recent audited financial statements:
4. Agency Fringe Benefit Rate: *(amount from #3 divided by amount from #2)*
5. Date of most recently audited financial statements:
   Attach a copy of financial pages supporting amounts listed in #2 and #3.
6. Requested rate and amount for fringe benefits: — Rate Requested (%) :
   Amount Requested ($):
7. If the rate requested on this contract exceeds the rate supported by latest audited financials, please justify below.

Subtotal : (Base) (CRI)
Total :

Supplies

Contractor:
Contract Period: July 1, 2026 - June 30, 2027

SUPPLIES : *Provide a justification for all supplies, including a description of how it relates to specific program objectives. Please refer to the Equipment section for guidance on items with a unit cost of $5,000 or more.*

Item Description	Base Amount	CRI Amount
1) Office Supplies (All supplies $5000 estimated, Computer Accessories, office supplies and other related costs)		$5,000
2)Program Supplies (Medical supplies, PPE and Canpoies, safety supplies and other estimated $6,016)		$6,016
Subtotal :		$11,016

Justification

1)Office Supplies – Budgeted for daily use and for preparation of operational and training materials, including but not limited to paper, pens, pencils, markers, toner, ink, paper, labels, calendars, planners, computer software such as Canva, Survey Monkey, MERITS Equipment, computer accessories, graphic design, messaging software and all other office supplies as necessary and required.

2) Program Supplies - Will be utilized to purchase additional emergency/medical/SNS/POD supplies for use in program sustainment and development of training events or during emergency operations including, but not limited to: band aids, gauze, tourniquests, syringes, gloves, masks, tyvek suits, PPE clothing such as vests and or rain ponchos and weather sheltering such as EZ Up Canopies only to replace damaged and weathered canopies for existing frames previously purchased to protect staff and volunteers during extreme weather events, first aid/emergency kits , literature, identification materials, hand sanitizer including stations, refills and individual NPIs, thermometers and bags with imprinted go bag instructions. Supplies for Medical Examiner for mass fatality incidents including body bags, shelving units for Storage Connex, EZ Up Shelters, and other POD and emergency operation supplies as needed including power sustainment (generator). Additional items needed for vaccination pods such as: alcohol prep pads, sharps containers, and signage. Additionally, supplies needed to perform program outreach, training and education to include but not limited to: Display materials, literature and demonstration items. Safety items to include lights, shelter and other items to prevent injury during times of response and outreach. Supplies for our vulnerable poplution and access and functional needs to keep them calm and ease anxiety during times of training or PH Emergency such as fidget items, sensory stickers or calming supllies.

The Preparedness Division goes out to community partner organizations to conduct training including Sr. Centers, Public and Private Schools, low-income residents, partners who advocate for access and functional needs populations as well as the general public. The Preparedness Division conducts tabling at Community Partner Health, Wellness fairs and the Renss Co Fair. At these events, the Preparedness Division educates Renss Co residents in the scope of emergency preparedness using an all-hazards approach to provide residents with information to be prepared for emergency situations. The Preparedness Division teaches about the need for both personal preparedness and for organizational preparedness for community organizations. The Preparedness Division devotes extra energy to focus on access and functional needs populations including children, senior citizens, immunocompromised individuals, persons with physical or learning disabilities, and persons with behavioral/mental health challenges including substance abuse and language barriers.

Total : $11,016

Travel

Contractor:
Contract Period: July 1, 2026 - June 30, 2027

TRAVEL: *Include staff and conference travel, as well as travel to regional meetings and training sessions. Contractors without reimbursement policies should use New York State travel reimbursement policy.*

Purpose/Destination	Base Amount	CRI Amount
Movement for staff to and from PHEP related trainings, meetings within the budget period and to and from storage facilities for supplies	$843	$1,157
To continue growth and knowldege of Preparedness Personnel and those in key leadership roles and to meet proposed deliverables by attending continuing education course offered throug NYS DHSES in Oriskany NY and or at any other state based affiliated sites/locations within NYS where courses are offered. Couses at DHSES are free of charge but funding for mileage, tolls, meals and hotel accomc	$2,000	
Subtotal :	$2,843	$1,157

Is mileage requested? (personal auto or agency auto)
_____ Yes
_____ No

Justification

To meet deliverables as outlined within BP3 2026-2027 by attending trainings, classes, HEPC, PHEP COordinator meetings and other NYS meetings to update staff responsible for holding key essential positions during times of response and preparedness readiness. All costs are approximate and estimated at time of budget submission and can vary or fluctuate based on itinerary and locations of trainings/meetings.

Total : $4,000

Equipment

Contractor: _____

Contract Period: July 1, 2026 - June 30, 2027

EQUIPMENT : *Health Research, Inc. (HRI) defines "equipment" as items with a unit cost of $5,000 or more. Your institution will likely have similar thresholds to differentiate "equipment" from "supplies" and these thresholds may be lower than those set by HRI. For the purpose of this contract, please utilize your institution's policy for categorizing equipment for any items with a unit cost of less than $5,000. Items with a unit costs of $5,000 or more must be categorized as equipment.*

Each item in the Equipment category will require a copy of the invoice, proof of payment (check number and date) and equipment serial numbers when submitting vouchers for reimbursement.

NOTE: *Any single item with a unit cost of $5,000 or more will require three quotes AND prior approval. All equipment purchased must be inventoried and reported annually.*

What is your institution's equipment threshold? _____

Item Description	Base Amount	CRI Amount
Subtotal :		

Justification

[Provide the name, title and role of staff that will be assigned the equipment. Confirm that the equipment will be used 100% for the contract activities. If the equipment is used for other purposes then the total cost must be allocated appropriately to all programs that will benefit from its purchase. If the items will not be assigned to an individual, describe how the items will be used, stored, maintained and distributed when needed.]

Total : _____

Miscellaneous

Contractor:
Contract Period: July 1, 2026 - June 30, 2027

Funds may be used to support program-related miscellaneous costs. All services must be provided within the contract period (services provided prior to the beginning or after the end date of the contract are not allowable costs for reimbursement). All food / refreshment costs must comply with the NYSDOH Health Emergency Preparedness Program Meeting Expense Reimbursement Guidelines. When vouchering for refreshment expenses, please provide all of the details required in the Meeting Expense Reimbursement Guidelines.

Item Description	Base Amount	CRI Amount
1. Maintain MIFI Cards (12 months x $40/month for 8 cards)	$3,840	
2. Over the Phone Interpretation Services	$1,522	
4. Wireless Phones	$1,680	
5. Preparedness Community Outreach and Public Service Announcements	$3,800	
Subtotal :	$ 10,842	$ -

Justification

[If your budget includes cell phones, AirCards, internet services, software, or other items assigned to individuals: Provide the name, title and role of staff that will be assigned the items, and a justification for need. Confirm that the items will be used 100% for contract activities. If the items or services are used for other purposes then the total cost must be allocated appropriately to all programs that will benefit.]

[Requests for costs for refreshments at meetings must include all the required information detailed in the Meeting Expense Guidelines. If the details are not yet available, do not include the costs in your budget. Instead submit a request per the instructions in the Meeting Expense Guidelines, when all of the information is available.]

1. MIFI Cards allow important flexibility in maintaining access to State DOH applications such as HCS, IHANs, CDMS, ServNY, and MERITS during emergencies. The MIFIs also allow access to electronically stored plans and forms in remote locations (for example CSS or POD operations) during emergencies including Continuity Of Operations Plan (COOP) type events. The MIFI cards will support these required deliverables (BPR-10/CRI-3, C1, C2, C3, C4, C5, C17) as well as ensuring there is an alternate wireless mode of communication for the department during COOP level events. MIFI Cards will be kept in Preparedness Storage to be distributed for use during training, exercises or response activities to key staff members. Specifically, the Public Health Director, the Deputy Director, the Director of Patient Services, the Director of Environmental Health, the Director of Early Intervention, the Emergency Prepaeredness Coordinator, the Senior Fiscal Coordinator and the Senior Medico-Legal Death Investigator will be assigned these MIFI cards to ensure communications are maintained during emergencies. (see the Rensselaer County PHEPR Plan and PHAD Plan)MI-Fi cards are used strictly for PHEP deliverables.

2. Over the Phone interpretation is a service used during public health emergencies to ensure access and functional needs persons (language barriers) are able to communicate with POD Staff and receive the appropriate medical countermeasures.

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4. (3) Wireless phones These communication devices are to ensure 24/7 official means of communication during emeregncies. Wireless Phones will be provided to the PHEP Coordinator(Nicole Pollay), =Director of Public Health (Leonard Claus), PHEP Coordinator (Nicole Pollay) Director of Patient Services (Stacey Dilbone), PHEP Educator (Sarah Konig), PHEP Aide (Miranda McAvoy) in order to ensure that reliable communications exist for these roles during public health emergencies. These phones will be used 100% to support public health emergency preparedness goals.

5.**Conduct a Community Personal Preparedness Outreach** event in May or June 2027 with Community Partner. This PSA provides advertising and outreach during a Tri-City Valley Cats community venue which includs tabling, five PSA's banner/signage displays and website/email/newsletter promotions.

Total : $10,842

Subcontracts/Consultants

Contractor: _____

Contract Period: July 1, 2026 - June 30, 2027

SUBCONTRACTS / CONSULTANTS:

Provide a listing of all subcontracts, including consultant agreements. If the subcontractor / consultant has not been selected, please indicate "TBA" in Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process. Administrative / Indirect Costs for all contractual / consultant agreements are limited to 10% of total direct costs unless a federally approved rate agreement is provided. ***All subcontracts entered into must be executed as line item cost reimbursable unless otherwise approved.***

All of the requirements listed in Attachment A "General Terms and Conditions" and Attachment B "Program Specific Clauses" must flow down to all subcontractor agreements.

Agency / Name	**Description of Services** **Include number of hours and hourly rate for consultants.** **Include a detailed line-item budget for subcontractors.**	Base Amount	CRI Amount
	Period of Performance: Scope of Work: Method of Accountability: Budget Justification:		
	Period of Performance: Scope of Work: Method of Accountability: Budget Justification:		
	Period of Performance: Scope of Work: Method of Accountability: Budget Justification:		
	Period of Performance: Scope of Work: Method of Accountability: Budget Justification:		
	Subtotal :		
	Total :		

Administrative Costs

Contractor: _____

Contract Period: July 1, 2026 - June 30, 2027

ADMINISTRATIVE COSTS **

Federally Approved Administrative Cost Rate: *Organizations that have a federally approved indirect costs rate MUST attach the currently approved indirect cost agreement (all pages) and need only delineate the calculation used to determine the amount of administrative costs being requested. The rate must be multiplied by the same base (i.e. total direct costs, modified direct costs, etc.) as used in the federally approved rate agreement to result in the amount requested.*

Rate Approved : _____

Rate Requested : _____

Amount Requested : _____

Without a Federally Approved Administrative Cost Rate: For those agencies that do NOT have a federally approved indirect cost rate: Administrative costs will be allowed up to a maximum of 10% of modified total direct costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of $25,000.

Or,If claiming a rate above 10%, attach a copy of the financial page(s) from the most recent audited financial statements to support the amounts listed below.

Date of Most Recently Audited Financial Statements : _____

Total Agency Budget : _____

- (Total Agency Administrative Costs) : _____

Total Agency Direct Costs : _____

Total Agency Administrative Costs / Total Agency Direct Costs = Supported Administrative Rate : _____

Administrative Cost Rate Requested : _____

Amount Requested : _____

**No portion of administrative costs can be directly billed.

Subtotal : _____ _____

(Base) (CRI)

Total : _____

Restricted

Contractor:
Contract Period: July 1, 2026 - June 30, 2027

For NYSDOH Use Only

Purpose / Destination	Base Amount	CRI Amount
Please refer to the LHD funding table for the Emergency Placeholder Funding amount. This allows for increased funds to be awarded to the contract in the event of a public health emergency and additional funds become available.	$1,000,000	
Subtotal :	$1,000,000	

Justification

NYSDOH Note: **Items in the Restricted budget category are not reimbursable.** To remove items from the Restricted budget category, submit a budget modification request to NYSPHEP@health.ny.gov for approval. The budget modification request must include a break-out of expenses and a justification that shows how the expenses support the contract deliverables.

Total : $1,000,000