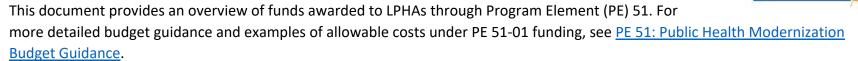
## **Local Public Health Authority PE 51 Public Health Modernization Funding Table**

## Revised 3/20/2024 (Changes in dark red)



Program	PE 51-01 (Section 1: LPHA	PE 51-02 (Section 2:	PE 51-03 (Section 3:	PE 51-05 (Section 4: Public
Element	Leadership, Governance	Regional Public Health	COVID-19 Public Health	Health Infrastructure:
	and Implementation)	Service Delivery)	Workforce)	Workforce)
Start-end dates	7/1/2023-6/30/2025	7/1/2023-6/30/2025	7/1/2021-6/30/2025	12/1/2022-11/30/2027
Funding source	State General Fund	State General Fund	Federal ARPA funds-Crisis	Federal CDC funds -Public
			Cooperative Agreement,	Health Infrastructure
			Workforce	
Total funding	\$50,434,623 of the 2023-25 state GF investment in public		\$10,267,167 was	\$14,500,000 was allocated to
amounts	health modernization is allocated to LPHAs. \$4.4 million is held for PE 51-02 regional funding; the remaining \$46,034,623 is awarded through PE 51-01 using the PH modernization funding formula (including Q1 FY24 bridge		allocated to LPHAs for	LPHAs using the PH
			2021-23 using the PH	modernization funding
			modernization funding	formula, except for
			formula. A no cost	Multnomah County, which is
	funding).		extension was granted	funded directly by CDC.
			through 6/30/2024. An	
			additional \$775,000 of	
			unspent funds has been	
			allocated to LPHAs for	
			FY24. In March 2024, CDC	
			approved another no cost	
			extension through	
			6/30/2025.	
Payment	Paid in 1/12 increments.	Paid to Fiscal Agent of	Paid in 1/12 increments	Each LPHA chose whether to
method		regional partnership in 1/12	during 2021-23 biennium.	receive its allocated funding
		increments.	Unspent funds carry over	up front or over a one-year or



Program Element	PE 51-01 (Section 1: LPHA Leadership, Governance and Implementation)	PE 51-02 (Section 2: Regional Public Health Service Delivery)	PE 51-03 (Section 3: COVID-19 Public Health Workforce)	PE 51-05 (Section 4: Public Health Infrastructure: Workforce)
			to FY24. Unspent funds in FY24 will be rolled over to FY25.	multi-year time period to be paid in 1/12 increments.
Carryover of unspent funds allowed past 6/30/2024?	Yes, until end date of 6/30/2025	Yes, until end date of 6/30/2025	Yes, until end date of 6/30/2025	Yes, until end date of 11/30/2027
Budget required?	Budgets from all LPHAs due to OHA 11/17/2023.	Budgets from PE 51-02 fiscal agents due to OHA 11/17/2023.	In FY23, LPHAs were asked to submit a budget to OHA to fully expend PE 51-03 funds by 6/30/2024. Only if there is a modification to the previously-approved budget of 25% or more for any budget category, a revised budget is due to OHA 11/17/2023.	Currently, a written budget is not required. OHA has negotiated specific reporting requirements with CDC and will notify LPHA of any changes.
Budget modification	Modification to the approved budget of 25% or more for any budget category may only be made with OHA approval.			N/A
Work plan required	Work plan due 11/17/2023.	Work plan due 11/17/2023.	Not required	Not required
Funded activities	Implement strategies for Leadership and	-Implement strategies for public health service	Establish, expand, train and sustain the public	Recruit, hire, support and retain public health staff.



Program	PE 51-01 (Section 1: LPHA	PE 51-02 (Section 2:	PE 51-03 (Section 3:	PE 51-05 (Section 4: Public
Element	Leadership, Governance and Implementation)	Regional Public Health Service Delivery)	COVID-19 Public Health Workforce)	Health Infrastructure: Workforce)
	Governance, Health Equity and Cultural Responsiveness, Communicable Disease Control, Emergency Preparedness and Environmental Health as described in Attachment 1 of PE 51.	delivery using regional approaches, which may be through Regional Partnerships, utilizing regional staffing models, or implementing regional projects.  -Use regional strategies to improve Regional Infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural	health workforce gained during the COVID-19 pandemic. This includes workforce that directly supports COVID-19 response activities and those supporting strategies and interventions for public health and community priorities beyond COVID-19.  See Section 3 of PE 51.	See Section 4 of PE 51.
Allowable expenses	See PE 51 budget guidance. Any expenses, other than those listed below as non-allowable, that align with the LPHA's workplan for public health modernization. (LPHA's workplan must align with goals and work plan	responsiveness.  See PE 51 budget guidance. Any expenses, other than those listed below as non-allowable, that align with the LPHA's PE 51-02 work plan.	See PE 51 budget guidance. Any expenses, other than those listed below as non-allowable, that align with the requirements listed Section 3 of PE 51.	-Any expenses, other than those listed below as non-allowableThere are no restrictions on the type of positions that can be hired for public health capacity buildingSome costs associated with recruitment and hiring are



Program	PE 51-01 (Section 1: LPHA	PE 51-02 (Section 2:	PE 51-03 (Section 3:	PE 51-05 (Section 4: Public
Element	Leadership, Governance	Regional Public Health	COVID-19 Public Health	Health Infrastructure:
	and Implementation)	Service Delivery)	Workforce)	Workforce)
	requirements listed in			allowable, including supplies
	Attachment 1 of PE 51,			and equipment needed to
	based on legislative intent			perform jobs, personal
	for public health			protective equipment, data
	modernization.)			management and other
	OHA may request additional	information on proposed purc	necessary supplies.	
	an acquisition cost of more than \$5,000. All equipment purchases must directly			
	contribute to meeting PE51 requirements. Check with OHA before making equipment			
	purchases of \$5000 or more if not already included in OHA-approved budget.			
Non-allowable	-Research or political actions.			-Research or political actions.
expenses	-Direct medical services, including but not limited to payment for durable medical			-Clinical care expenses such
	equipment and supplies; vaccine and medications; staff, supplies, or equipment used			as medical supplies or
	to screen people at high risk or to confirm a diagnosis; or clinical education provided			medication.
	by a health care professional.			-Capital equipment (items
	-Purchase of vehicles, if not r	with a per unit value of		
	purchase or lease of vehicles	\$5,000 or greater.)		
	this expense contributes to r	-Special benefits for		
	-Purchase of meals for meetings when more than 50% of attendees are LPHA/county			employee recruitment and
	employees.	retention packages or staff		
	-Funds awarded may not supplant state, local, other non-federal, or other federal			retreats.
	funds. Funds may not be used to supplant state covered services, nor to replace			-Vehicles.
	services required under the	existing Financial Assistance Ag	reement.	-Building improvements.

**Questions about PE 51 funding?** Contact the Office of the State Public Health Director's Local and Tribal Public Health Team's shared inbox <a href="mailto:lpha.tribes@oha.oregon.gov">lpha.tribes@oha.oregon.gov</a>.

