

CDC Public Health Crisis Response Cooperative Agreement: Frequently Asked Questions

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Introduction

In October 2017, the Centers for Disease Control and Prevention (CDC) released [CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response notice of funding opportunity](#) (NOFO) to enhance the nation's ability to rapidly mobilize, surge, and respond to public health emergencies identified by CDC. The Cooperative Agreement was designed to pay for response, recovery, preparation, and mitigation expenses directly related to the consequences of a public health crisis incurred by existing jurisdictional programs. It could also be used to reestablish public health capacity diminished or lost by a public health crisis.

The NOFO established a roster of jurisdictions that were pre-identified and pre-approved for rapid funding (approved but unfunded; ABU) by CDC for public health emergencies of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, jurisdictions. Eligible applicants included the 50 states; eight U.S. territories and freely associated states: the Commonwealth of Puerto Rico, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau; six localities: Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C. that also align with the Public Health Emergency Preparedness (PHEP) and the Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreements; and federally recognized tribal governments that serve, through their own public health infrastructures, at least 50,000 people. CDC-RFA-TP18-1802 was used to provide supplemental funding to jurisdictions for recovery after the 2017 hurricanes, as well as for the opioid overdose crisis.

In October, 2018, CDC announced an amended version of CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response. Jurisdictions in receipt of a formal letter from CDC stating that they are on the FY18 approved but unfunded (ABU) list, may utilize a streamlined application process for the amended NOFO. Eligible jurisdictions that did not apply for the initial NOFO are encouraged to apply and must submit a complete application.

There is no funding available associated with the release of this NOFO and any future funding tied to CDC-RFA-TP18-1802 will only be made when CDC determines that a public health emergency has occurred or is imminent, and after funding appropriations by Congress and the President. At that time, CDC will activate CDC-RFA-TP18-1802 and determine whether all or a subset of the pre-approved jurisdictions will be funded. A declaration of a public health emergency by the Secretary of Health and Human Services (HHS) does not automatically trigger the Cooperative Agreement, though the Cooperative Agreement could be utilized in conjunction with an HHS-declared public health emergency.

During funding allocation, factors such as the nature of the specific emergency (e.g., magnitude, complexity, and impact), disease burden (if appropriate) and other health impacts, geographic location, and national priorities will be considered. Pre-approved jurisdictions are encouraged to inform CDC about their emergency needs during this process, so that CDC can better estimate funding needs for each jurisdiction. Recipients would receive funds to stand up emergency activities, such as activating emergency operations centers, preparing contracts for surge staffing, implementing risk communications activities, and conducting a needs assessment to determine resources required for the crisis. When such a public health crisis occurs, CDC will provide supplemental guidance to pre-approved jurisdictions regarding when the NOFO will be activated and the range of supported emergency response activities.

This document provides answers to frequently asked questions to help jurisdictions and others to understand the intent of the CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response NOFO. In the following sections, jurisdiction refers to any of the 50 states, six localities, eight U.S. territories and freely associated states, or federally recognized tribal governments that are eligible for the NOFO.

Frequently Asked Questions

CDC-RFA-TP18-1802 Questions

Do jurisdictions that submitted an application in December, 2017 for the *CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response notice of funding opportunity* have to apply again?

Yes. A jurisdiction approved for the NOFO posted in 2017 is required to submit a limited application to the NOFO posted in October 2018, and is encouraged to use their previous application as a baseline for resubmission. Previously approved applicants will need to submit the following:

- SF-424 application for federal assistance
- SF-424A budget
- Indirect cost rate agreement
- Administrative capability letter
- Report on programmatic, budgetary, and commitment overlap
- Response to weaknesses noted in the summary statement from the previous application cycle.

Note: pre-approved applicants that did not include a required document last cycle, or need to make substantive changes/updates to such a document, will be required to include such documentation for this cycle (e.g., an organizational chart, etc.)

Is there a template to respond to weaknesses noted in the summary statement from the 2017 application cycle?

Yes. A template for responses to weaknesses noted in the summary statement in response to the 2017 application is available in the file cabinet on grants.gov. This template can be used to submit an applicant's response to weaknesses and can also serve as a checklist for documents required for this amended NOFO.

Where can a jurisdiction find a copy of their 2017 application's review panel summary statement?

A summary statement and the ABU letter were emailed to the authorizing official and the main point of contact listed on the SF-424 for the 2017 application on February 1, 2018. If a copy of the summary statement cannot be located, send a request for the document to DSLRCrisisCoag@cdc.gov.

Can a jurisdiction approved for funding under *CDC-RFA-TP18-1802* inform CDC of emergency-related needs that could be funded prior to the issue of supplementary guidance on grants.gov?

Yes, jurisdictions are encouraged to share information regarding imminent or ongoing public health emergencies. CDC will consider the nature of these in the development of supplemental guidance.

For future disasters, does a pre-approved applicant under *CDC-RFA-TP18-1802* initiate a funding request from CDC or wait for CDC to offer?

A jurisdiction can notify CDC of a need, but CDC will determine whether this cooperative agreement is the appropriate mechanism and identify if there is funding available. Jurisdictions are encouraged to keep CDC informed of imminent or ongoing public health crisis emergencies that might require federal assistance through the *CDC-RFA-TP18-1802*.

Can the jurisdiction use this NOFO for early crisis response and jurisdictional recovery?

Yes. Such funding is referred to as Component A. Domains specific to this component are:

- 1) Strengthen Incident Management for Early Crisis Response.
- 2) Strengthen Jurisdictional Recovery

Component A can be used to support initial incident command capability and early crisis response activities during the first 120 days, including emergency operation center (EOC) activation, staffing contracts, needs assessments, accelerated planning, call center activation, and planning for eventual jurisdictional recovery. For more information about Component A, consult the NOFO.

As the response to the public health crisis continues, the jurisdiction will need to focus on supporting, increasing, and/or enhancing biosurveillance, information management, surge management, and countermeasures and mitigation. Can this NOFO be used to support such activities?

Yes. Such funding is referred to as Component B. Domains specific to this component are:

- 1) Strengthen Biosurveillance
- 2) Strengthen Information Management
- 3) Strengthen Countermeasures and Mitigation
- 4) Strengthen Surge Management

Applicants should account for a potential increase in public health infrastructure and/or staffing to address the public health crisis under Component B.

Component B is funded independently of Component A and therefore it may also include the domains of strengthening incident management for early crisis response and strengthening jurisdictional recovery. For more information about Component B, consult the NOFO.

Will there be an informational conference call for the amended NOFO?

Yes, on Thursday, October 10, 2018 from 2 p.m. to 3 p.m. EDT.

What is the application period?

The application period begins October 2, 2018, and closes Monday, December 3, 2018.

When will applicants learn if they are on the pre-approved list of jurisdictions?

The accepted but unfunded (ABU) list of jurisdictions for *CDC-RFA-TP18-1802* is projected to be announced on Friday, February 1, 2019.

How does *CDC-RFA-TP18-1802* differ from CDC's other funding mechanisms to strengthen public health agencies nationwide, like the Public Health Emergency Preparedness (PHEP) or the Epidemiology and Laboratory Capacity (ELC) cooperative agreements?

CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response NOFO is designed to support pre-approved jurisdictions when they need financial support to cover surging public health emergency response needs (immediate response to public health crises). It aims to achieve objectives in six domains:

- 1) Strengthen incident management for early crisis response.
- 2) Strengthen Jurisdictional Recovery
- 3) Strengthen Biosurveillance
- 4) Strengthen Information Management
- 5) Strengthen Countermeasures and Mitigation
- 6) Strengthen Surge Management

The Public Health Emergency Preparedness (PHEP) cooperative agreement (*CDC-RFA-TP12-1201* and *CDC-RFA-TP17-1701*) is designed to help state, local, and territorial public health departments prepare for public health emergencies before they occur (preparedness for public health emergencies). The Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement (*CK14-1401PPHF*) supports capacity building and infectious disease program delivery by domestic public health agencies (preparedness and capacity for infectious disease outbreaks and epidemics).

When will the refined Public Health Emergency Preparedness and Response Capabilities be released?

CDC established the 15 Public Health Emergency Preparedness and Response Capabilities to assist state and local jurisdictions in their efforts to enhance preparation for, response to, and recovery from public health emergencies. CDC is now clarifying and streamlining the capability content to enact changes that best support state, local, tribal, and territorial public health emergency preparedness work without drastically altering the established 15-capability structure. The refinements will be released in fall 2018.

What are the funding restrictions for *CDC-RFA-TP18-1802*?

CDC-RFA-TP18-1802 was designed to pay for recovery, preparation, and mitigation expenses directly related to the consequences of a public health crisis incurred by existing jurisdictional programs. It is not an emergency response capacity building mechanism, nor is intended to create or establish new public health emergency programs. Applications to fund such activities will not be considered. However, funds can be used for the reestablishment of lost or diminished emergency response capacity due to the public health crisis.

Recipients **may not** use funds for:

- Research.
- Clinical care (except as allowed by law).
- Emergency preparedness activities or capacity building
- New facility construction or major renovations
 - Note: Funds **may** be used to purchase basic (non-motorized) modular structures/trailers or to rent office space with prior approval from CDC.
- Purchase of vehicles
 - Note: Funds **may** be used for leasing vehicles.
- The matching of federal funds from other sources or to create overlap in projects, budget items, or commitment of effort.

- The preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.
- The purchase of furniture unless clearly identified in the budget.
- Pre-award costs, unless CDC provides written approval to the recipient.

The recipient must perform a substantial role in carrying out project outcomes; they may not solely serve as a conduit for the award to go to an otherwise ineligible entity.

In accordance with the United States Protecting Life in Global Health Assistance policy, foreign non-governmental organizations that receive funding through this award from the recipient are prohibited from performing abortions as a method of family planning and may not provide financial support to any other foreign nongovernmental organization that performs such activities. See [Additional Requirement \(AR\) 35](#) for applicability.

After award, is funding redirection by jurisdictions permissible for activities within a project?

Yes. However, the CDC center, institute, or office (CIO) responsible for the project will have to approve the redirection of funds between activities. The total approved cost of the project must remain unchanged.

If an activity is already funded by another source (e.g., FEMA), then can the activity also be funded under this NOFO?

No. This would be considered duplication of effort and is not permitted under this NOFO. Applicants are responsible for reporting such duplication of effort to CDC.

There are three kinds of duplication of effort. These are programmatic, budgetary, and time commitment overlap with another award or mechanism (i.e., a grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when substantially the same project is proposed to more than one funding mechanism for funding consideration. Budgetary overlap occurs when budgetary items like equipment or salaries are requested for funding, but are already funded by another source. Time commitment overlap occurs when an individual's time commitment to the response activities and his or her other activities exceed 100% of his or her working hours. For a more precise, legal explanation, please review the NOFO.

Can CDC-RFA-TP18-1802 be used by CDC to fund jurisdictional partners?

No, CDC-RFA-TP18-1802 is not the mechanism by which CDC will provide funding to jurisdiction partners. The funding of a selected list of potential jurisdictional partners is covered by CDC-RFA-OT18-1804: *Technical Assistance for Response to Public Health or Healthcare Crises*. It is an independent cooperative agreement that is separate financially and administratively. The partner cooperative agreement is designed to meet critical needs that the jurisdiction cannot execute with local staff expertise or complete quickly enough on its own to be effective within the program implementation period.

Should jurisdictions account for indirect costs of jurisdictional partners provided under CDC-RFA-OT18-1804: *Technical Assistance for Response to Public Health or Healthcare Crises* under CDC-RFA-TP18-1802 (e.g., office space or utilities costs for housing such partners)?

No. Such costs should not be accounted for under CDC-RFA-TP18-1802. Such costs should be covered by the CDC-RFA-OT18-1804: *Technical Assistance for Response to Public Health or Healthcare Crises*.

What are CDC's expectations for jurisdictions that receive funding?

Jurisdictions that receive funding are expected to reach the following outcomes during the project period:

- Conduct a coordinated public health emergency response that involves all appropriate public health sectors (e.g., community health, animal health, vector control, etc.).
- Rapidly identify and investigate public health emergencies.
- Meet performance standards.
- Coordinate response activities and open communication of critical and timely information among public health agency staff and across the Federal (e.g., CDC, FEMA, etc.), state, local, territorial, and tribal levels of government, as well as relevant nongovernmental partners.
- Communicate risks and situational awareness to response partners and the public in a timely manner. Public awareness campaigns that focus on protective actions can be funded under this NOFO. Also consider updating call center public health emergency messaging and monitoring media reports for accuracy, in case messaging needs to be adjusted.
- Ensure good communication with at-risk and vulnerable populations regarding personal and community risk, protective measures, and access to health services.
- Ensure the timely communication of information with clinicians and other healthcare response partners. This can include implementing processes so that healthcare providers can exchange information with electronic public health case reporting systems, surveillance systems, or immunization registries.
- Identify individuals impacted by the public health emergency and connect them to community services.
- Standby for updated guidance and be prepared to revise proposals and/or adjust activities based on the nature of the public health crisis.
- Identify surveillance plan activities for the public health crisis that require other governmental activities (e.g., from other health departments) or stakeholders and ensure that any potential response gaps are addressed.
- Ensure access and administration of medical and nonmedical countermeasures for pharmaceutical and nonpharmaceutical interventions are maintained.
- Strengthen mitigation strategies associated with risks caused by the public health crisis.
- Focus on response surge activities that respond to the public health crisis and strengthen or expand public health services, functions, and administrative management.

How will CDC ensure that performance standards are met by awardees?

After an award is made, awardees will need to submit an evaluation and performance measurement plan within the first three months to CDC. Performance measures will be developed by jurisdictions in close coordination with CDC. Performance results will then be reported to CDC during the remainder of the response funded under the NOFO. The plan will include a data management plan, which describes how data are collected, analyzed, interpreted, stored, and accessed, including protective measures for security and confidentiality.

Why does CDC require performance measurements?

Performance measurements establish whether project objectives were achieved and, therefore, if strategies were effective, as well as if their application should differ for various target populations and contexts. Evaluation and measurement of performance results for effectiveness and scalability will drive improvements to ongoing and future response activities.

What are the timeline requirements for recipients?

Recipients must be capable of activating imminent or surging current emergency response activities within a **two-day** period and, within 14 days of notice of CDC's intent to make an award, must be able to:

- Submit an amended budget based on jurisdictional needs, the scope of the NOFO, and available funds.
- Rapidly procure equipment and services through a General Services Administration (GSA) contract or other mechanism.
- Contract or hire temporary staff.
- Execute a contract within 30 days.

Note: the period of time allotted for these steps may vary depending on the crisis/response.

When funds become available under CDC-RFA-TP18-1802 through a specific supplemental NOFO (e.g., the 2017 hurricanes or the opioid overdose crisis), will there be funding ceilings?

Yes, there will be funding ceilings. Jurisdictions are required to provide budgets within their funding ceilings. Exceeding a funding ceiling will require further engagement with CDC to revise jurisdictional budgets, which will cause delays in awarding funds and run counter to CDC's goal to rapidly provide funding support.

If a jurisdiction is on the active list of pre-approved jurisdictions for CDC-RFA-TP18-1802 and a supplement funding NOFO is announced under the umbrella of CDC-RFA-TP18-1802 (as the 2017 hurricanes and the opioid overdose crisis NOFOs were announced under CDC-RFA-TP18-1802), does the jurisdiction have to apply for the supplemental funding NOFO?

Yes. The CDC-RFA-TP18-1802 NOFO is only used to establish an approved but unfunded list of applicants should funding become available during a future public health emergency. Instructions regarding how to apply for such future supplemental funding under the CDC-RFA-TP18-1802 Cooperative Agreement will be included in additional supplemental funding NOFOs announced under the CDC-RFA-TP18-1802 Cooperative Agreement umbrella.

When supplemental NOFOs are announced (e.g., the 2017 hurricanes or the opioid overdose crisis), will jurisdictions pre-approved under the CDC-RFA-TP18-1802 be required to provide letters of intent to apply for funding?

Yes, most likely. Letters of intent will be used to identify jurisdictions for potential funding and establish funding ceilings.

Could CDC-RFA-TP18-1802 be used to fund activities that are transitioning from public health emergency response to recovery?

Yes. While this NOFO is primarily intended to support work activities related to an imminent or occurring public health emergency, it may be used to reestablish diminished or lost public health capacity that resulted from a public health crisis.

How long do we need to keep cooperative agreement records (electronic or paper)?

Recipients must retain records for three years. In general, cooperative agreement project records that should be maintained include, but are not limited to, cooperative agreement financial records and related documents that substantiate costs charged to the cooperative agreement, such as:

- the general ledger

- accounting source documents
- personnel and payroll records
- timesheets
- cancelled checks

See OMB Circular [2 CFR 215.53](#) and [A-102](#) for more details.

Who may request these cooperative agreement records?

The awarding agency, the agency Inspector General, the Comptroller General of the United States, and any duly authorized representatives must be provided with access to all recipient records pertinent to the cooperative agreement to make audits, examinations, transcripts, and copies of these records.

What would trigger a final audit of our cooperative agreement records?

An audit may occur if the recipient has not been audited in more than a year or because of awarding agency concerns that the recipient may not have spent federal funds according to specifications and requirements. Also note that an annual budget is a regulatory requirement.

What would be the outcome if costs were improperly claimed?

The awarding agency has the right to disallow costs and recover funds from the recipient, even after the cooperative agreement is closed, if a later audit or other review identifies costs that were improperly claimed and should not have been allowed.

Questionable costs must go through the agency's audit resolution process before the recipient is asked to repay any disallowed costs. It is the awarding agency's responsibility to follow up on any decision to disallow costs, even after closeout occurs, to ensure that the necessary federal funds (i.e., debt to the federal government) are recovered.

See [OMB Circular A-102](#), [2 CFR 215.72](#), [A-133 § .320](#), and [2 CFR 215.73](#) for more details.

Who is the jurisdiction's point of contact for the *CDC-RFA-TP18-1802* and any supplemental funding NOFOs announced under its umbrella?

The main point of contact in each jurisdiction is the principal investigator identified in the jurisdiction's application for the *CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response*.

Will the funding received through this mechanism have subrecipient restrictions? Would the funds need to be held by the jurisdiction or could they be distributed to local health departments, subcontracted to nongovernment organizations, or otherwise distributed to others?

The recipient can determine how to distribute the funds it receives. However, use of the funds must remain within the scope of the supplemental funding guidance and applicable CDC program offices project proposals. Subcontracting/sub-awarding is allowable.

REDCap (Research Electronic Data Capture) Questions

Note: Applications for the current NOFO cycle are submitted through the grants management module (GMM) of GrantSolutions. REDCap is **only used** when funding becomes available through CDC-RFA-TP18-1802 and then only for revised work plans, budgets, and reports.

GENERAL

What is REDCap?

REDCap stands for Research Electronic Data Capture. REDCap is a secure web application for building and managing online surveys and databases. Unless a supplemental funding NOFO announcement or its instructions state otherwise, CDC will use REDCap as the IT platform to manage project plans, work plans, budget documents, and other documentation.

Is the REDCap folder created before or after a public health event?

Each public health event will have its own specific REDCap templates for project submissions. They are shared when a public health event is identified and funding becomes available.

Who is the point of contact (POC) for REDCap questions?

- Direct questions related to the crisis response cooperative agreement forms in your REDCap project, or gaining access to Secure Access Management Services (SAMS)/REDCap, or any other REDCap question to dsllrcrisiscoag@cdc.gov.
- If you are having trouble logging into [SAMS](#), contact samshelp@cdc.gov or call 877-681-2901.

Can the jurisdiction have multiple REDCap points of contact (POC) or users?

Yes, a jurisdiction can have more than one REDCap point of contact. An unlimited number of jurisdictional users can be granted access to REDCap (within reason). However, while multiple people can work in REDCap at the same time, only one person can work in one specific REDCap form at a time. To add additional users, CDC suggests that the original crisis response cooperative agreement point of contact be consulted and that then he or she email the request for additional users to DSLRCrisisCoAg@cdc.gov.

Is the approval process done within REDCap?

Yes. Jurisdictions will complete work plans and budget narratives in REDCap. CDC will approve these documents in REDCap.

Which jurisdictional point of contact has the authority to designate staff who will access REDCap?

CDC recommends that jurisdictions work with their original principal investigators or authorized representatives on CDC-RFA-TP18-1802 to designate staff.

If a jurisdiction has access to REDCap for another program, does the jurisdiction need to get specific access for this project?

Yes. If the jurisdiction already has REDCap users, then CDC can grant them access to the additional, applicable REDCap project plans. Please send those user names to DSLRCrisisCoag@cdc.gov.

Where can I see my REDCap projects?

From the REDCap home page, click the “My Projects” tab. This page will list all jurisdictional projects.

Will technical monitoring occur through REDCap?

Yes.

DATA ENTRY

Can we export files from REDCap as PDFs?

Yes. Click the “Download PDF of instrument(s)” button at the top of any data entry screen in REDCap. Jurisdictions can export one or all of the data entry forms and the blank data entry form(s) or the data entry form(s) with saved data.

Are there character limits for REDCap text field boxes, and, if so, what happens to text that goes beyond the limit when printed?

A character limit in REDCap is listed for some of the project plan text fields. However, REDCap will not cut off a text entry and the excess text will appear in the printed version even if it exceeds the character limit.

If there is no user activity, is there a login timeout in REDCap?

Yes. It is 30 minutes.

Will our jurisdiction be able to see the project plans from CDC or the work plans from other jurisdictions?

Jurisdictions will be able to see CDC project plans (read-only access), but do not have access to work plans from other jurisdictions.

Glossary and Acronyms

ABU Approved but unfunded.

CIOs Center, Institute and Offices

ELC Epidemiology and Laboratory Capacity

FEMA Federal Emergency Management Agency

GSA General Services Administration

NOFO Notice of Funding Opportunity.

PHEP Public Health Emergency Preparedness

REDCap Research Electronic Data Capture