

CDC Publishes FY 2019 Public Health Crisis Response Notice of Funding Opportunity

CDC has published its fiscal year 2019 (FY 2019) Public Health Crisis Response notice of funding opportunity (NOFO), which is designed to enhance the nation's ability to rapidly respond to public health emergencies. This NOFO increases the speed at which CDC can award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency through the establishment of an "approved but unfunded" (ABU) list of response funding recipients. CDC will activate this mechanism when it makes a determination that a public health emergency has occurred or is imminent and funding is available.

Fast Facts

Announcement Date: Tuesday, October 2, 2018

Application Deadline: Monday, December 3, 2018

Eligible Applicants: 50 states; five U.S. territories and three freely associated states in the Pacific; six localities: Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.; and federally recognized tribal governments that meet the NOFO requirements and serve, through their own public health infrastructures, at least 50,000 people.

Estimated Approval Date: Thursday, February 1, 2019. Awardees will be approved but unfunded until a crisis occurs and funding is available.

NOFO Management: The Division of State and Local Readiness in CDC's Office of Public Health Preparedness and Response (OPHPR) will manage the initial response component, while longer-term, crisis-specific response activities will be supported by various CDC programs.

NOFO and Application Package Location: www.grants.gov.

FY 2019 NOFO Changes

Overall, the FY 2019 NOFO requirements have not changed substantially from the original posting in FY18. New content has been added primarily to clarify FY 2018 requirements. Following is a summary of the changes to specific sections of the NOFO guidance.

NOFO Purpose

Adds language stating that funding issued through this NOFO may be used to reestablish capacity lost or diminished as a result of the public health crisis. The guidance reiterates that this NOFO is not a capacity building mechanism that can be used to create or establish new public health emergency management programs.

New language also clarifies that the NOFO may address public health needs or emergencies that shift from a response mode to recovery.

Strengthen Surge Management Domain

Adds language encouraging awardees to focus on internal and external activities that strengthen their ability to provide and manage increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs created by an emergency.

Process Measures and Outputs

Adds language indicating that applicant plans and activities related to Component A should be more developed and align with the activities addressed in the logic model. Applicants will be able to revise the plans and activities in the work plan related to Component B based on supplement guidance issued by CDC when funding becomes available.

Component B Work Plan

Adds language indicating that if Component B is funded independently of Component A, Component B work plans may include all six domains rather than the four domains specified for Component B.

Duplication of Effort

New language requires applicants to provide documentation indicating there is no duplication of effort associated with other federal funding sources such as FEMA, Stafford Act funding, or other federal program funding. This includes “open” or “working” funding actions, that is, any request that is in process but not resolved.

Recipient Evaluation and Performance Measurement Plan

Updates the submission requirement to 30 days after receipt of funding awards.

Application Submission

Eligible jurisdictions that did not apply in FY 2018, are still eligible. Those wanting to apply in FY 2019 will need to submit a complete application package. 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. The following table outlines the application process for new and renewing applicants.

Fiscal Year 2019 Public Health Crisis Response NOFO	New Applicants	Renewing Applicants	Upload as PDF to Grants.gov
Detailed budget narrative*	✓		✓
Project abstract*	✓		✓
Project narrative* - Including work plan	✓		✓
Organizational chart*	✓		
IMS structure*	✓		
CDC assurances and certification	✓		✓
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 (using Crisis NOFO application renewal requirements template)		✓	

*Not required of renewing applicants unless there are significant changes from FY2018 applications

** Submit a revised version for fiscal year 2019 cycle

*** Letter signed by the public health director on departmental letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting, existing incident management structure for the department’s public health emergency management program, organizational chart reflecting public health department’s structure and placement of the emergency management program.

Expediting the Process

CDC's Public Health Crisis Response funding mechanism allows the agency to expedite funding through the establishment of an "approved but unfunded" (ABU) list of eligible health departments with pre-existing emergency management programs that submit timely and responsive applications. CDC will activate this mechanism when it makes a determination that a public health emergency has occurred or is imminent and funding is available. CDC will determine which health departments on the ABU list need to be funded, which could include all of them or only a subset. CDC will consider factors such as the nature of the specific emergency, disease burden (if appropriate), geographic location, health impact, and national priorities, among other factors.

Subject to the availability of funds, recipients would receive funds to stand up emergency activities for the first 120 days of the event. This would enable them to quickly begin response activities, such as activating the emergency operations center, preparing contracts for surge staffing, implementing risk communications activities, and determining crisis-specific resources that will be needed over the course of the response.