Hospital Preparedness Program - Public Health Emergency Preparedness Cooperative Agreement
Department of Health and Human Services
CDC-RFA-TP17-17010201SUPP18

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Hospital Preparedness Program - Public Health Emergency Preparedness Cooperative Agreement Department of Health and Human Services

Announcement Type:

Announcement Type: Type 6 Non-competitive Supplement

Agency Notice of Funding Opportunity Number:

CDC-RFA-TP17-17010201SUPP18

Catalog of Federal Domestic Assistance Number:

93.074

Key Dates:

Due Date for Application: **04/09/2018**

Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Additional Overview Content:

This award will provide supplemental funds only for recipients previously awarded under CDC-RFA-TP17-1701: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. **This supplement will also serve as notification to funded entities that the current period of performance, originally scheduled to end on June 30, 2022, will now end on June 30, 2019.** A new Notice of Funding Opportunity Announcement will be published to go into effect on July 1, 2019, and will mark the beginning of a new five-year period of performance. Funding for this budget period is provided for both HPP and PHEP programmatic activities. A total of $226,948,000 for HPP and $605,632,500 for PHEP in fiscal year 2018 funds is estimated to be available for this Budget Period 1 Supplement, which begins July 1, 2018, and ends June 30, 2019. The funding amounts shown in the appendices are for planning purposes only and may be revised based on the final fiscal year 2018 budget.

This announcement is only for non-research activities supported by ASPR and CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-researchnonresearch.pdf.

Executive Summary:

This supplement is for the purpose of strengthening and enhancing the capabilities of state, local, and territorial public health and health care systems to respond effectively (mitigate the loss of life and reduce the threats to the community's health and safety) to evolving threats and other emergencies within the United States, its territories, and freely associated states. This announcement provides clear expectations and priorities for recipients and health care coalitions

(HCCs) to strengthen and enhance the readiness of the public health and the health care delivery system to save lives during emergencies that exceed the day-to-day capacity and capability of the public health and medical emergency response systems. This announcement provides funds to ensure that:

1. HPP recipients focus on activities that advance progress toward meeting the goals of the *2017-2022 Health Care Preparedness and Response Capabilities* and document progress in establishing or maintaining ready health care systems through strong HCCs and,
2. PHEP recipients continue to advance the development of effective public health emergency management and response programs as outlined in the *Public Health Preparedness Capabilities: National Standards for State and Local Planning*.

Recipients must develop strategies and activities based on the HPP-PHEP Logic Model and use findings from their jurisdictional risk assessments, HCC hazard vulnerability analyses, capability self-assessments, National Health Security Preparedness Index, and incident after-action reports to inform their strategic priorities and preparedness investments.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the OPHPR:
CDC will continue to collect data for the Government Performance and Results act (GPRA) measures, which may also be revised during this project period. These include PHEP 3.1 (GPRA); PHEP 12.5 (PHEP Benchmark), 12.6 (PHEP Benchmark), 12.7 (PHEP Benchmark), 12.14 (GPRA), and 12.15.

ASPR will continue to collect data for the Government Performance and Results Act (GPRA) measures, which may also be revised during this project period. These include HPP HCCDA Factor 11 and HPP Medical Surge Indicator 5.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Hospital Preparedness Program (HPP): section 319C-2 of the Public Health Service (PHS) Act (42 USC § 247d-3b), as amended.

Contingent Emergency Response Funding (HPP only): section 311 of the PHS Act ((42 USC § 243)), subject to available funding and other requirements and limitations.

Public Health Emergency Preparedness (PHEP): section 319C-1 of the PHS Act (47 USC § 247d-3a), as amended.

Contingent Emergency Response Funding (PHEP Only): 317(a) and 317(d) of the PHS Act [42 USC § 247b(a) and (d)], subject to available funding and other requirements and limitations.

Background

This supplemental funding builds on funding and guidance provided under CDC-RFA-TP17-1701: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. All requirements of that NOFO remain in effect unless otherwise amended herein.

Purpose

This NOFO supplement addresses the "Healthy People 2020" focus area of Preparedness: https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness

Preparedness objectives for HP 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness/objectives

Program Implementation

Recipient Activities

Joint HPP-PHEP Activities

The following requirements apply to both HPP and PHEP programs:

1. All HPP and PHEP recipients must participate in or complete a jurisdictional risk assessment (JRA) at least once every five years. The five-year period can extend from one project period to the next. For instance, if a JRA was conducted in Budget Period 2 during the previous project period, one must be completed prior to the end of this supplemental period.
2. The joint HPP-PHEP statewide functional or full-scale exercise requirement, involving HPP/HCCs, PHEP, and emergency management agency/organization partners, is a five-year requirement, regardless of performance or budget period. For example, if a statewide functional or full-scale exercise was conducted in Budget Period 2 during the previous project period, one must be completed prior to the end of this supplemental period. This requirement applies to states, directly funded localities, and Puerto Rico, and is optional for all other recipients. A real incident/event will be considered.
3. Where due dates referenced in the original NOFO as the last day of the month, this is clarified to mean the last business day of the month.

HPP Activities

For this supplement, HPP recipients must address and comply with all joint HPP-PHEP and HPP-specific programmatic requirements for the strategies and activities that were originally listed as annual requirements or were listed as Budget Period 2 requirements in the *2017-2022 Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement CDC-RFA-TP17-1701 NOFO*.

ASPR reminds HPP recipients of the following key areas of emphasis. Additional details on each of them can be found in the original HPP/PHEP NOFO:

ASPR expects HPP recipients to continue to refine and/or sustain HCCs through this supplemental period.

- All recipients **must** continue to allocate funding to HCCs.
- Recipients are **not permitted** to use HPP funds to make subawards to any HCC that does not meet the core membership requirements (please consult the *CDC-RFA-TP17-1701* NOFO for more information about core membership requirements).
- ASPR encourages HCCs to engage health care delivery system executives and clinical leaders to provide input, acknowledgement, and approval regarding strategic and operational planning.
- Each recipient-funded HCC **must** complete an annual hazard vulnerability analysis (HVA) to identify and plan for risks, in collaboration with the recipient.
- Each HCC funded by recipients **must** complete a resource assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared. HCCs **must** be capable of tracking this information and sharing it with all of their members by the end of this supplemental period.
- Each HCC funded by the recipient **must** develop a response plan that is informed by its members' individual emergency operations plans and submit the plan to ASPR by the end of this supplemental period with the annual progress report. Please see Domain 2/Activity 4 and Domain 3/Activity 1 of the *CDC-RFA-TP17-1701* NOFO for more information on the required components of the HCC response plan.
- HPP recipients **must** ensure by the end of this supplemental period that their HCCs are engaged when an emergency with the potential to impact the public's health occurs within their boundaries. The HCC and its members **must**, at a minimum, define and share essential elements of information (EEIs) to include elements of electronic health record and resource needs and availability. In particular, recipients **must** ensure the HCC is engaged when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation.

HPP recipients and HCCs **must** obtain de-identified data from the U.S. Department of Health and Human Services emPOWER map every six months to identify populations with unique health care needs, such as dialysis and those with electricity-dependent medical and assistive equipment, such as ventilators and wheel chairs.

To test the ability of the HCC to perform components of the 2017-2022 Health Care Preparedness and Response Capabilities, each funded HCC **must** conduct an exercise using the Coalition Surge Test (CST) during this supplemental period. Since this is an annual requirement, any CSTs conducted during Budget Period 1 will NOT satisfy this requirement. Instead of the CST, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands must conduct the Hospital Surge Test, as described in the *CDC-RFA-TP17-1701* NOFO.

HPP recipients and the Emergency Medical Services for Children (EMSC) program recipients within their jurisdictions **must** provide a joint letter of support indicating that EMSC and HPP with their funding application for this supplemental period. HPP recipients **must** work with HCCs and EMSC to ensure that all hospitals are prepared to receive, stabilize, and manage

pediatric patients. At the end of this supplemental period, HRSA will provide HPP with data regarding each hospital's capability to manage pediatric medical emergencies to assist with this work.

Recipients **must** limit recipient-level direct costs to no more than 18 percent of the HPP cooperative agreement award during this supplemental period. Recipient-level direct costs are defined as personnel, fringe benefits, and travel. ASPR will consider requests for exemptions on a case-by-case basis. Requests for exemption must be submitted with the supplemental funding application. Requests for exemption will be strengthened by letters of support from the HCCs and the jurisdiction's hospital association indicating these entities understand and agree with the amount the recipient is retaining for recipient-level direct costs. Please note that concurrence is not required, only recommended if a recipient is requesting an exemption.

Within the first 60 days of the supplemental period, all recipients should provide a detailed spend plan, including all budget line items, to all HCCs within their jurisdiction and any interested health care entity. This spend plan must also be sent to FPOs and will be used for program monitoring and communication.

HPP recipients and their subrecipients may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system wide priorities, and are in line with ASPR's four health care preparedness and response capabilities. Funding to individual health care entities is not permitted to be used to meet Centers for Medicare and Medicaid Services (CMS) conditions of participation, including CMS-3178-F Medicare and Medicaid Programs: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.

As discussed in more detail in the Funding Restrictions section below, funding to individual health care entities is not permitted to be used to meet Centers for Medicare & Medicaid Services (CMS) conditions of participation, conditions for coverage, or facility requirements (collectively, "CoPs"), including the rules set out in "*Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*". (81 FR 63860, September 16, 2016).

HPP Performance Measure Reporting

HPP will release Budget Period 1 Supplement guidance documents for the HPP performance measures, including detailed reporting requirements. The HPP performance measures are anticipated to be nearly identical to the Budget Period 1 performance measures. ASPR recommends that recipients reflect performance/program measure requirements, in contracts, memoranda of understanding, and other binding documents with subrecipients.

New HPP Requirements for the Budget Period 1 Supplement

Coalition Assessment Tool:

HPP has implemented a Coalition Assessment Tool that the HCC, in coordination with their recipient and HCC members, must use to self-assess its progress toward meeting program requirements and the 2017-2022 Health Care Preparedness and Response Capabilities. The tool allows HCCs and their members to better plan and prioritize activities, help recipient and HCC leadership identify risks and issues earlier, and enable HPP to evaluate the program and provide more targeted assistance. HCCs and recipients **must** comply with the requirements below

during the supplemental period:

- Recipients must work with their HCCs to update the CAT assessment by January 31, 2019 and fully submit by June 30, 2019.
- HCCs must update forms 1-4 NLT January 31, 2019
- HCCs must have the CAT fully completed and submitted by June 30, 2019.

HPP Supplemental Period Benchmarks Subject to Withholding

Four of the five HPP benchmarks for the supplemental period are identical to the Budget Period 1 benchmarks and carry the same penalties. Benchmark 4 is updated to reflect the HCC response plan requirement.

HPP Benchmarks	Requirements
HPP - Program 1	Recipients must execute subawards with each HCC within 90 calendar days from the start of each budget period.
HPP - Program 2	Recipients must submit quarterly Federal Financial Reports (FFRs) within 30 calendar days of Notice of Award deadlines during each budget period.
HPP - Program 3	Recipients must submit a joint MYTEP with each budget period application package.
HPP - Program 4	Recipients must ensure HCCs have a draft response plan completed by April 1, 2019, and final plans submitted with the Supplemental Period Annual Progress Report.
HPP – Program 5	HPP recipients must satisfy the annual requirement to submit a pandemic influenza preparedness plan through the submission of required program data such as the capability self-assessment and program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of at-risk individuals.

The Criteria to Determine Potential Withholding of HPP Fiscal Year 2019 Funds is the same as the criteria described for HPP Fiscal Year 2018 Funds in *CDC-RFA-TP17-1701*.

PHEP Activities

Requirements outlined in the original NOFO remain in effect and continue into the subsequent year. The following clarifications are hereby incorporated:

1. Quarterly object-class level financial reports are due 30 days after the end of each fiscal quarter, with high-level verbal reports during monthly calls.
2. Pandemic Influenza Readiness Assessment (PIRA) and medical countermeasure action

plans will be on the same timeline: verbal updates via conference call and written action plan updates are due in alternating quarters of the budget period, i.e., Q1 and Q3 shall be verbal, Q2 and Q4 shall be written and submitted. The PIRA submission fulfills the pan flu requirement in PAHPRA. Reports are due no later than the last business day of the quarter.

3. Full-scale exercises described in Budget Period 1 should be conducted at least every five years, regardless of period of performance or budget period, in accordance with language in the MCM Operational Readiness Review guidance.
4. States must match 10% of total federal funding regardless of whether those funds are provided through financial assistance or direct assistance.
5. As stated in the original NOFO, several meetings remain mandatory. In this Budget Period 1 Supplement, the following meeting is considered mandatory, and recipients should budget travel funds accordingly:

- Training for MCM coordinators sponsored by CDC during August 2018. Specific information and travel authorization letters will be provided in advance.

SECTION II. Budget Period 1 Supplement (July 1, 2018 –-June 30, 2019)

The following are new PHEP strategies and requirements for Budget Period 1 Supplement.

Modified Risk-based Medical Countermeasure Planning Strategies

Based on extensive input from subject matter experts and stakeholders, CDC plans to implement revised risk criteria for state and local medical countermeasure (MCM) risk planning and response, effective July 2019.

Historically, all 62 PHEP jurisdictions and their 72 local Cities Readiness Initiative (CRI) planning jurisdictions have been required to prepare for response to a single planning scenario: an intentional release of anthrax. However, CDC subject matter experts as well as Association of State and Territorial Health Officials (ASTHO) and National Association of County and City Health Officials (NACCHO) MCM work groups, ASTHO's Directors of Public Health Preparedness (DPHP) Executive Committee, and Department of Homeland Security (DHS) threat experts, indicate jurisdictions should also incorporate EID in their MCM planning. State and local public health risk assessments consistently identify EID as a more viable threat, and state and local experience in responding to the H1N1 pandemic influenza, Ebola, and Zika virus disease outbreaks illustrate the critical need to ensure operational readiness for EID outbreaks. Therefore, beginning in Budget Period 1 Supplement, PHEP recipients must start adapting work plans as necessary to ensure they have in place essential planning and operational elements to respond to an emerging infectious disease (EID) such as pandemic influenza, in addition to an intentional release of a Category A agent such as anthrax.

While PHEP jurisdictions must continue to prepare for all potential threats, CDC plans to use population and population density as the basis for determining the primary jurisdictional planning assumptions and full-scale exercise requirements. Following a review of existing national risk-based initiatives, CDC will require that all CRI local planning jurisdictions within an MSA with a population of more than 1 million people and a population density of more than 750 people per square mile across the MSA demonstrate full operational readiness for an intentional release of anthrax. Readiness must be demonstrated at least once every five years

through a full-scale exercise or response to a real incident. The 18 CRI MSAs that meet these criteria are:

Baltimore, MD	Houston, TX	Pittsburgh, PA
Boston, MA	Memphis, TN	San Francisco Bay Area, CA
Chicago, IL	Miami, FL	Tampa, FL
Cleveland, OH	Milwaukee, WI	Washington. D.C.
Dallas-Fort Worth, TX	New York, NY	
Detroit, MI	Philadelphia, PA	
Los Angeles, CA	San Diego, CA	

Recipients and other CRI local planning jurisdictions may elect to ensure full operational readiness for both scenarios by conducting a full-scale exercise or responding to a real incident for both an EID and an anthrax scenario once every five years. However, CDC requires only one full scale exercise every five years.

Based on the new risk criteria, CDC will implement the following requirements in July 2019.

All recipients and CRI local planning jurisdictions will be required to:

- maintain fully developed plans to respond to both EID and Category A agents and
- demonstrate readiness for a core set of response activities for both scenarios through some combination of drills, tabletop exercises, and functional exercises.
- The 18 identified CRI MSAs will be required to test their operational readiness to respond by conducting a full-scale exercise or responding to a real incident at least once every five years using an anthrax scenario.
- The remaining CRI MSAs will be required to test their operational readiness for an EID response by conducting a full scale exercise or responding to a real incident at least once every five years using an EID scenario.

Additional information and guidance on these scenarios will be provided in a separate document.

- **Additional Accountability Standards**

  CDC will implement additional monitoring and accountability measures to track recipient progress in achieving desired programmatic outcomes and financial performance levels. Monitoring and reporting activities also help to identify jurisdictions that may need additional guidance and assistance.

  Using the PERFORMS program management system and the DCIPHER operational readiness review (ORR) data collection system, CDC will continue to review performance systematically. In addition, CDC will monitor recipient performance

through site visits, ongoing consultation calls, and technical evaluation of various recipient reports. CDC may modify future PHEP base funding to reflect recipient performance in the following areas:

Fiscal Performance

CDC routinely monitors historical use of funding as demonstrated through fiscal management reports. Beginning in July 2019, CDC will review recipient spending rates over a three-year rolling basis and will provide targeted technical assistance to improve fiscal performance and consider adjusting base funding as needed for those at risk of lapsing funds.

Administrative Performance

CDC will continue to monitor compliance with PHEP reporting requirements and other grants management deliverables to ensure timely submission of critical program data. CDC will restrict funds for non-compliance and may modify base funding for continued noncompliance.

Programmatic Performance

CDC will continue to assess recipient progress made across the six domains and their related strategies, activities, and outcomes as described in the CDC-RFA-TP17-1701 NOFO. CDC measures PHEP programmatic performance using a variety of methods, including collection of process measures, performance measures, and an operational readiness review (ORR) process. Recipients who do not meet specific programmatic outcomes may be subject to modified base funding.

In addition, CDC sets annual PHEP programmatic benchmarks and collects data accordingly. Recipients who fail to "substantially meet" the benchmarks are subject to withholding of a statutorily mandated percentage of the award the following fiscal year.

CDC will provide specific guidance on how these accountability standards will be enforced in a separate document that will be released by the beginning of the budget period.

Updated Public Health Preparedness Capability Standards

CDC will release updated public health preparedness capability standards in the second quarter of 2018. The revised capability standards will reflect current public health practice, operational readiness components, and other public health emergency preparedness and response priorities. The updated standards also will incorporate new content related to tribal populations, vulnerable populations, environmental health, and pandemic influenza. While the updated content will not be released in time to inform Budget Period 1 Supplement work plans, CDC encourages recipients to review the updated content to help guide current year activities and to begin planning for fiscal year 2019 activities.

Revised Requirements for U.S. Affiliated Pacific Island (USAPI) Territories and

U.S. Virgin Islands

Recognizing the challenges faced by these jurisdictions with limited local resources and funding, CDC notifies the USAPI (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshal Islands, Republic of Palau) and the U.S. Virgin Islands that we will use this supplemental period to revise and refine PHEP requirements for the next period of performance that are more appropriate to their jurisdictions. This may include emphasis on Tier 1 capabilities, reduced ORR requirements, and other criteria, along with more focused programmatic assistance to ensures operational readiness.

Performance Measures and Benchmarks

CDC will release Budget Period 1 Supplement guidance for PHEP performance measures, including detailed reporting requirements, which are anticipated to be nearly identical to Budget Period 1. CDC recommends that recipients reflect performance requirements in contracts, memoranda of understanding, and other binding documents with subrecipients.

PHEP benchmarks and criteria to determine potential penalties for withholding of PHEP Fiscal Year 2019 funds is the same as the criteria described in *CDC-RFA-TP17-1701*.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

Section II. Award Information

Type of Award: Cooperative Agreement

CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U90

Fiscal Year Funds: 2018

Approximate Total Supplemental Funding: $830,580,500

This amount is subject to availability of funds. Includes direct and indirect costs.

HPP: $ 226,948,000

PHEP: $605,632,500

Approximate Number of Awards: 62

Approximate Average Award: $13,396,460

This amount is for the budget period only and includes direct costs and indirect costs as

applicable.

Floor of Individual Award Range: $579,108
Ceiling of Individual Award Range: $64,833,259
This ceiling is for a 12-month budget period.
HPP Funding: $ 3,700,000

PHEP Funding: $ 9,800,000

Anticipated Award Date: 06/01/2018
Budget Period Length: 12 month(s)
Period of Performance Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants	
The following recipients may submit an application:	
Eligibility Category:	State governments
	County governments
	City or township governments
	Special district governments

Only HPP and PHEP recipients funded under CDC_RFA-TP17-1701, Budget Period 1, are eligible for this supplemental funding.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be

renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

ASPR and CDC may not award a cooperative agreement to a state or consortium of states under these programs unless the recipient agrees that, with respect to the amount of the cooperative agreements awarded by ASPR and CDC, the state will make available nonfederal contributions in the amount of 10% ($1 for each $10 of federal funds provided in the cooperative agreement, regardless of whether those funds are provided through financial assistance or direct assistance) of the award. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions.

Please refer to 45 CFR § 75.306 for match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, must be included in the Budget Period 1 application for funds, follow procedures for generally accepted accounting practices, and meet audit requirements.

Exceptions to Matching Funds Requirement:

- The match requirement does not apply to the political subdivisions of Chicago, Los Angeles County, or New York City.
- Pursuant to department grants policy implementing 48 U.S.C. 1469a(d), any required matching (including in-kind contributions) of less than $200,000 is waived with respect to cooperative agreements to the governments of American Samoa, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. 1469). The match requirement is also waived for the freely associated states, including the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands. For instance, if 10% (the match requirement) of the award is less than $200,000, then the entire match requirement is waived. If 10% of the award is greater than $200,000, then the first $200,000 is waived, and the rest must be paid as match.
- Matching does not apply to future contingent emergency response awards that may be authorized under 311, 317(a), and 317(d) of the Public Health Service (PHS) Act unless such a requirement were imposed by statute or administrative process at the time.

Other

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

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Maintenance of Effort

Statutory Basis Maintenance of Funding (HPP 319C-2) and Maintain State Funding (PHEP) 319C-1 is a responsiveness criterion. Recipients must stipulate the total dollar amount in their cooperative agreement funding applications. Recipients must be able to account for MOF/MSF separate from accounting for federal funds and separate from accounting for any matching funds requirements; this accounting is subject to ongoing monitoring, oversight, and audit. MOF/MSF may not include any subrecipient matching funds requirement where applicable.

Maintenance of Funding/Maintaining State funding

(A) In general

An entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding 2 year period.

(B) Rule of construction

Nothing in this section shall be construed to prohibit the use of awards under this section to pay salary and related expenses of public health and other professionals employed by State, local, or tribal public health agencies who are carrying out activities supported by such awards (regardless of whether the primary assignment of such personnel is to carry out such activities).

This represents a recipient's historical level of contributions or expenditures (money spent) related to federal programmatic activities that have been made prior to the receipt of federal funds. The maintenance of effort (MOE) is used as an indicator of nonfederal support for public health security and health care preparedness before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past.

The definition of eligible state expenditures for public health security and health care preparedness includes:

- Appropriations specifically designed to support health care or public health emergency preparedness as expended by the entity receiving the award; and
- Funds not specifically appropriated for health care or public health emergency preparedness activities but which support health care or public health emergency preparedness activities, such as personnel assigned to health care or public health emergency preparedness responsibilities or supplies or equipment purchased for health

care or public health emergency preparedness from general funds or other lines within the operating budget of the entity receiving the award.

MOF/MSF does not apply to future contingent emergency response awards that may be authorized under 311, 317(a), and 317(d) of the Public Health Service Act unless such a requirement were imposed by statute or administrative process at the time.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Maximum 1 page.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 20. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.

- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

HPP Project Narrative:

SECTION I. Current Budget Period Progress (for Budget Period 1, July 1, 2017 – June 30, 2018)

Provide a brief report addressing the following elements of each objective or activity from Budget Period 1:

1. Within each domain, for those capabilities on which a recipient worked during Budget Period 1, a brief status update (completed; ongoing and on schedule; ongoing but not on schedule; or discontinued) is required.
2. Progress Update: Recipients must report progress on completing activities outlined within domain work plans, including descriptions of outcomes or outputs. Recipients should describe any additional successes, identified through evaluation results or lessons learned, achieved to date, including public health and medical preparedness and response accomplishments resulting from HPP-funded activities
3. Risks/Challenges: In this section, recipients must describe:
    1. Any challenges that might affect their ability to achieve subsequent year domain objectives and activities, meet performance/program measures, or complete work plan activities.
    2. Additional challenges encountered to date as identified through evaluation results or lessons learned.

SECTION II. New Budget Period Proposed HPP Strategies and Activities (for Supplement Period 1, July 1, 2018 – June 30, 2019)

Following are standard requirements for proposed activities in the Budget Period 1 Supplement. Note that, unless otherwise specified, requirements outlined in the original Notice of Funding Opportunity Announcement (NOFO) remain in place. Recipients must address and comply with joint program requirements and HPP-specific requirements.

1. List proposed objectives for the upcoming budget period. These objectives must support the intent of the original NOFO and align with the domains outlined in the logic model.
2. Work Plan

Recipients must develop and submit detailed work plans for the budget period. The high-level plan should crosswalk to the strategies and activities, outcomes, and evaluation and performance measures described in the NOFO. Recipients must describe in their Budget Period 1 Supplement domain work plans their planned activities for addressing the Strategies and

Activities described in the ASPR-CDC project description plan, including:

- Domains and aligned capabilities
- Strategies and proposed activities
- Program requirements and recommendations

PHEP Project Narrative:

SECTION I. Current Budget Period Progress (for Budget Period1, July 1, 2017 – June 30, 2018)

1. Provide a brief report addressing the following elements of each objective or activity from Budget Period 1:
    1. Within each domain, for those capabilities on which a recipient worked during Budget Period 1, a brief status update (completed; ongoing and on schedule; ongoing but not on schedule; or discontinued) is required.
    2. Progress Update: Recipients must report progress on completing activities outlined within domain work plans, including descriptions of outcomes or outputs. Recipients should describe any additional successes, identified through evaluation results or lessons learned, achieved to date, including public health and medical preparedness and response accomplishments resulting from PHEP-funded activities
    3. Risks/Challenges: In this section, recipients must describe:

        1. Any challenges that might affect their ability to achieve subsequent year domain objectives and activities, meet performance/program measures, or complete work plan activities.
        2. Additional challenges encountered to date as identified through evaluation results or lessons learned.

SECTION II. New Budget Period Proposed PHEP Strategies and Activities (for Supplement Period 1, July 1, 2018 – June 30, 2019)

Following are standard requirements for proposed activities in the Budget Period 1 Supplement. Note that, unless otherwise specified, requirements outlined in the original Notice of Funding Opportunity Announcement (NOFO) remain in place. Recipients must address and comply with joint program requirements and PHEP-specific requirements.

1. List proposed objectives for the upcoming budget period. These objectives must support the intent of the original NOFO and align with the domains outlined in the logic model .
2. Work Plan

Recipients must develop and submit detailed work plans for the budget period. The high-level plan should crosswalk to the strategies and activities, outcomes, and evaluation and performance measures described in the NOFO. Recipients must describe in their Budget Period 1 SUPP domain work plans their planned activities for addressing the Strategies and Activities described in the ASPR-CDC project description plan, including:

- Domains and aligned capabilities
- Strategies and proposed activities
- Program requirements and recommendations

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- *Salaries and wages*
- *Fringe benefits*
- *Consultant costs*
- *Equipment*
- *Supplies*
- *Travel*
- *Other categories*
- *Contractual costs*
- *Total Direct costs*
- *Total Indirect costs The budget can include both direct costs and indirect costs as allowed. Indirect costs could include the cost of collecting, managing, sharing and preserving data.*
- *Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.*
- *If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.*

  The applicant can obtain guidance for completing a detailed justified budget on the

CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

"Indirect Cost Rate Agreement"

No more than 10 electronic attachments should be uploaded per application.

CDC Assurances and Certifications: *All applicants are required to sign and submit "Assurances and Certifications" documents indicated at* http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx.
Applicants may follow either of the following processes:

- *Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov*
- *Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx*

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.
This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.
If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications: **04/09/2018**

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Pilot Program for Enhancement of Employee Whistleblower Protections

All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C 4712.

Copyright Interest Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

Funding Restrictions:
Restrictions, which must be taken into account while writing the budget, are as follows:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a

substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

    - proposed or pending before any legislative body
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds for construction or major renovations.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $187,000 per year.
- Recipients may use funds only for reasonable program purposes, including travel, supplies, and services.
- Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
- HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of items that can be reissued, such as vests, may be allowable.
- HPP and PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any requests for such must receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS as to allowability of costs.
- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP and PHEP recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- PHEP recipients cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients can (with prior approval) use funds to purchase material-handling

equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.

- PHEP recipients can use funds to purchase caches of medical or non-medical countermeasures for use by public health first responders and their families to ensure the health and safety of the public health workforce.
- PHEP recipients can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.

HPP General Funding Guidance

HPP funding must primarily support strengthening health care system preparedness through the collaborative development of HCCs that prepare and respond as an entire regional health system, rather than individual health care organizations. HPP recognizes that, at the conclusion of the previous project period (2012-2017), some recipients only funded HCCs, some funded individual health care entities (with a requirement that they participate in regional preparedness efforts), and others funded a mixture of HCCs and individual health care entities.

All recipients must allocate funding to HCCs. ASPR still permits providing direct funding from the recipient to individual health care entities for regional preparedness efforts; however, ASPR expects that HCC funding should increase between Budget Period1 and the supplemental period.

As recipients allocate more funding to HCCs, individual health care entities can continue to receive HPP funding, through the HCC, to ensure regional coordination and collaboration. HCCs will determine the amount of funding for health care entities upon review of coalition projects, as well as health care entity projects, based on the funding priorities for the supplemental period. This process will ensure that HCC activities contribute to the overarching readiness, preparedness, and resilience of health care systems.

Recipients may retain direct costs for the management and monitoring of the HPP cooperative agreement during the supplemental period. Recipient-level direct costs are defined as personnel, fringe benefits, and travel. Because the goal is to support HCCs and their health care system partners, recipients must limit these direct costs to no more than 18 percent of the HPP cooperative agreement award.

ASPR will consider requests for exemptions on a case-by-case basis. Requests for exemption must be submitted with the supplemental period application. Requests for exemption will be strengthened by letters of support from the HCCs and the jurisdiction's hospital association indicating these entities understand and agree with the amount the recipient is retaining for recipient-level direct costs. Please note that concurrence is not required, only recommended if an recipient is requesting an exemption.

Within the first 60 days of the supplemental period, all recipients must provide a detailed spend plan, including all budget line items, to all HCCs within their jurisdiction and any interested health care entity. This spend plan must also be sent to FPOs.

Recipients are not required to submit position descriptions for HPP funded-staff with the application. However, recipients may be required to submit this information to HPP if the roles and responsibilities of the employee(s), and how they support health care preparedness are not

clear in the budget narrative section of the application.

HPP recipients cannot spend HPP funds on training courses, exercises, and planning resources when similar offerings are available at no cost.

HPP Funding Limitations for Individual Healthcare Facilities

HPP recipients and their subrecipients may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system wide priorities, and are in line with ASPR's four health care preparedness and response capabilities. Funding to individual health care entities is not permitted to be used to meet Centers for Medicare & Medicaid Services (CMS) conditions of participation, conditions for coverage, or facility requirements (collectively called "CoPs") including the rules set out in "*Medicare and Medicaid Programs;\\\ Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*". (81 FR 63860, September 16, 2016). This rule requires providers and suppliers to meet the following CoPs.

- Development of an emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier. HPP funding may **not** be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of their emergency plans. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to assist their members with this requirement.
- Develop policies and procedures: Develop and implement policies and procedures based on the emergency plan and all hazards risk assessment. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of policies and procedures. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to assist their members with this requirement.
- Develop and maintain a communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development a communication plan that integrates with the HCC's communications policies and procedures. HCCs are permitted to use HPP funding for costs associated with adding new providers and suppliers to their HCC who are seeking to join coalitions to coordinate patient care across providers, public health departments, and emergency systems (e.g., hiring additional staff to coordinate with the new members, providing communications equipment and platforms to new members, conducting communications exercises, securing meeting spaces, etc.)
- Develop and maintain a training and testing program: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan. HPP funding may not be provided

to individual health care entities for individual health care organizations' trainings and exercises. HPP funding may be used to plan and conduct trainings and exercises at the regional or HCC level.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction.
Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.
In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The recipient must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC

receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the recipient will receive instructions from OGS TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-TP17-17010201SUPP18**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Approach	Maximum Points: 35

ASPR and CDC will evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in

the ASPR-CDC Project Description and logic model.

- Describes an overall strategy and activities consistent with the ASPR-CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by ASPR and CDC.

Evaluation and Performance Measurement	Maximum Points: 35

ASPR and CDC will evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by ASPR and CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Includes a preliminary Data Management Plan (DMP), if applicable.

Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 30

ASPR and CDC will evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure sufficient to achieve project outcomes and which clearly defines staff roles.
- Provides an organizational chart.

Technical Review	Maximum Points: 0

Equipment requests totaling $5,000 or more must include three cost estimates.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **OPHPR** and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

Eligible applications will be jointly reviewed for responsiveness by **ASPR, CDC/OPHPR and CDC/OGS.**

Selection

- In addition, the following factors may affect the funding decision:

Because this is a mandated, formula-based cooperative agreement, applications will be subject to a technical review and thus will not be scored or ranked. Technical Review Statements will be provided to all applicants identifying the strengths and weaknesses of their applications.

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates

Anticipated Announcement Date: February 8, 2018

Anticipated Award Effective Date: July 1, 2018

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.
Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations,

visit the National Archives and Records Administration: http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Reporting

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate. access. gpo.gov /cgi-bin /getdoc.cgi ?dbname= 109_cong_bills &docid= f:s2590enr .txt.pdf
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

Sharon Sharpe, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Shicann Phillips, Grants Management Officer, at 770-488-2809.

Telephone: (404) 639-0817
Email: lss1@cdc.gov

For **application submission** questions, contact:

Technical Information Management Section Department of Health and Human Services CDC Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

OGS TIMS, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road
MS E-14
Atlanta, GA 30341
Telephone: (770) 488-2700
Email: ogstims@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- ASPR and CDC Assurances and Certifications
- Table of Contents for Entire Submission
- *[Insert optional attachments, as determined by CDC programs]*
- Organizational Charts
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

HPP Budget Period 1 Supplement (Fiscal Year 2018) Funding*

Recipient	FY 2018 Total Funding Available
Alabama	$3,231,995
Alaska	$911,692
American Samoa	$277,396
Arizona	$4,934,186
Arkansas	$2,007,173
California	$22,416,207
Chicago	$2,595,133
Colorado	$3,099,248
Connecticut	$2,329,149
Delaware	$1,006,205
Florida	$11,633,595
Georgia	$7,238,904
Guam	$358,676
Hawaii	$1,236,033
Idaho	$1,224,945
Illinois	$8,284,425
Indiana	$4,116,823
Iowa	$2,104,741
Kansas	$2,086,811
Kentucky	$2,823,654
Los Angeles County	$8,836,389
Louisiana	$2,997,101
Maine	$1,038,857
Marshall Islands	$268,005
Maryland	$4,704,571

Recipient	FY 2018 Total Funding Available
Massachusetts	$4,182,677
Michigan	$6,000,819
Micronesia	$276,806
Minnesota	$3,492,455
Mississippi	$2,125,032
Missouri	$3,719,273
Montana	$902,471
Nebraska	$1,348,050
Nevada	$2,388,687
New Hampshire	$1,057,980
New Jersey	$5,532,847
New Mexico	$1,502,798
New York	$9,178,557
New York City	$7,596,590
North Carolina	$6,023,997
North Dakota	$867,569
Northern Mariana Islands	$273,235
Ohio	$7,344,838
Oklahoma	$2,565,887
Oregon	$2,509,801
Palau	$255,373
Pennsylvania	$7,972,732
Puerto Rico	$2,591,710
Rhode Island	$911,784
South Carolina	$3,089,279
South Dakota	$841,949
Tennessee	$4,194,980

Recipient	FY 2018 Total Funding Available
Texas	$15,900,728
Utah	$488,686
Vermont	$773,825
Virgin Islands (U.S.)	$303,558
Virginia	$6,109,169
Washington	$4,163,137
Washington, D.C.	$933,126
West Virginia	$1,380,291
Wisconsin	$3,560,281
Wyoming	$825,109
Total FY 2018 HPP Funding	**$224,948,000**

*HPP funding subject to change based on the final fiscal year 2018 budget.

Public Health Emergency Preparedness (PHEP) *
Budget Period 1 Supplement (Fiscal Year 2018) Funding

Recipient	FY 2018 Base Plus Population Funding ($)	FY 2018 Cities Readiness Initiative ($)	FY 2018 Level 1 Chemical Lab Funding ($)	FY 2018 Total Funding Available ($)
Alabama	8,361,228	291,407	-	8,652,635
Alaska	3,958,693	167,904	-	4,126,597
American Samoa	359,658	-	-	359,658
Arizona	10,533,849	1,128,258	-	11,662,107
Arkansas	6,286,047	197,718	-	6,483,765
California	35,357,523	5,212,625	2,320,783	42,890,931
Chicago	7,981,826	1,595,405	-	9,577,231
Colorado	9,020,594	692,114	-	9,712,708
Connecticut	6,962,059	531,449	-	7,493,508
Delaware	4,043,711	308,592	-	4,352,303
Florida	25,366,616	2,822,563	1,504,917	29,694,096
Georgia	14,270,721	1,416,964	-	15,687,685
Guam	480,814	-	-	480,814
Hawaii	4,579,581	251,912	-	4,831,493
Idaho	4,825,992	167,904	-	4,993,896
Illinois	14,215,042	1,866,899	-	16,081,941
Indiana	10,303,925	767,727	-	11,071,652
Iowa	6,446,801	199,270	-	6,646,071
Kansas	6,212,603	384,976	-	6,597,579
Kentucky	7,882,493	362,746	-	8,245,239
Los Angeles	15,861,177	3,190,810	-	19,051,987
Louisiana	8,153,514	527,169	-	8,680,683
Maine	4,466,734	167,904	-	4,634,638
Marshall Islands	382,244	-	-	382,244
Maryland	9,627,254	1,348,073	-	10,975,327
Massachusetts	10,496,729	1,234,517	1,652,744	13,383,990
Michigan	13,948,225	1,099,720	2,208,787	17,256,732
Micronesia	414,966	-	-	414,966
Minnesota	9,057,027	868,415	1,665,480	11,590,922
Mississippi	6,301,636	232,492	-	6,534,128
Missouri	9,712,512	854,030	-	10,566,542
Montana	4,139,720	167,904	-	4,307,624
Nebraska	5,092,190	197,955	-	5,290,145
Nevada	6,189,658	521,029	-	6,710,687
New Hampshire	4,468,147	276,503	-	4,744,650
New Jersey	12,883,960	2,189,686	-	15,073,646
New Mexico	5,300,637	231,065	1,096,376	6,628,078

Recipient	FY 2018 Base Plus Population Funding ($)	FY 2018 Cities Readiness Initiative ($)	FY 2018 Level 1 Chemical Lab Funding ($)	FY 2018 Total Funding Available ($)
Nevada	6,189,658	521,029		6,710,687
New Hampshire	4,468,147	276,503		4,744,650
New Jersey	12,883,960	2,189,686		15,073,646
New Mexico	5,300,637	231,065		6,628,078
New York	15,821,830	1,773,655	2,871,934	20,467,419
New York City	14,043,196	3,787,799	-	17,830,995
North Carolina	14,080,878	517,328	-	14,598,206
North Dakota	3,958,693	167,904	-	4,126,597
N. Mariana Islands	356,460	-	-	356,460
Ohio	15,813,847	1,453,362	-	17,267,209
Oklahoma	7,315,634	337,462	-	7,653,096
Oregon	7,445,433	477,260	-	7,922,693
Palau	323,290	-	-	323,290
Pennsylvania	17,125,836	1,659,060	-	18,784,896
Puerto Rico	6,833,292	-	-	6,833,292
Rhode Island	4,165,482	269,697	-	4,435,179
South Carolina	8,402,237	293,441	1,010,999	9,706,677
South Dakota	3,958,693	167,904	-	4,126,597
Tennessee	10,282,540	716,715	-	10,999,255
Texas	33,308,465	3,958,907	-	37,267,372
Utah	6,305,593	291,759	-	6,597,352
Vermont	3,958,693	167,904	-	4,126,597
Virgin Islands (US)	412,878	-	-	412,878
Virginia	12,249,503	1,478,306	2,108,145	15,835,954
Washington	10,911,516	1,041,794	-	11,953,310
Washington, D.C.	5,741,713	617,576	-	6,359,289
West Virginia	5,034,747	182,036	-	5,216,783
Wisconsin	9,367,892	477,282	2,590,435	12,435,609
Wyoming	3,958,693	167,904	-	4,126,597
Total	**$ 535,123,139**	**$ 51,478,760**	**$ 19,030,600**	**$ 605,632,500**

* PHEP funding subject to change based on the final fiscal year 2018 budget.