

Preventive Health and Health Services (PHHS) Block Grant FY25 Local and Tribal Health Department Pre-Negotiation Survey

General Information

Agency Name: _____

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

Total FY25 PHHS BG Funding Received (Enter only numbers - no commas or dollar symbols): _____

Agency's DPH PHHS Contract Monitor: _____

FY24 Mid-Year LTHD Check-In (Current Funding Cycle)

Is your agency on track to meet its FY24 PHHS Block Grant goals by the end of the fiscal year (9/30/2025)?

☐ Yes

☐ No

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

- Please explain why your agency may not meet its FY24 PHHS Block Grant goals. Please note if there is anything DPH can do to provide support. _____

FY25 LTHD Objective Pre-Negotiation Options (Next Funding Cycle)

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: _____

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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: _____

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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
 - ☐ 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: Collaboratively Champion Local Priorities

Does your agency want to apply funding towards Option 5: Collaboratively Champion Local Priorities?

- ☐ 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 education efforts you intend to implement activities under:
 - ☐ Skill-building
 - ☐ Building/strengthening a network
 - ☐ Developing a plan with goals and strategy
 - ☐ Communicating with key decision makers
- Briefly summarize the proposed activity/activities your agency intends to implement: _____

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Option 6: Implement Community-Based Interventions

Does your agency want to apply funding towards Option 6: 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: _____