

Wisconsin Hospital Emergency Preparedness Program

**Funding Opportunity Announcement**

**For**

**Hospital Emergency Wells Project -  
Phase I: Design and Submittal  
(ASPR FY2009)**

**Applications must be submitted by 4:30 PM on  
Tuesday, December 15, 2010.**

**Late applications will not be considered for award.**

**For further information regarding this grant opportunity,  
contact your WHEPP Region Project Coordinator**

**HOSPITAL EMERGENCY WELLS PROJECT  
PHASE I: DESIGN AND SUBMITTAL GRANTS  
(FY2009)**

**1.0 INTRODUCTION AND BACKGROUND**

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for the Hospital Emergency Wells Project – Phase I: Design and Submittal Grant. The Wisconsin Hospital Emergency Preparedness Program (WHEPP) intends to use the results of this process to award grants to hospitals in the State of Wisconsin for the design and submittal of plans for an emergency well.

**2.0 AVAILABLE FUNDS**

A total of \$400,000 is available to hospitals under this Phase I grant program during FY 2009.

Applicants may apply for a maximum of up to \$15,000.

Funds awarded under this announcement will be for the period of January 1, 2010 through April 15, 2010. Approved project proposals will be funded on a reimbursement basis. Reimbursements for approved projects will be issued within 45-60 days of submission of the required documentation.

*NOTE: WHEPP anticipates additional funding will be available in FY 2010 (July 1, 2010 through June 30, 2011) and FY 2011 (July 1, 2011 through June 30, 2012). Future funding announcements are dependent on approval of grant budget objectives by the federal hospital preparedness program.*

**3.0 ISSUING AGENCY**

This funding announcement is issued by the WHEPP Leadership Group and Shared Health Services, which acts as fiscal agent for WHEPP for this project.

WHEPP provides financial and technical assistance to hospitals and other healthcare facilities throughout the state to enhance healthcare preparedness for public health emergencies. Funding is provided by the State of Wisconsin, Division of Public Health, Wisconsin Hospital Emergency Preparedness Program via a cooperative agreement with the US Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response, Hospital Preparedness Program (CFDA 93.889, Federal Award Number U3REP080119).

**4.0 HOSPITAL EMERGENCY WELLS PROJECT OVERVIEW**

**A. Background**

In 2002, Section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417) established the Federal Hospital Preparedness Program to assist states in improving surge capacity and enhancing community and hospital preparedness for public health emergencies. Since 2002, WHEPP receives funding in the

form of a Cooperative Agreement from US DHHS for the purposes of implementing the federal hospital preparedness program objectives and enhancing the state's ability to respond in an emergency.

In looking at ways to address the federal objective of critical infrastructure protection, WHEPP chose to address the concern about how water emergencies could affect hospitals' abilities to function in an emergency response. For many hospitals, wells for emergency use will be a cost-effective method to ensure that there is water available for both potable and facility usage during an emergency.

The State Expert Panel on the Management of Water Emergencies has produced a document called, *Guidelines for Healthcare Facilities for the Management of Emergencies*. Hospitals should be familiar with this document.

Several hospital well demonstration projects were funded and completed during FY 2008. The lessons learned from those projects have been applied to the design of this funding opportunity.

Information about wells for emergency use can be found in Wisconsin Statutes, Chapter NR 812. Specifically, NR 812.09(4)(a) addresses approval required for the construction or operation of a high capacity well or well system.

As governed by *Wisconsin Administrative Code*, Chapter NR812, Wells Construction and Pump Installation (<http://www.legis.state.wi.us/rsb/code/nr/nr812.pdf>), a well system used for emergency purposes has a capacity of less than 70 gallons per minute and does not require specific approval from the Department of Natural Resources (DNR) unless a variance to a specific provision of NR 812 is necessary.

While specific approval is not required from the DNR, a permit must be obtained from the DNR prior to drilling the well. The Department of Commerce must also approve the well before it may be connected to the hospital.

## **B. Hospital Preparedness Wells Projects**

WHEPP intends to provide funding opportunities over the next couple of years which would allow hospitals to design and construct emergency wells<sup>1</sup>. Recognizing that the many critical steps involved in building a well require timelines longer than spending deadline for the current federal funds, project funding has been broken into two parts. WHEPP Leadership has committed to make funding for these hospital emergency wells projects part of the budget requests for future federal grant funding in FY 2010 and FY 2011 in order to provide funding during all phases of the installation of an emergency well.

### **Phase I: Design and Submittal** (funded by this grant application)

During Phase I, hospitals would be engage in project activities that involve the design of all aspects of the well project, as well as the submission of the designs and plans for permit approval by the Wisconsin Department of Commerce.

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<sup>1</sup> This funding opportunity does not restrict the hospital from establishing a well that exceeds the emergency use limits of less than 70 gallons per minute. However, additional permitting is required for wells exceeding emergency use limitations and may exceed the funding available through the WHEPP grants.

Hospitals must comply with the requirements of the Department of Commerce as outlined in the following documents (See Appendix B):

- Health Care Facility Water Emergency Supply Policy and Procedure Overview
- Submittal Information for Review: Health Care Facility Water Emergency Supply (checklist)

Hospitals will be eligible for up to \$15,000 for Phase I projects.

**Phase II: Well Implementation** (not funded by this grant application)

During Phase II, hospitals would implement their well installation plans. Activities related to the installation of the well would be funded during this phase which would include costs related to drilling the well, as well as plumbing to connect the well to the hospital and to emergency electrical generation to power the well.

It is anticipated that the funding announcement for Phase II will be released in late Spring 2010. Funding for Phase II is not anticipated to be made available to hospitals until July 1, 2010.

Department of Commerce approval of drawings and plans will be a pre-requisite for applying for Phase II. The following is a summary of what WHEPP anticipates will most likely be required when applying for Phase II funds:

- A copy of the first page of the approval form received from the Department of Commerce;
- A project budget request including:
  - Final estimates for drill of the well,
  - Final estimate for the pump(s),
  - Final estimates for electrical connections, and
  - Final estimates for plumbing to connect the well to the hospital;
- A signed agreement that the applicant hospital will cover any costs associated with the well that exceed the award amount;
- A report explaining the reason for any costs that exceed the award amount so that WHEPP can develop a better understanding of costs associated with these projects;
- A signed agreement that the hospital will be responsible for the on-going maintenance of the well; and
- A project timeline.

Award amounts under Phase II will be dependent upon both availability of funds from the federal grant program and the amount awarded during Phase I. It is anticipated that hospitals will be eligible for a maximum \$40,000 under Phase II funds. An applicant hospital would be eligible to apply for the maximum of \$40,000 minus the amount awarded to and spent by that hospital during Phase I. (e.g. Hospital X had expenditures totaling \$8,000 in Phase I. Hospital X would be eligible for \$32,000 when applying for Phase II funding.)

## 5.0 IMPORTANT DATES

The Grant Project Period shall begin on January 1, 2010 and expire on April 15, 2010.

Application Due Date: December 15, 2010

Project Start Date: January 1, 2010

Project End Date: April 15, 2010

Last Date to Submit Reimbursement Request: April 15, 2010

*Note: Only expenditures which occur during the grant project period are eligible for reimbursement. Payment for expenditures which occur prior to or after the grant period is not allowed under state and federal fiscal rules.*

## 6.0 WHO MAY SUBMIT AN APPLICATION

Any hospital which is located in Wisconsin and is compliant with the National Incident Management System (NIMS) is eligible to apply.

## 7.0 ALLOWABLE COSTS

Funds may be used for any Phase I activity related to the design of the hospital wells project and the submittal of the plan to the Department of Commerce for approval.

All costs being reimbursed by this grant funding must have been incurred within the grant period.

Funds may not be used for:

- Any purpose or activity not within the defined scope of the Hospital Wells Project Phase I
- Political education or lobbying activities
- Fundraising activities
- Supplanting of current salaries
- Salaries for staff to backfill for other staff attending or participating in grant-funded activities
- Direct hiring of staff
- Public Education and Outreach

## 8.0 SUBMITTAL OF APPLICATION

1. *All hospitals must submit the Application page included in this funding announcement indicating whether they are applying for Phase I grant funds or whether they are declining funding at this time.*

2. A hospital that chooses to request funding for Phase I must include the following two documents along with the Application:
  - a. **Letter of Support from the local water utility**

It is important to have the full support of the local water utility from the start of the project to assist the hospital in assessing its need for a well. In some cases, the local water utility has back-up plans that will allow the local water utility to continue to supply the hospital in various types of water emergencies.
  - b. **Letter of Support from the hospital administration**

This letter provides assurance that the hospital is willing to commit staff to this project and agrees to cover any costs for Phase I that exceed the award amount.
3. The applicant must submit one signed copy of the application, with the two required Letters of Support attached, to their respective WHEPP Region Project Coordinator ***no later than 4:30 PM on Tuesday, December 15, 2009.*** (See Appendix A for list of Project Coordinators contact information by WHEPP Region).
4. All applications received after the closing date will not be reviewed.

## 9.0 APPLICATION REVIEW AND AWARD CRITERIA

Beginning on December 16, 2009, all applications will be reviewed for basic compliance with eligibility and application requirements.

WHEPP has allocated \$400,000 for Phase I. This would allow the Program to fund up to 26 hospitals in FY 2009 at an award of \$15,000 each.

If the number of eligible applications exceeds 26, the applications will be scored ranked using the following criteria and awards will be given to the highest scoring applications:

|           |  |
|-----------|--|
| 25 points | Hospital that is updating or enhancing associated utilities during construction and renovation |
| 25 points | Hospital has an existing well that needs modifications to become functional for emergency use  |
| 20 points | Hospital has Average Daily Census (ADC) > 50   |
| 15 points | Hospital is sole county provider   |
| 10 points | Hospital is a Critical Access Hospital with Average Daily Census $\geq$ 10                     |
| 5 points  | Hospital is a Critical Access Hospital with Average Daily Census $\leq$ 9                      |

## 10.0 DELIVERABLES, REIMBURSEMENT PROCEDURE AND DEADLINE

Phase I projects will be considered completed once all the required documentation as outlined in *Submittal Information for Review: Health Care Facility Water Emergency Supply* has been submitted to the Wisconsin Department of Commerce.

After beginning the well design planning phase, a hospital may decide not to proceed with installation of an emergency well. In such a case, the hospital may still receive reimbursement for Phase I activities by submitting a letter with a brief description of why the hospital has decided not to proceed with the project.

Reimbursement requests should be sent to the awardee's respective WHEPP Region Project Coordinator and should include:

1. A Letter of Completion and proof of submittal of drawings and plans to the Wisconsin Department of Commerce. A copy of the completed Submittal Information for Review: Health Care Facility Water Emergency Supply checklist with the signature of an authorized person from the hospital will be considered "proof of submittal."

- OR -

A letter with a brief description of why the hospital has decided not to proceed with the installation of a well.

2. Invoices related to the project. (Remember the invoices must be dated between January 1, 2010 and April 15, 2010. The activities being invoiced must also have occurred between those dates as well.)

Reimbursement requests must be received by the WHEPP Region Project Coordinator **by 4:30 PM on Wednesday, April 15, 2010**. Late requests will not be eligible for reimbursement.

**Hospital Emergency Wells Project – Phase I: Design and Submittal Grant (FY2009)  
Funding Application**

Please complete this application and return to your WHEPP Region Project Coordinator **no later than 4:30 PM on Tuesday, December 15, 2009**. Late applications will not be considered. *(If declining the funding, please check the appropriate box below, complete the contact information and return this signed page to your WHEPP Region Project Coordinator.)*

**Applicant Contact Information:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check one of the following:**

- Our hospital requests Hospital Wells Phase I funding for FY 2009 and understands that Phase I must be completed by April 15, 2010.
- Our hospital would like to consider a well project for FY 2010 (July 1, 2010 to June 30, 2011) if funding is available.
- Our hospital would like to consider a well project for FY 2011 (July 1, 2011 to June 30, 2012) if funding is available
- Our facility declines to participate in this project.

**Eligibility Criteria:**

- We certify that we are National Incident Management System compliant and have submitted a letter of compliance to the WHEPP Region Project Coordinator.
- A Letter of Support from our local water utility is attached.
- A Letter of Support from our hospital administration is attached.

**Evaluation Criteria** (Please check all that apply):

- Hospital is updating or enhancing associated utilities during construction or renovation 25 points
- Hospital has an existing well that needs modifications to become functional 25 points
- Hospital has ADC\* >50 20 points
- Hospital is sole county provider 15 points
- Hospital is CAH with ADC ≥10 10 points
- Hospital is CAH with ADC ≤9 5 points

|  |  |
|--|--|
| <b>TOTAL SCORE</b> (to be completed by reviewer) |  |
|--|--|

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Date

## Appendix A

# Wisconsin Hospital Emergency Preparedness Program (WHEPP) Regional Project Coordinators

**Region 1**

Hilde Surbaugh Perala  
15463 W. Holly Lake Ln  
Stone Lake, WI 54876  
Phone: 715-790-6429  
Fax: 715-865-2294  
Email: [Hilde.Perala@centurytel.net](mailto:Hilde.Perala@centurytel.net)

**Region 2**

Jim Monarski  
404 S. 3rd Ave  
Wausau, WI 54401  
Phone: 715-843-2706  
Fax: 715-843-2707  
Cell: 715-574-8121  
Email: [James.Monarski@ministryhealth.org](mailto:James.Monarski@ministryhealth.org)

**Region 3**

Dave Seebart  
610 S Broadway Street  
Green Bay, WI 54303  
Phone: 920-448-6476  
Fax: 920-448-6449  
Cell: 920-465-0361  
[seeconsult@wildblue.net](mailto:seeconsult@wildblue.net)

**Region 6**

Greg Gibbons  
500 S. Oakwood Road  
Oshkosh, WI 54904  
Phone: 920-223-1186  
Fax: 920-223-1180  
Pager: 920-902-6319  
[gregory.gibbons@affinityhealth.org](mailto:gregory.gibbons@affinityhealth.org)

**Region 4**

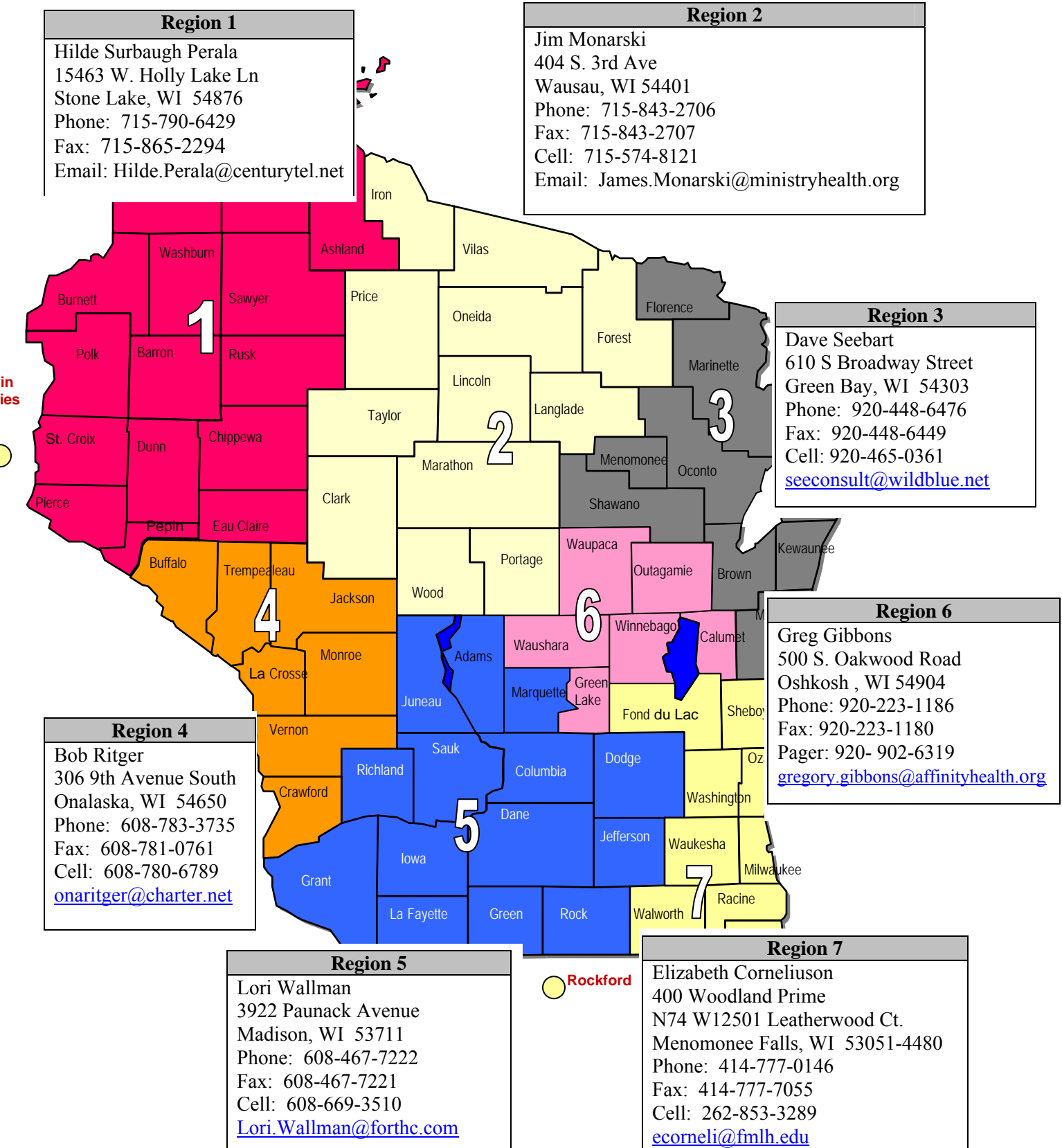
Bob Ritger  
306 9th Avenue South  
Onalaska, WI 54650  
Phone: 608-783-3735  
Fax: 608-781-0761  
Cell: 608-780-6789  
[onaritger@charter.net](mailto:onaritger@charter.net)

**Region 5**

Lori Wallman  
3922 Paunack Avenue  
Madison, WI 53711  
Phone: 608-467-7222  
Fax: 608-467-7221  
Cell: 608-669-3510  
[Lori.Wallman@forthc.com](mailto:Lori.Wallman@forthc.com)

**Region 7**

Elizabeth Corneliuson  
400 Woodland Prime  
N74 W12501 Leatherwood Ct.  
Menomonee Falls, WI 53051-4480  
Phone: 414-777-0146  
Fax: 414-777-7055  
Cell: 262-853-3289  
[ecorneli@fmlh.edu](mailto:ecorneli@fmlh.edu)



**Appendix B**

**Department of Commerce  
Documents**

|                                 |   |   |
|---------------------------------|---|---|
| Issue Date:<br><br>July 1, 2009 | <b>HEALTH CARE FACILITY WATER<br/>         EMERGENCY SUPPLY<br/>         POLICY AND PROCEDURE<br/>         OVERVIEW</b> | No: Draft tb 070109<br>Revised :tb 091909 |
|---------------------------------|---|---|

|                                    |  |
|------------------------------------|--|
| <b>BACKGROUND</b>                  | <p>A healthcare facility must ensure that there is a stable water source to meet both human and facility needs. A water emergency can occur due to 1) low water pressure 2) the disruption of the water supply and 3) the biological, chemical or radiological contamination of the water supply. It is the intent of this document to provide guidelines to help the healthcare facility maintain a water supply for both human and facility needs for a minimum of 96 hours. These guidelines assume that, under any of the above three water emergencies, the health care facility will activate its Emergency Operations Plan, including the deployment of the Incident Command System.</p> <p>In case of a water emergency, healthcare facilities will incorporate the use of a water well with a capacity below 70 gpm to remain under the high capacity designation. The facilities will incorporate an emergency management plan to reduce water usage to meet the capacity of the well.</p> |
| <b>GOALS OF RULES AND POLICIES</b> | <p>This document's purpose is to act as a tool when incorporating a WDNR approved water well for emergency water supply to a health care facility.</p>   |
| <b>APPLICABLE RULES</b>            | <p>Comm 82.10<br/>         Comm82.40(7)<br/>         Comm 82.50(3)(a)</p>  |
| <b>APPLICABLE POLICY</b>           | <p>Comm 82.10;<br/>         Interpretations may be required as unforeseen situations arise (water emergency), which are not specifically addressed, the intent statement and basic requirements shall be used to evaluate equivalency where applicable.</p> <p>Comm 82.40(7)<br/>         The sizing of the water supply system will be based on a detailed engineering analysis acceptable to the department.</p>   |
| <b>PROCEDURES</b>                  | <p>Plan review fees:</p> <ol style="list-style-type: none"> <li>1. Per Comm 2;             <ol style="list-style-type: none"> <li>a. Based on distribution sizing of emergency connection, and</li> <li>b. RPZ installation(s) if any.</li> </ol> </li> </ol>  |
| <b>DOCUMENTATION</b>               | <p>Plan review documents shall include:</p> <ol style="list-style-type: none"> <li>1. Plan view of the emergency water supply system from the well to the connection to the water distribution system.             <ol style="list-style-type: none"> <li>a. Include all appurtenances and appliances.</li> <li>b. Include cross-connection assemblies or method of disconnection of the municipal water supply.</li> </ol> </li> </ol>  |

|                                 |   |   |
|---------------------------------|---|---|
| Issue Date:<br><br>July 1, 2009 | <b>HEALTH CARE FACILITY WATER<br/>         EMERGENCY SUPPLY<br/>         POLICY AND PROCEDURE<br/>         OVERVIEW</b> | No: Draft tb 070109<br>Revised :tb 091909 |
|---------------------------------|---|---|

|                            |   |
|----------------------------|---|
|                            | <ol style="list-style-type: none"> <li>2. Isometric view of the emergency water supply system from the well to the connection of the water distribution system.           <ol style="list-style-type: none"> <li>a. Include all appurtenances and appliances.</li> <li>b. Include cross-connection assemblies or method of disconnection of the municipal water supply.</li> </ol> </li> <li>3. Detailed engineering includes:           <ol style="list-style-type: none"> <li>a. Water calculations for the entire water system.</li> <li>b. Plan view of the facility that identifies areas that will continue to be served by water and areas to be isolated by valving off.</li> <li>c. Water calculations that provide a balance between the capacity of the well and prioritizing water usage within the facility when a water emergency occurs.</li> <li>d. Other water measures to limit water usage</li> </ol> </li> <li>4. Submit an Emergency Operation Plan that identifies plumbing fixtures and other water usage available during a water emergency period.</li> <li>5. Provide the well capacity along with the well pump discharge rate.</li> </ol> |
| <b>KEY ITEMS</b>           | <ul style="list-style-type: none"> <li>• The interconnection of this water distribution system to the municipal water supply system shall be in accordance with all DNR and Commerce rules, or;           <ol style="list-style-type: none"> <li>a. A physical disconnection of the municipal water supply and the well supply is maintained at all times.</li> </ol> <p><i>(NOTE: The interconnection of a well and a municipal water supply may need to be approved by the DNR, however isolating the municipal supply and the well supply by the installation of a separate RPZ's is acceptable to Commerce.)</i></p> </li> </ul>  |
| <b>NOTIFICATION</b>        | <p>Lee Boushon of the DNR is to be cc'd on the approval letter.</p> <p>Lee Boushon<br/>         Wisconsin Dept. of Natural Resources<br/>         PO Box 7921<br/>         Madison WI 53707-7921</p>  |
| <b>DEPARTMENT TRACKING</b> | <p>Inquiries on this document may be made to:<br/>         Tom Braun, 715-340-5387<br/>         thomas.braun@wi.gov</p>   |

Hospitals and other health care facilities are planning for an emergency which may disrupt the conventional water supply. This plan may include a drilled well with plumbing alterations to the existing water system. Plumbing plan review is required prior to the installation of the water service and distribution system in connection with the health care facility. Including the following information in the submittal will help the department provide an expeditious review. This checklist is not inclusive. More information may be necessary in some situations.

1.  A letter of explanation to inform the reviewer of the design intent.
2.  A completed General Plumbing application form (SBD-6154) must be submitted.
3.  Appropriate plan review fees. Plan review fees are based on the diameter of the service or water distribution to be installed for this emergency connection, and backflow preventers if provided.
4. Provide a minimum of two copies of plans and one copy of specifications. Plans must include:
  - a.  Plan view of the emergency water supply system from the well to the point of connection to the water distribution system.
    - 1) Include all appurtenances and appliances served by this emergency system.
    - 2) Include details of cross-connection assembly installation or method of disconnection from the municipal water supply.
  - b.  Isometric view of the emergency water supply system from the well to the connection of the water distribution system.
    - 1) Include all appurtenances and appliances served by this emergency water system.
    - 2) Include cross-connection assemblies or method of disconnection of the municipal water supply.
  - c. Detailed engineering specifications including:
    - 1)  Water demand in gallons per minute for the existing water system.
    - 2)  Plan view of the facility that identifies areas that will continue to be served by emergency water and areas to be isolated by control valves.
    - 3)  Provide a gallon per minute balance between the capacity of the well and prioritizing water usage within the facility when a water emergency occurs. Include a water calculation worksheet (SBD-6479) for the emergency water system.
    - 4)  All proposed water use measures.
  - d.  Submit the Emergency Operation Plan that identifies plumbing fixtures and other water usage available during a water emergency period.
  - e.  Provide the well capacity along with the well pump discharge rate.

**Note:** The interconnection of this water distribution system to the municipal water supply system shall be in accordance with all DNR and Commerce rules, or a physical disconnection of the municipal water supply and the well supply is maintained at all times.

*(The interconnection of a well and a municipal water supply may need to be approved by the DNR, however isolating the municipal supply and the well supply by the installation of a separate reduced pressure principle backflow preventer is acceptable to Commerce.)*

Any questions or comments, please contact:  
Tom Braun, 715-340-5387  
thomas.braun@wi.gov