NEPP
Neighborhood Emergency Preparedness Program
Florida Department of Health

Neighborhood Emergency Preparedness Program (NEPP)

Point of Contact (POC) Information

County Health Department (CHD) Information	
County	
County Health Department (CHD) POC *(Name of NEPP CHD Coordinator)*	
Physical Address	
(Street number, street	
name, city and zipcode)	
24/7 contact information	
(phone numbers)	

Community Information	
NEPP Community Name	
Physical Address	
(Street number, street	
name, city and zipcode)	
NEPP Community Lead	
24/7 contact information	
(phone numbers)	
Secondary NEPP Community Lead	
24/7 contact information	
(phone numbers)	
Number of community members	

Instructions
Please note that this form is to be filled out for **each** participating community, so there will be a minimum of two forms per county. Sustainment communities are to use this as an opportunity to update POC information. Each community must identify a primary and secondary (back up) POC. The number of community members refers to the population that is targeted with the planning. **Please forward completed forms to Ronnie Fetzko at Rhonda_Fetzko@doh.state.fl.us**