

<b>I. Primary Contact Information</b> (max 1,500 characters) <b>PLEASE INCLUDE: Name, Address, Phone Number</b>		
<b>II. Secondary Contact Information</b> (max 1,500 characters) <b>PLEASE INCLUDE: Name, Address, Phone Number</b>		
<b>III. Planned Activities</b> max 1,000 characters per objective (insert rows if needed)	<b>PHEP Capability</b>	<b>Completion Date</b>
1.	Choose an item.	Choose an item.
2.	Choose an item.	Choose an item.
3.	Choose an item.	Choose an item.
4.	Choose an item.	Choose an item.
5.	Choose an item.	Choose an item.
6.	Choose an item.	Choose an item.
7.	Choose an item.	Choose an item.
8.	Choose an item.	Choose an item.
9.	Choose an item.	Choose an item.
10.	Choose an item.	Choose an item.
11.	<b>Choose an item.</b>	<b>Choose an item.</b>
<b>IV. Self-identified Technical Assistance Needs</b> (N/A if not required)		

**V. To the best of your knowledge, will equipment be purchased?** (Reply Yes or No)

**Instructions:** Please complete and submit the worksheet below for Fiscal Year (FY16) Department of Health (DOH) Public Health Emergency Preparedness (PHEP) funds **DUE May 30, 2016** to [Kristen.Baird@doh.wa.gov](mailto:Kristen.Baird@doh.wa.gov)

Planned Activities should align with Budget Period 5 (BP5) Grant Guidance and [CDC's 15 Public Health Preparedness Capabilities](#). Please see 2016-17 DOH PHEP Capability Planning Tool for past contract activity examples and other planning considerations.

*Questions or concerns? Contact [Kristen Baird Romero](#) 360.236.4057*