



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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April 27, 2005

The Honorable

Dear Chairman :

I am writing to announce that second-year funding is available for public health emergency preparedness activities for tribes and tribal clinics.

The Washington State Department of Health (DOH) has been involved in Public Health Emergency Preparedness and Response (PHEPR) over the past three years as a grantee of the U.S. Department of Health and Human Services through both the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Last year, we were able to provide \$650,352 of the HRSA grant allotment to facilitate tribal assessments and tribal participation in regional public health planning activities.

This year, we are providing \$825,352 in FY 2004 funds for tribes to purchase the equipment and training they identified during the needs assessment process and to continue participation in the regional planning process. As two tribes have opted not to contract with DOH, we have been able to provide an additional \$46,041 in FY 2003 funds to this year's allocation, making the total amount available to tribes \$871,366.

The funding distribution method will be the same as last year's allocation, as follows:

- General Tribal Public Health Preparedness Funds (\$650,300) – Distribute 30 percent equally to federally-recognized tribes and 70 percent based on the current Indian Health Service (IHS) user population.
- Tribal Clinic Public Health Preparedness Funds (\$151,500) – Distribute 50 percent equally to federally recognized tribes with an IHS or tribally-operated clinic and 50 percent to such tribes based on their current IHS user population.

The grant amount for the

To receive funds, tribes must enter into a performance-based contract with DOH and agree to submit a list of needed equipment and training for use in tribal Public Health Emergency



The Honorable
Page 2
April 27, 2005

Preparedness and Response, based on the template provided by DOH for tribal equipment and training needs, which you will receive on May 16, 2005; and participate in local or regional emergency planning activities.

Activities identified in your current contract must be completed by the existing due dates. For deliverables contained in the upcoming contract amendment, as referenced in this letter, it is likely we will have flexibility on the due dates, based on negotiations with HRSA. These funds must be used to develop public health emergency preparedness resources.

DOH is contracting with the American Indian Health Commission for Washington State (AIHC) to provide outreach and technical advice and to assist tribes in the completion and processing of the deliverables. AIHC will begin this process soon, with presentations to the Health Committee at the upcoming Affiliated Tribes of NW Indians Mid-Year Conference in Tacoma and to AIHC delegates at its May 20 meeting at the Puyallup Tribal Health Authority.

If you have any questions about the funding methodology, contract language, or statement of work, please contact:

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Department of Health
State Emergency Response Coordinator (SERC)
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Becky Johnston
AIHC Director
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You will receive your performance-based contract in the mail within the next couple of weeks. Once you have reviewed this document, please sign and return as soon as possible to DOH at the following address:

Department of Health
Office of Contracts, Properties and Procurement
101 Israel Road SE
PO Box 47905
Tumwater, WA 98504-7905

Sincerely,



Mary C. Selecky
Secretary

cc: Tribal Emergency Preparedness Contacts
Tribal Health Directors
American Indian Health Commission for Washington State Delegates
Becky Johnston, American Indian Health Commission for Washington State
John Erickson, Department of Health
Johnny Clark, Department of Health