NOTICE:

This Funding Opportunity Announcement (FOA) is being published on Grants.gov for INFORMATION PURPOSE ONLY! Page 1 and 2 of 26: Executive Summary: The purpose of this revision is to allow the recipients additional time to respond to include the Zika virus to their revised work plans as necessary.

NO APPLICATIONS WILL BE SOLICITED FOR THIS FOA



Centers for Disease Control and Prevention

Office of Public Health Preparedness and Response

Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements / PHEP Supplemental funding for Ebola and Other Infectious Diseases Preparedness and Response Activities

CDC-RFA-TP12-12010302SUPP15

Application Due Date: 03/08/2016

Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements / PHEP Supplemental funding for Ebola and Other Infectious Diseases Preparedness and Response Activities

CDC-RFA-TP12-12010302SUPP15

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements / PHEP Supplemental funding for Ebola and Other Infectious Diseases Preparedness and Response Activities

Announcement Type:

Type 3 (Expansion supplement to support current Ebola initiatives.)

Agency Funding Opportunity Number:

CDC-RFA-TP12-12010302SUPP15

Catalog of Federal Domestic Assistance Number:

93.074

Key Dates:

Due Date for Application: 03/08/2016

Additional Overview Content:

CDC is awarding a total of $145 million in supplemental funding to the current 62 Public Health Emergency Preparedness (PHEP) cooperative agreement awardees to support accelerated Ebola public health preparedness planning and response.

Executive Summary:

- The purpose of this revision is to allow the recipents additional time to respond to include the Zika virus to their revised work plans as necessary.

- The purpose of previous amendment is to extend the project period end date from September 30, 2016, to June 30, 2017.
- **Budget Period Length:** 27 months: April 1, 2015, through June 30, 2017 (Approved funds should be expended within the approved, 27-month budget period.)
- **Project Period Length:** 27 months: April 1, 2015, through June 30, 2017

- The intent of this funding is to address planning and operational response gaps for Ebola and other infectious diseases. Funding cannot be used for activities already covered by other federal grant and/or cooperative agreements.
- All other Terms and Conditions of the original Supplement #2 FOA remain unchanged.

The threat of Ebola virus disease (EVD) is a top national public health priority. To protect the nation, CDC is providing supplemental funding to the current 62 Public Health Emergency Preparedness (PHEP) cooperative agreement awardees to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola. The funding is intended to:

- Support accelerated public health preparedness planning for EVD within state, local territorial, and tribal public health systems
- Improve and assure operational readiness for EVD,
- Support state, local, territorial, and tribal Ebola public health response efforts, and
- Assure collaboration, coordination, and partnership with the jurisdiction's healthcare system to assist in the development of a tiered system for EVD patient care.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the OPHPR:
GPRA Performance Goals 2 – "Advance Scientific Knowledge and Innovation" and 3- "Advance the Health, Safety, and Well-Being of the American People."

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Contingent Emergency Response Funding (PHEP only)

Sections 317(a) and 317(d) of the Public Health Service Act.

Background

Purpose

This funding is intended to support the nation's public health system and to assure readiness and response capability to respond effectively to Ebola virus disease (EVD) within the community. Funds are intended to accelerate state, local, territorial, and tribal public health planning to prevent, prepare for, respond to, and recover from Ebola within the 62 state, local, and territorial public health agencies currently funded by CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program. Awardees may also receive other federal funds for EVD preparedness and response; however these PHEP supplemental funds are intended to specifically support the public health sector's preparedness planning and response activities and to support public health's ability to collaborate with other necessary response partners including but not limited to emergency medical services (EMS), emergency management, environmental health, waste management, and the healthcare system.

CDC also encourages awardees to collaborate closely with their jurisdictional infection control subject matter experts and the state's healthcare-acquired infection (HAI) multidisciplinary advisory group (or other state infection control groups) to support the development of stronger hospital infection control programs. CDC also strongly encourages state health departments to work closely with local and tribal entities in their jurisdictions to ensure they have the information and resources needed to properly prepare for and respond to disease outbreaks such as Ebola, and to collaborate with the healthcare sector through recipient and subrecipent participation in regional healthcare coalitions.

Recipient and subrecipient activities should be fully coordinated with the healthcare sector in awardee jurisdictions, as well as with other CDC-funded public health programs and those of other agencies to promote cross-cutting and coordinated activities while limiting duplication. Specifically, public health activities should be coordinated with CDC's Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement, healthcare entities and emergency management agencies in awardee jurisdictions, and other applicable federal preparedness programs, including the Healthcare Preparedness Program (HPP) cooperative agreement administered by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR).

This funding is targeted to address public health preparedness capabilities including but not limited to:

- Community Preparedness
- Public Health Surveillance and Epidemiological Investigation
- Public Health Laboratory Testing
- Non-Pharmaceutical Interventions
- Responder (Worker) Safety and Health
- Emergency Public Information and Warning/Information Sharing
- Medical Surge

This program addresses the "Healthy People 2020" focus area of "Preparedness." The goal of this focus on preparedness is to improve the nation's ability to prevent, prepare for, respond to, and recover from a major health incident. Preparedness involves government agencies, nongovernmental organizations, the private sector, communities, and individuals working together to improve the nation's ability to prevent, prepare for, respond to, and recover from a major health incident. The Healthy People 2020 objectives for preparedness are based on a set of national priorities articulated in the National Health Security Strategy of the United States of America (NHSS). The overarching goals of NHSS are to build community resilience and to strengthen and sustain health and emergency response systems.

Program Implementation

Recipient Activities

1. Community Preparedness

- Develop and test plans that address waste management and environmental remediation associated with Ebola and other infectious diseases.

- Participate in the design and approval of the jurisdiction's plan for healthcare response including the selection of hospitals to serve as Ebola treatment centers (if applicable), Ebola assessment hospitals, and Ebola frontline hospitals.This planning should integratewith the ASPR HPP program guidance for interdisciplinary consistency. Surveillance, monitoring, patient referral, and infection control activities should clearly and consistently connect with the jurisdiction's healthcare response plan.

- Collaborate with the healthcare system to assess the jurisdiction's public health and healthcare system training needs; provide materials and facilitate training designed to improve the integration of the public health and healthcare response to EVD and other infectious diseases including infection control and surveillance activities.

- Partner with the state's HAI multidisciplinary advisory group (or similar infection control groups within the state) to develop a statewide plan for improving infection control within the healthcare system

- Develop a multiagency exercise (tabletop or functional) that tests coordination with the healthcare sector, EMS providers, and emergency management, such as information sharing, patient referral, and laboratory specimen collection and submission or exercises that test other potential operational gaps. Jurisdictions that have participated in actual EVD or other infectious disease responses may use this experience to satisfy this requirement provided the jurisdiction develops an after-action report and improvement

plan.

2. Public Health Surveillance and Epidemiological Investigation

- Sustain and enhance AM/DAM capability at state and local levels as long as Ebola Virus Disease (EVD) continues to be a Public Emergency of International Concern; additionally, investments should also be used to advance sophistication of AM and DAM programs for travelers from Ebola-impacted countries with a goal of consistently monitoring 100% of travelers. Programs should include activities that assure that persons who develop symptoms consistent with EVD are rapidly referred to the appropriate level of care for possible testing and treatment. Refer to Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure for additional information.

- Develop and implement jurisdictional programs to mitigate and prevent transmission of Ebola and other infectious diseases through effective management of all persons under investigation (PUI) for EVD and those with confirmed EVD and other infectious diseases. This includes including collaborating with healthcare system partners and coalitions to establish a tiered approach for patient care.

3. Public Health Laboratory Testing

- Public health agencies must ensure their jurisdictions have the ability to quickly, safely, and accurately perform laboratory testing on suspected Ebola virus or other infectious disease specimens as well as manage any surges of specimen testing and analysis. Laboratory testing must be conducted according to CDC's Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Persons Under Investigation for Ebola Virus Disease in the United States or other updated guidance from CDC. Awardees should support and advance Laboratory Response Network (LRN) activities including:

- 24/7/365 availability of reverse transcription-polymerase chain reaction (RT-PCR) testing for EVD in designated LRN facilities, according to the methods and reporting requirements promulgated by CDC or LRN.

- Appropriate collection and handling of hospital and other clinical laboratory specimens that require EVD testing and shipping to LRN or CDC laboratories designated for testing

- Acquiring and maintaining at least two (2) LRN-approved RT-PCR instruments that will replace the existing standard LRN instrument (ABI 7500 DX) as needed.
- Adherence to required infection control precautions and practices, specifically for handling blood-borne pathogens, when collecting and handling specimens. Support provision of EVD training, including but not limited to laboratory safety and diagnostic methods.
- Rapidly reporting Ebola test results between the laboratory, the public health department, and healthcare facilities to support public health investigations.

4. Non-Pharmaceutical Interventions

- Update operational plans for responding to Ebola and other infectious diseases and ensure procedures are in place that support public health's ability to collaborate with other necessary response partners including but not limited to emergency medical services (EMS), emergency management, environmental health, waste management, and the healthcare system.
- Develop and implement protocols for rapid and appropriate public health actions, such as controlled movement, isolation, quarantine, or public health orders. Plans should include:
  - Alternate travel plans for individuals subject to controlled movement who are not allowed to travel by long-distance commercial conveyances, such as aircraft, ship, bus, or train; how jurisdictions will ensure permitted travel is conducted by noncommercial conveyances.
  - Whether federal public health travel restrictions (Do Not Board) will be used to enforce controlled movement.
  - Whether specific community locations will be designated for safe housing of persons subject to restricted movement and the role of public health orders and corresponding compensation and support to be provided to individuals under a public health order.
  - The role of public health in coordinating with healthcare facilities and jurisdictional authorities to ensure the separation (through isolation or quarantine) of an individual or group who is reasonably believed to be infected with Ebola from those who are not infected to prevent the possible spread to others who have not been exposed.
- Work with CDC's Division of Global Migration and Quarantine (DGMQ) to screen

travelers in their states who have entered the United States via cleared flights, broken itineraries, or land and other border crossings and have not undergone enhanced screening at one of the five airports conducting enhanced entry screening of travelers from Ebola-affected countries. Awardees will be required to conduct an initial Check and Report Ebola (CARE) screening with such travelers over the telephone, in person, or to designate appropriate public health outreach workers in local jurisdictions.

- Support ongoing communication between the jurisdiction and its CDC quarantine station as applicable regarding coordination with identified hospitals that would support jurisdictional response to a communicable disease.

For further information, see Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure, including the application of movement restrictions when indicated.

- Coordinate appropriate environmental cleaning and waste management in community settings (other than healthcare settings) where PUIs or those with probable or confirmed Ebola virus infections have been located.

5. Responder (Worker) Safety and Health

- Collaborate with healthcare coalitions and healthcare systems to assure the development of a strategy to assure adequate supplies of personal protective equipment (PPE) for healthcare workers, laboratory personnel, EMS, and environmental services staff and work with suppliers and coalitions to develop statewide plans for caching or redistribution/sharing. This strategy should be integrated with healthcare coalitions' system plans for purchasing, caching, and distributing PPE in conjunction with HPP guidance.

- Purchase PPE for public health workers. Other federal funds will support PPE purchases for healthcare staff and healthcare coalitions.

- Assist and assure that healthcare workers, laboratory personnel, and environmental services staff are trained in the proper use of PPE including safe removal to prevent self-contamination or contamination of others, and that contaminated equipment is disposed of appropriately. See Guidance on Personal Protective Equipment to Be Used by Healthcare Workers during Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting on (Donning) and Removing (Doffing) for

more information.

- Collaborate with the healthcare sector to assure that clinicians are adequately trained on appropriate cleaning and disinfecting procedures to avoid cross contamination.

- Assure compliance with the U.S. Department of Transportation (DOT) Hazardous Materials Regulations to transport contaminated items for off-site disposal. Establishing on-site disposal, such as autoclave capability, is also acceptable. See Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus for more information.

- Collaborate with the healthcare sector to assure the safe handling of human remains that may contain Ebola virus by following decontamination measures according to CDC Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries.

6. Emergency Public Information and Warning/Information Sharing

- Coordinate information sharing among public health agency staff, healthcare personnel, airport entry screening personnel, EMS providers, and the public.

- Develop risk communication messages, plans, and notification systems targeting the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures regarding Ebola and other infectious diseases.

7. Medical Surge

Collaborate with healthcare system partners to design, develop, and implement a tiered network of hospitals within the state (or jurisdiction) capable of providing patient care for those with Ebola and other infectious diseases and a plan to refer and transport PUIs to the appropriate location. This will include state selection of hospitals to serve as specialized treatment centers (if applicable), assessment hospitals, and frontline healthcare facilities. Refer to Interim Guidance for U.S. Hospital Preparedness for Patients under Investigation or with Confirmed Ebola Virus Disease: A Framework for a Tiered Approachfor more information.

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

CDC Activities

CDC's Division of State and Local Readiness (DSLR) project officers and subject matter experts will use application submission information to identify strengths and weaknesses to update work plans and to establish priorities for site visits and technical assistance.

To assist recipients in achieving the purpose of this supplemental award, CDC will conduct the following activities:

1. Provide ongoing guidance, programmatic support, and training and technical assistance as related to activities outlined in this Ebola supplemental funding announcement(s) such as development of CONOPS Plans and reporting templates as needed.
2. Provide technical assistance to assure that Ebola funding from HPP, ELC and PHEP are complementary and not duplicative. We would like to see coordination at state and local levels.
3. Convene conference calls, site visits, and other communications as applicable with awardees.
4. Facilitate communication among awardees to advance the sharing of expertise on preparedness and response activities for Ebola.
5. Coordinate planning and implementation activities with federal partners including the HPP cooperative agreement administered by ASPR.

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:	2015
Approximate Total Supplemental Funding:	$145,000,000 This amount is subject to availability of funds. Includes direct and indirect costs.
Approximate Number of Awards:	62
Approximate Average Award:	$2,338,710 This amount is for a 12-month budget period, and includes both direct and indirect costs.
Floor of Individual Award Range:	$104,444
Ceiling of Individual Award Range:	$9,232,987 This ceiling is for a 12-month budget period.

NOTE: The budget period for this announcement is 27 months.

Anticipated Award Date: 03/27/2015
Budget Period Length: 27 month(s)
Project Period Length: 2.25 year(s)
Competing Continuation Project Period Length: 0 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

Note: Eligible entities are restricted to the current 62 PHEP awardees as listed in the table below.

Eligible Applicants

The following recipients that are currently funded under FOA TP12-1201 may submit an application.

Awardee	Awardee
Alabama	Montana
Alaska	Nebraska
American Samoa	Nevada
Arizona	New Hampshire
Arkansas	New Jersey
California	New Mexico
Chicago	New York
Colorado	New York City
Connecticut	North Carolina
Delaware	North Dakota
Florida	Northern Mariana Islands
Georgia	Ohio
Guam	Oklahoma
Hawaii	Oregon

Idaho	**Palau**
Illinois	**Pennsylvania**
Indiana	**Puerto Rico**
Iowa	**Rhode Island**
Kansas	**South Carolina**
Kentucky	**South Dakota**
Los Angeles County	**Tennessee**
Louisiana	**Texas**
Maine	**Utah**
Marshall Islands	**Vermont**
Maryland	**Virgin Islands (U.S.)**
Massachusetts	**Virginia**
Michigan	**Washington**
Micronesia	**Washington, D.C.**
Minnesota	**West Virginia**
Mississippi	**Wisconsin**
Missouri	**Wyoming**

Required Registrations

System for Award Management and Universal Identifier Requirements
All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.
The recipient is required to have the original DUNS identifier to apply for additional funds. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the System for Award Management (SAM) and maintain their SAM registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an

entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/portal/SAM/#1.
If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost Sharing / Matching Requirement:	No

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.

Maintenance of Effort

Maintenance of Effort is not required for this program.

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 Procurement and Grants Office Technical Information Management Section (PGO 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:

- **SF-424:** Application for Federal Domestic Assistance – Short Organizational Form
- **SF-424A:** Budget Information – Nonconstruction Programs

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.

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: 10. 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
- Single 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 project period and must include the following items in the order listed:

1. Work Plan

Awardees should provide the following information for each of the seven (7) categories of recipient activities.

- Problem statement: Define the problem or issue the jurisdiction seeks to resolve with supplemental funds during the project period. Limitations or "root causes" that have led to the current problem/issue may be included.

- Baseline capacity: Specify the current baseline capacity in this area, such as current percentage of staff who can don/doff PPE per CDC guidelines.

- Outcomes: Define the expected outcomes that align with resolving the problem or closing the gaps. The outcomes should define what changes or improvements will

occur in the public health/healthcare systems or to the community, such as awareness, knowledge, attitudes, skills, opinion, behavior, policies, or health improvement. Outcomes should be well-defined, specific, measurable, realistically achievable, and contribute to closing the gaps identified in the problem statement. Ideally, outcomes should link to planned activities, quantify the targeted change, and include an estimated timeline for achieving the change. Awardees can include as many outcomes as needed.

- Planned activities: List the intermediate activities the jurisdiction will undertake, including tasks and estimated start and end dates, that will lead to the associated outcome and contribute to resolving the identified issue or problems. Awardees can include as many planned activities as needed.

- Proposed outputs: List the proposed outputs that will be produced as a result of the planned activities, such as a plan, a training curriculum, or a tracking system database. Awardees can include as many planned outputs as needed.

2. Administrative Preparedness Plan Execution

Awardees must include estimated timelines for obligation and liquidation of funds within the budget and project period. Timelines should be consistent with cycle times identified in jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

3. Itemized Budget and Justification

A detailed budget with supporting justification must be provided and be related to recipient activities that are stated in awardees' work plans. Awardees must note the following budget-related issues:

- If indirect costs are requested, it will be necessary to include a copy of your organization's current negotiated Federal Indirect Cost Rate Agreement or a Cost Allocation Plan for those awardees under such a plan.
- Travel for program implementation should be justified and related to implementation activities.

CDC expects that a significant portion of the Ebola supplemental funds will be distributed to, and used at, the local level to support accelerated preparedness planning for Ebola and local Ebola public health response efforts.

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:

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

Individual attachments may not exceed 20 MB, and the file size for the entire application package may not exceed 200 MB should be uploaded per application.

No more than 5 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://www.cdc.gov/grants/interestedinapplying/applicationprocess.html*
Applicants may follow either of the following processes:

- *Complete the applicable assurances and certifications on an annual basis;~~,~~ name the file "Assurances and Certifications" and upload it as a PDF file 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.* Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grant assurances/ (S(mj444mxct 51lnrv1hljjjmaa))/ 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.

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: 03/08/2016

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.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- 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.
- Awardees 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.

- Recipients may not use funds for fund-raising activities or lobbying.
- Recipients may not use funds for construction or major renovations.
- Recipients may not use funds for reimbursement of pre-award costs.
- 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 $181,500 per year

NOTE: For the purposes of this FOA, clinical care will be defined as "directly managing the medical care and treatment of patients with suspected or confirmed Ebola virus disease."

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 Procurement and Grant Office Technical Information Management Section (PGO 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 Funding Opportunity Announcement, 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 PGO 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-TP12-12010302SUPP15**. 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:

Plan	Maximum Points: 75

Work Plan

Identification of gaps: How clearly did the work plan identify and quantify existing operational gaps and the root cause of the gaps to be addressed?

Outcomes: For each identified topic area, how well do the expected outcomes align with successfully addressing the problem or gap? What evidence is provided that any expected changes or improvements to the public health/healthcare systems or to the community, such as awareness, knowledge, attitudes, skills, opinion, behavior, policies, or health improvement, will be demonstrated during the project period?. What evidence is provided that demonstrates that the activities, deliverables (outputs), and outcomes can be achieved during the project period?

Administrative Preparedness Plan Execution	Maximum Points: 25

Has the awardee included estimated timelines for completion of all performance and work plan activities as well as obligation and liquidation of funds within the budget and project period? Timelines should be consistent with cycle times identified in awardee jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

The extent to which the proposed budget is adequately justified and consistent with this program announcement and the applicant's proposed activities. Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities?

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".

Objective review is not required for this supplemental announcement. Technical reviews will conducted based on evaluation criterion in Section V. Application Review Information above.

Selection

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

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. 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

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) 2 Part 215 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-21 Small, Minority, and Women-Owned Business
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009

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): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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 recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/ consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http:// frwebgate . access.gpo.gov / cgi-bin / getdoc.cgi ? dbname = 109_cong_bills&docid = f:s2590enr.txt.pdf.

Awardees are required to report baseline and follow-up data related to gaps, activities, budget allocations, capacity, performance, and impact as noted in their applications, progress reports, and other required reporting mechanisms. In addition, awardees will be required to report on the progress this federal funding has had on advancing their public health and healthcare preparedness and response capabilities, specifically the areas of Ebola virus epidemiology and surveillance (monitoring), worker/responder safety and infection control, isolation and quarantine, public health laboratory testing, and public health-healthcare coordination.

To meet this requirement, awardees must provide HHS and CDC with situational awareness information on a routine basis, including monitoring data and as requested. CDC will also evaluate awardees using performance measures and other evaluation tools.

CDC will provide templates for program reports and financial data that will require, at a minimum, awardees to report:

- The problem(s)/issue(s) for which these funds were used, including the baseline status of the awardee in that particular area;
- Preparedness activities that were conducted as a result of additional funds for that particular issue or issues;

- The recipients of the funds, to include distribution of funding to local public health jurisdictions;
- Data on CDC performance measures and related outcome and impact data;
- The extent to which stated goals and objectives as outlined in awardee work plans have been met; and
- The extent to which funds were expended and were consistent with the awardee funding applications.

In addition, awardees must document and be prepared to provide information to CDC on how local and tribal entities expended Ebola supplemental funds, as well as information on any products and outcomes that are developed by subawardees within the components of this award.

Data collection activities that specifically request awardees to institute a data collection for federal use will be subject to the OMB Paperwork Reduction Act.

Following are specific reporting requirements.

- Awardees must submit in May 2015 baseline data on a small set of CDC-defined indicators and performance measures. Follow-up data collection will occur as part of routine progress reporting or at other times as required by CDC.
- Awardees must submit work plan and spend plan updates every six months. Work plan updates must summarize progress made during the previous six months on:
    - Each of the seven categories of recipient activities.
    - Revisions to jurisdictional Ebola/infectious disease response operational plans, including PUI response plans.
    - Evidence of trainings, drills, and exercises that address operational gaps and correct improvement plan items (can be tied to annually required PHEP exercise). CDC may consider allowing awardees to use exercise after-action reports or real incident reports that include actual evidence of demonstrating the correction of improvement plan items to meet the annual PHEP exercise requirement.
    - Performance measure and related impact-oriented reporting requirements.
    - Other data collection activities as required by CDC.
    - Budget expenditures, including local level expenditures.
- Awardees must provide CDC with updates on the status of Ebola treatment centers and Ebola assessment hospitals in their jurisdictions as changes occur.
- Awardees must submit weekly active monitoring and daily direct active monitoring reports as required by CDC.
- Additionally, funded recipients must provide CDC with an original, plus two hard copies, of a final progress report and a Federal Financial Report for these supplemental activities due no less than 90 days after the end of the budget/project period. These reports must be submitted to the attention of the Grants Management Specialist listed in Section VII, “Agency Contacts.”

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

Telephone: (404) 639-0817

Email: ssharpe@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Shicann Phillips, Grants Management Specialist

Department of Health and Human Services
CDC Procurement and Grants Office

Telephone: (770) 488-2809

Email: ibq7@cdc.gov

For **application submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

Section VIII. Other Information

Other CDC funding opportunity announcements can be found at www.grants.gov.

Appendix 1:

PHEP Ebola Supplemental Funding Table

Awardee	Total Award
Alabama	$2,025,629
Alaska	$1,156,895
American Samoa	$111,609
Arizona	$2,462,052

Arkansas	$1,631,026
California	$7,631,409
Chicago	$2,096,952
Colorado	$2,197,741
Connecticut	$2,352,390
Delaware	$1,287,284
Florida	$5,253,513
Georgia	$5,413,973
Guam	$133,786
Hawaii	$1,293,695
Idaho	$1,342,308
Illinois	$3,191,955
Indiana	$2,441,042
Iowa	$1,696,452
Kansas	$1,625,208
Kentucky	$1,956,515
Los Angeles County	$3,162,114
Louisiana	$2,008,700
Maine	$1,288,476
Marshall Islands	$114,468
Maryland	$4,247,719
Massachusetts	$3,169,007
Michigan	$3,194,475
Micronesia	$122,498
Minnesota	$3,039,300
Mississippi	$1,636,166
Missouri	$2,327,406
Montana	$1,248,811

Nebraska	$1,935,864
Nevada	$1,605,316
New Hampshire	$1,305,209
New Jersey	$3,874,985
New Mexico	$1,471,382
New York	$4,015,401
New York City	$6,539,262
North Carolina	$3,829,810
North Dakota	$1,174,159
Northern Mariana Islands	$110,859
Ohio	$4,182,517
Oklahoma	$1,821,776
Oregon	$1,855,117
Palau	$104,444
Pennsylvania	$5,204,900
Puerto Rico	$871,489
Rhode Island	$1,315,437
South Carolina	$2,065,502
South Dakota	$1,181,411
Tennessee	$2,410,543
Texas	$9,232,987
Utah	$1,631,749
Vermont	$1,147,838
Virgin Islands (U.S.)	$122,242
Virginia	$3,866,179
Washington	$2,547,759
Washington, D.C.	$1,905,977
West Virginia	$1,402,667

Wisconsin	$2,282,216
Wyoming	$1,124,426
TOTAL	**$145,000,000**

Note: Funding allocated as follows:

- $130 million is being distributed to provide base-plus-population funding for Ebola preparedness activities.
- $15 million in response funding is being distributed based on:
  - history of persons under active or direct active monitoring in each jurisdiction ($10 million) and
  - history of monitoring healthcare workers in each jurisdiction ($5 million)