Preventive Health and Health Services (PHHS) Block Grant
FY24 Local and Tribal Health Department Pre-Negotiation Survey

General Information

Agency Name: _____

Agency's Health Officer/Director (Full Name): _____

Total FY24 PHHS BG Funding Received (Enter only numbers - no commas or dollar symbols): _____

Agency's DPH PHHS Contract Monitor: _____

FY23 Mid-Year LTHD Check-In (Current Funding Cycle)

Is your agency on track to meet its FY23 PHHS Block Grant goals by the end of the fiscal year (9/30/2024)?

☐ Yes
☐ No

If you select "No", the following question will autogenerate:

- Please explain why your agency may not meet its FY23 PHHS Block Grant goals. Please note if there is anything DPH can do to provide support. _____

Option 1: Accreditation/Reaccreditation

Does your agency want to apply funding towards Option 1: Accreditation/Reaccreditation?

☐ Yes
☐ No

If you select "Yes", the following questions will autogenerate:

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): _____
- Select the category/categories you intend to implement activities under:

    ☐ Implementing activities to prepare for accreditation/reaccreditation

    ☐ Other: _____

- *Briefly* summarize the proposed activity/activities your agency intends to implement: _____

Option 2: Collaborate with Partners to Assess Community Needs (CHA)

Does your agency want to apply funding towards Option 2: Collaborate with Partners to Assess Community Needs (CHA)?

- ☐ Yes
- ☐ No

If you select "Yes", the following questions will autogenerate:

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): _____
- Select the category/categories you intend to implement activities under:

  - ☐ Developing or revising a Community Health Assessment (CHA)

  - ☐ Other: _____

- *Briefly* summarize the proposed activity/activities your agency intends to implement: _____

Option 3: Collaborate with Partners to Address Community Needs (CHIP)

Does your agency want to apply funding towards Option 3: Collaborate with Partners to Address Community Needs (CHIP)?

- ☐ Yes
- ☐ No

If you select "Yes", the following questions will autogenerate:

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): _____
- Select the category/categories you intend to implement activities under:

  - ☐ Developing or revising a Community Health Improvement Plan (CHIP)

  - ☐ Other: _____

- *Briefly* summarize the proposed activity/activities your agency intends to implement: _____

Option 4: Implement Foundational Public Health Capabilities

Does your agency want to apply funding towards Option 4: Implement Foundational Public Health Capabilities?

- ☐ Yes
- ☐ No

If you select "Yes", the following questions will autogenerate:

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): _____
- Select the category/categories you intend to implement activities under:

  ☐ Enhance Communications

  ☐ Strengthen Community Partnership Development

  ☐ Implement Strategies Addressing Equity

  ☐ Conduct Assessments and Surveillance

  ☐ Improve Accountability and Performance Management

  ☐ Improve Organizational Competencies (with a focus on Workforce, Leadership, IT, Finance, or Legal)

  ☐ Improve Policy Development and Support

  ☐ Improve Emergency Preparedness and Response

- *Briefly* summarize the proposed activity/activities your agency intends to implement: _____

Option 5: Implement Community-Based Interventions

Does your agency want to apply funding towards Option 5: Implement Community-Based Interventions?

☐ Yes
☐ No

*If you select "Yes", the following questions will autogenerate:

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): _____
- Select the category/categories you intend to implement activities under:

  ☐ Provide AODA Education and Resources

  ☐ Prevent and Reduce Environmental Health Hazards

  ☐ Prevent and Reduce Illness and Injury

  ☐ Support Mental Health and Prevent Suicide

  ☐ Promote Healthy Lifestyles

- *Briefly* summarize the proposed activity/activities your agency intends to implement: _____