

**2019-2024 Public Health Emergency Preparedness (PHEP) Notice
of Funding Opportunity Supplemental Guidance and Resources**

PHEP Budget Period 1 (Fiscal Year 2019) Application Instructions

March 2019

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Purpose

This document provides Public Health Emergency Preparedness (PHEP) program applicants with reference materials, tools, and guidance for preparing their Budget Period 1 (Fiscal Year 2019) funding applications in the PERFORMS system and submitting in Grants.gov.

It complements the 2019-2024 PHEP notice of funding opportunity (NOFO) published March 4, 2019, on www.Grants.gov, but is not intended to duplicate it. The NOFO is the definitive guide on application content, submission, and deadlines. It supersedes all information provided in this document.

This document contains information that will help you:

- Understand the application submission dates, times, and process
- Understand the application requirements
- Utilize the PERFORMS system to develop your application information
- Submit your completed application in Grants.gov

The document also references templates and other materials made available on the CDC website at <https://www.cdc.gov/cpr/readiness/phep.htm> under BP1 resources. These materials will assist applicants in completing the application. The use of the application templates is optional, but the information and guidance contained in this document can assist applicants with preparing a thorough application that is less likely to require additional information or budget restrictions.

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Budget Period 1 Application: Timeline

Below is an overview of the Budget Period 1 application timeline.

Planning Phase

Pre-submission

Complete required registrations found in the NOFO, Part II, Section D, Application and Submission Information.

Complete Security Access Management Services (SAMS) authentication for PERFORMS access and Grants Solutions Grants Management Module (GMM) access (see below for additional information)

Ensure personnel are trained on entering data in these systems

Application Deadline

May 3, 2019

Budget Period 1 application due in Grants.gov at 11:59 PM EDT

CDC **STRONGLY** recommends submission in PERFORMS and Grants.gov no later than **seven days** prior as applications must be error free during the validation process and corrected **before** the deadline. Early submission will allow applicants to correct any errors prior to the deadline and submit on time.

Review Phase

May 2019

Programmatic and fiscal reviews of the application occurs; this includes budget negotiation with CDC's Office of Financial Resources (OFR), Office of Grants Services (OGS).

Award Phase

June 2019

Budget Period 1 Notices of Award – these will now be sent through the Grants Management Module

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within Grantsolutions.gov; CDC OGS staff will no longer be sending electronic NOAs.

Additional Information

Grants.gov provides customer support via the toll-free number 1-800-518-4726 and email at support@grants.gov. For questions related to the specific grant opportunity, contact the number listed in the application package of the grant you are applying for.

New users should obtain SAMS authentication for PERFORMS access.

For new users, the first step in accessing PERFORMS is to obtain CDC's Secure Access Management Services (SAMS) user authentication. **To add a new user to PERFORMS, the jurisdiction's User Administrator must first request a new user invitation from the PERFORMS System Administrator** (see below). The PERFORMS System Administrator will then send the prospective user an invitation to register with SAMS for authentication purposes. The prospective user should complete the authentication process as directed by SAMS. **After approval, the jurisdiction's user administrator must go into PERFORMS and update the new user's account information, including the user access level.**

Please contact the PERFORMS Help Desk for further assistance (e-mail: performssupport@cdc.gov; toll-free telephone: 866-612-3615).

NOTE: User Administrators and users should take this opportunity to update any PERFORMS users' account information and access levels, and to deactivate any users who no longer need access to PERFORMS.

It is strongly recommended that applicants have at least two of their staff members with access to PERFORMS, which will enable CDC staff to process information in PERFORMS more quickly around times of emergencies and/or staff shortages.

Submit applications via www.Grants.gov. CDC's Office of Financial Resources (OFR) will not accept application submissions sent by e-mail, fax, CDs, or thumb drives.

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Important Note: CDC strongly recommends Applicants submit their applications at least seven (7) calendar days before the application deadline. Applications submitted in www.Grants.gov undergo an electronic validation process that checks for errors. During this process, Applicants will receive three notification e-mails from www.Grants.gov.

These notifications include submission receipt, validation receipt, and grantor agency retrieval receipt. Your application must be error free during the validation process and corrected before the deadline. Early submission will allow Applicants to correct any errors prior to the deadline. CDC is not notified of submission attempts, will not receive rejected applications, and can only consider a submission as being on time when it has successfully passed the validation process and is made available to CDC by www.Grants.gov.

Content and Form of Application Submission

PHEP applications are submitted in two distinct IT systems: grants.gov and PERFORMS. The following application requirements are specific to each system. Please ensure that all of the requirements needed for each system have been met. Note that much of the work completing sections in PERFORMS can generate reports to be uploaded with the application in grants.gov.

Grants.Gov Application Components

The following elements can be used as a checklist to ensure a complete grants.gov application package. For details on each component, please refer to the NOFO. Naming conventions described in the NOFO must be followed.

- Table of Contents**
Use the format outlined in the NOFO, such as Project Narrative, Budget Narrative, etc.
- Project Abstract Summary (Maximum 1 page)**
Provide a brief explanation of the five-year period of performance activities and expected outcomes; should describe the overarching goal you hope to achieve.
- Disclosure of Lobbying Activities (SF-LLL)**
This form must be completed and uploaded to www.Grants.gov with the

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application.

SF-424 Application for Federal Assistance

Applicants must download the SF-424, complete the form, and upload the completed form to www.Grants.gov with the application. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

SF-424A Budget Information for Non-Construction Programs [V1.0]

This budget form must be completed and uploaded to www.Grants.gov with the application. Note: this form cannot be generated from PERFORMS.

Budget Narrative

The itemized budget narrative is comprised of two reports generated in PERFORMS: the Budget Period 1 Budget Justification Report and the Budget Detail Report.

The Office of Financial Resources' (OFR) [Budget Preparation Guidelines](#) provides guidance for the preparation of a budget request and examples to help with the development process. Adherence to this guidance will facilitate timely review and approval of a budget request.

The budget must include the detailed information on the following:

- **Salaries and wages**

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

- **Fringe benefits**

Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

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- **Consultant costs**

This category should be used when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee of the grantee organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services, and must be obtained. Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to CDC for each consultant:

1. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
2. **Organizational Affiliation** (if applicable): Identify the organization affiliation of the consultant.
3. **Nature of Services to Be Rendered:** Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
4. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
5. **Number of Days of Consultation** (basis for fee): Specify the total number of days of consultation.
6. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the required information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

- **Equipment**

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, in circumstances where your organization has a lower threshold, you may work with your CDC

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Grants Management Officer to establish a threshold that is consistent with your organization's policy. All budget requests should individually list each item requested, and provide the following information: 1) number needed; 2) unit cost of each item; and 3) total amount requested. Also, provide a justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the "Other" cost category.

- **Supplies**

Individually list each item requested, and provide the following information: 1) specify the type of item, as appropriate; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.

- **Travel**

Dollars requested in the Travel cost category should be for **recipient staff travel only**. Travel for consultants or other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the "Other" cost category. The travel information can be entered into PERFORMS and then uploaded as an attachment in Grants.gov.

For In-State Travel, provide:

1. Narrative justification: Describe the purpose of the travel
2. Destination(s)
3. Number of trips planned
4. Name of staff traveling
5. Approximate travel dates

If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.

For Out-of-State Travel, provide a narrative justification including the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize Out-of-State Travel in the format described above for In-State Travel.

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- **Contractual Costs**

Approval to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract:

1. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored during and at the close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide and itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary of the proposed contracts and amounts for each should be provided.

- **Total Direct costs**

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

- **Total Indirect costs**

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be

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provided with the application.

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs

- **Other Category**

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

- HHS Checklist**

Applicants must submit this completed form must with the application. This form should be attached as the last page of the signed application.

- Indirect Cost Rate Agreement**

A current copy of the recipient's Cost Allocation Plan or Indirect Cost Rate Agreement must be uploaded with the application. Name the file "Indirect Cost Rate Agreement" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

- Project Narrative**

Name this file "Project Narrative" and upload it at www.Grants.gov with the application. Specific information about this narrative can be found in the NOFO, Part D, Section 10. Include each of the sections below:

- **Background**

Applicants must provide a description of relevant background information that includes the context of the problem.

- **Approach**

- **Purpose**

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

- **Outcomes**

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance, as identified in the logic model in the Approach section of the CDC Project

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Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

- ***Strategies and Activities***

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs and describe in the recipient evaluation and performance measurement plan how these strategies will be evaluated over the course of the period of performance. See the *Strategies and Activities* section of the CDC Project Description for details regarding CDC's programmatic and administrative expectations.

1. ***Collaborations***

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must also address the collaboration requirements and expectations described in the *CDC Project Description*.

Applicants must describe the cross-discipline planning and partnerships efforts to plan and implement preparedness and response activities tailored to their community's needs.

Applicants must describe how cross-discipline information sharing occurs between state, local, and territorial public health preparedness programs and healthcare coalition (HCC) members, surveillance programs, communicable disease programs, and healthcare-associated infection control (HAI) programs.

Applicants should describe steps being taken to integrate public health infectious disease programs into overall jurisdictional infectious disease response planning.

2. ***Target Populations and Health Disparities***

Applicants must describe the specific target population(s) in their jurisdictions and explain how such a focus will achieve the goals of the award and/or alleviate health disparities. Applicants must describe the specific at-risk and/or vulnerable populations in their jurisdiction and explain how such a target will achieve the goals of the

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award and/or alleviate health disparities. Refer back to the CDC Project Description section – Approach: Target Population for greater detail.



NOTE: The Strategies and Activities section of the application is an overview of the strategies, activities, and specific details of the work plan that all applicants will be required to enter in PERFORMS. Please see [PERFORMS Application Components](#) for more details.

Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of the NOFO.



NOTE: Per the Paperwork Reduction Act of 1995 (PRA), applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or nonfederal entities, including state and local governmental agencies, and funded or sponsored by the federal government are subject to review and approval by the Office of Management and Budget. For further information about CDC’s requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.

Organizational Capacity of Applicants to Implement the Approach

Describe the organizational capacity to implement the proposed approach, work plan, and budget. This file should be uploaded with the application.

Application Attachments

In addition to the above-mentioned files, refer to Section H of the NOFO for a list of attachments that must be uploaded as part of the application at www.grants.gov. These attachments should be filed under “Other Attachment Forms” and appropriately named. Applicants may not attach documents other than those listed; if other documents are attached, they will not be reviewed.

When applicants begin their entries to Grants.gov, the system creates a workspace in which to organize the application. Consult your organization’s

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AOR for access. To upload attachments:

1. Review the application instructions provided by CDC for any attachment restrictions.
2. Review the form instructions you are completing.
3. If there are no restrictions for file names identified by the agency or in the form, then the file name restrictions are as follows:
 - Please limit file names to 50 or fewer characters
 - Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, period, parenthesis, curly braces, square brackets, ampersand, tilde, exclamation point, comma, semi colon, apostrophe, at sign, number sign, dollar sign, percent sign, plus sign, and equal sign. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Note: Upload document(s) printed in order after online forms. For example: After uploading SF-424A and AF424, then you may upload the Project Abstract, the Project Narrative, Budget Narrative, Domain Work Plan and other narrative documents.

PERFORMS Application Components

Completion of the PERFORMS application module is necessary for completion of the PHEP application package. The requirements needed to complete PERFORMS vary from the grants.gov submission. Applicants must complete the following sections in PERFORMS first, export the appropriate reports, and upload as PDF files into [Grants.gov](https://www.grants.gov).

- Program Requirements**
- Work Plan**
- Budget** (Budget Details and Budget Justification Reports)
- Properties**

Program Requirements Section

For BP1, applicants must complete the PHEP program requirements section in the PERFORMS application module. The program requirement section consists of the following tabs.

- Strategic Forecast
- Administrative Preparedness
- All-Hazards Preparedness and Response Planning Sections
- Assurances
- Subrecipient Monitoring
- Tribal Engagement (for applicable applicants)

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Applicants must complete all of the questions on each of the tabs to complete this portion of the application module.

Work Plan

Applicants must describe their planned activities for the budget period in their work plans. Activities may be tailored each year to address issues of high interest in states and/or issues of high importance that arise in the prior year.

CDC requires applicants to approach the development of their work plans based on the most recently completed CPG self-assessment that incorporates their current jurisdictional risk assessments (JRAs) and priorities (jurisdictional HVA, JRA, or THIRA). Applicants must also ensure planned activities meet program requirements and benchmarks. CDC encourages applicants to build and sustain each capability to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies, regardless of size or scenario.

A completed work plan for BP1 requires applicants to select each *Domain Summary*; the related *Strategy*; provide a *Planned Activity Type*; and, if funds are associated, then select and add the *Associated Planned Activities*. The following section describes the work plan components.

Step 1: Choose a Planned Activity Type

A chosen planned activity type for each capability, using one of the following options:

- Build
- Sustain
- Scale back
- No planned activities for this budget period

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Figure 1 - Planned Activity options under each capability

The screenshot shows a software interface with a top navigation bar containing 'Edit Mode' and 'Review Mode'. The main content area is titled 'Domains' and contains a list of domains. The 'Community Resilience' domain is expanded, showing its 'Domain Summary', 'Strategies', and 'Budget' tabs. The 'Domain Name' is 'Community Resilience' and the 'Domain Description' is 'Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.' Below this, the 'Associated Capabilities' section is expanded to show 'Community Preparedness'. A dropdown menu is open under the heading 'Classify the Planned Activity for this Capability:', with options: 'Build', 'Sustain', 'Scale Back', and 'No Planned activities for this budget period'. The 'Build' option is selected and highlighted. The interface also shows other domains like 'Incident Management', 'Information Management', 'Countermeasures & Mitigation', 'Surge Management', and 'Biosurveillance', all marked as 'Untouched'.

Build: Recipient plans to increase, strengthen, and/or boost the current state / status of this capability.



NOTE: If “build” is selected, the recipient must provide in the work plan description of how and what the recipient is building and identify any PHEP gaps sub activity requirements that will be addressed in the work plan for the budget period.

Sustain: Recipient plans to maintain the current state / status quo of this capability.



NOTE: If “sustain” is selected, the recipient must identify in the recipient level (i.e., state, local, etc) the recipient will maintain operational capacity for the budget period.

**CDC encourages applicants to build and sustain each capability to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies, regardless of size or scenario.

Scale Back: Recipient plans to reduce, downsize, remove, or downgrade the capacity of the capability.

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NOTE: *The scale back option is not intended to include situations where reducing capability results in little or no impact to overall performance. For example, scaling back may include situations where excess capacity is purposely reduced. In those cases, sustain may be a more accurate selection. Scale back is intended to denote situations where needed capacity and/or performance is being lost or reduced in some way.*

No planned activities this budget period: Recipient has no planned activities to address this capability.



NOTE: *If there are no planned activities, the recipient:*

- *Cannot provide planned activities, or proposed outputs*
- *Must identify any challenges or barriers that may have led to having no planned activities for Budget Period 1.*
- *Must indicate and describe, if applicable, any self-identified technical assistance needs for the capability.*

Step 2: Select Funding Type

Applicants must select one of the following sources of funding for each capability with planned activities:

- PHEP
- Other Funding Source (state, HPP, local, DHS, other)

Any capability with functions or objectives supported by PHEP funding must have at least one line item associated with that function or objective in the budget.

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Figure 2 - Funding Type options for PHEP Work Plan

The screenshot displays a web application interface for configuring a PHEP Work Plan. At the top, there are two tabs: 'Edit Mode' and 'Review Mode'. The main content area is titled 'Domains' and features a tree view of domain categories. The 'Community Resilience' domain is currently selected and expanded, showing its 'Domain Summary', 'Strategies', and 'Budget' tabs. The 'Domain Name' is 'Community Resilience', and the 'Domain Description' states: 'Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.' Below this, the 'Associated Capabilities' section is visible, with 'Community Preparedness' selected. This capability has two main sections: 'Classify the Planned Activity for this Capability:' with a dropdown menu set to 'Build', and 'Funding Type:' with a dropdown menu set to '<Select>'. Below the dropdown is a list of options: 'PHEP' (with an unchecked checkbox) and 'Other Funding Source' (with an unchecked checkbox). An 'OK' button is located at the bottom of this section. To the right of the 'Community Preparedness' section, there is a green 'S' icon and the text 'Untouched'. Below the 'Community Preparedness' section, other domain categories are listed: 'Community Recovery', 'Incident Management', 'Information Management', 'Countermeasures & Mitigation', 'Surge Management', and 'Biosurveillance', each with an 'Untouched' status indicator.

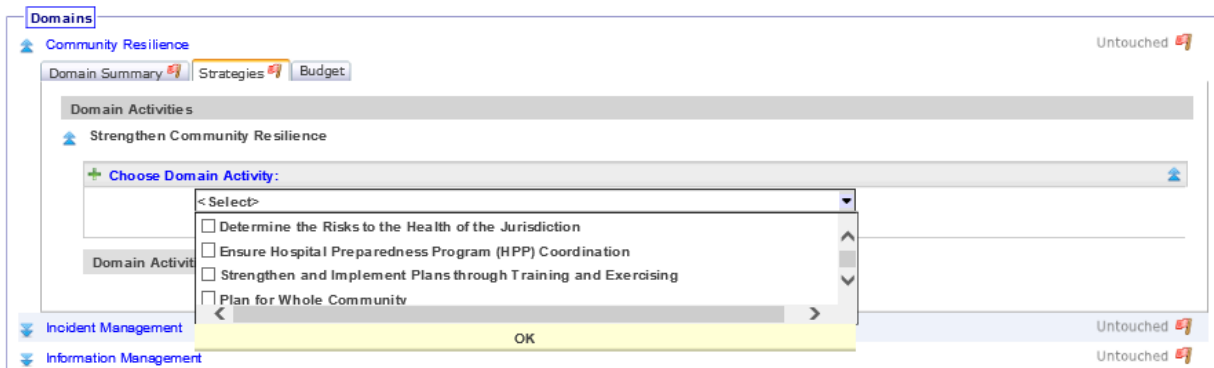
Step 3: Select Domain Strategies and Activities

Applicants should select the domain activities that best represent their approach to strengthening the domain.

- A. Select from the predefined list of domain activities or create jurisdiction-specific activities (see Domain Activities section).

Figure 3 - Domain Activity

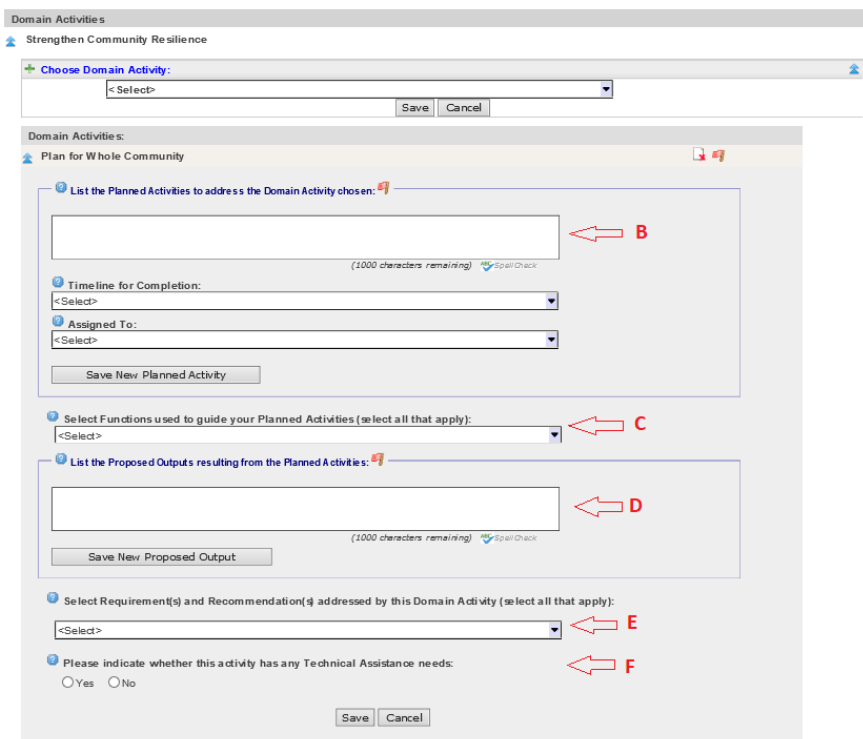
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B. From there, applicants list the specific steps they plan to conduct to complete the domain activity with associated timelines (see Planned Activities section).

- Planned activities should describe specific actions that support the completion of a domain activity. When reading the planned activities, the following should be easily determined: what will be completed, by what quarter and by whom the activity will be assigned to. Not all activities should be

Figure 4 - Domain Activity



completed in the fourth quarter. It is expected that if the activity will be conducted by local health agencies that assist the recipient in reaching or sustaining a strategy then those activities should be aggregated and documented in this section. “When applicants fund the locals based on deliverables, they can group similar locals that are expected to complete the activity. For example, CRI funded locals have different requirements than most other locals so grouping them into one activity is an option.

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Planned activities should lead to measurable outputs linked to program activities and outcomes. To delineate which activity corresponds with the correct output, please number and letter the matching components.

- Example:

Planned Activities	Outputs
1.) Activity 1, corresponding to output 1a and 1b	1a.) Output 1, corresponding to activity 1
2a.) Activity 2, corresponding to output 2	1b.) Output 2, corresponding to activity 1
2b.) Activity 2, corresponding to output 2	2.) Output 2, corresponding to activity 2
3.) Activity 3, corresponding to output 3	3.) Output 3, corresponding to output 3

- C. Select the appropriate capability function(s) to guide planned activities.
- D. List proposed outputs resulting from the planned activities. Applicants must provide at least one proposed output. The proposed outputs should directly relate to the expected results of completing the planned activities.
- E. Select the requirement(s) or recommendation(s) addressed by this domain activity.
- F. Select if technical assistance is required for this domain activity.

Work plans should address or reflect incorporation of all NOFO benchmarks and requirements. Applicants have the flexibility to choose the specific requirements to work on during each budget period. However, applicants must plan activities accordingly to meet all requirements, including product submissions, completion of ORRs, and performance measure due dates, by the end of the performance period and/or by the dates specified in the NOFO.

PHEP applicants have the flexibility to choose which specific capability(s) they address in a single budget period. The overarching PHEP program goal is to:

- Show measurable progress toward achieving the short-term and long-term outcomes during this five-year performance period
- Achieve an ‘established’ level of operational readiness by the end of the performance period (June 2024)

Other considerations for BP1 Work Plan Development

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- **PHEP Subrecipient Contracts Work Plan** – Applicants will no longer document the proposed subrecipients activities and related outputs in the Subrecipient Contracts Work Plan. The activities are to be merged with the PHEP Work Plan. Planned activities for locals or sub-recipients will include all the same elements described in preceding paragraph B. The applicants will need to distinguish between recipient and subrecipient activities and can aggregate or group similar subrecipients.
- **Laboratory Response Network – Chemical (LRN-C) Equipment Refresh**
Applicants must describe their equipment refresh activities within Capability 12 work plans in partnership with their laboratory directors and chemical threat program coordinators to assure the effective replacement of equipment for LRN-C ICP-MS (inductively coupled plasma mass spectrometry) instruments. This is a mandatory requirement for BP1 for those applicants that have Level 1 and Level 2 chemical laboratories within their jurisdictions.

Equipment specifications and guidelines are located in the PERFORMS Resource Library and on the LRN-C website at <https://lrnb.cdc.gov/>. Additional technical assistance is available through the LRN-C Technical Program Office at LRN-C_QA_Program@cdc.gov.

- **Direct Assistance:** Independent of the PERFORMS application process, applicants may request direct assistance (DA) for personnel (e.g., public health advisors, Career Epidemiology Field Officers, or other technical consultants), provided the work is within scope of the cooperative agreements and is financially justified. Applicants should have already submitted requests for DA personnel in lieu of financial assistance. If additional needs arise during the course of the budget period, please contact your PHEP specialist. DA may also be requested for any Statistical Analysis Software (SAS) licenses desired for future budget periods. DA requests for SAS licenses should be submitted no later than **November 15, 2019**.



NOTE: Adjustments to the financial assistance amounts awarded in the Budget Period 1 application are estimates and may be modified to reflect the actual costs associated with requests for DA.

- **Budget Line Item Associations:** The PERFORMS application module requires all budget line items to be associated to a capability(s) in the work plan or program administration. The following definitions and instructions describe how to report budget line items, including the proportion of every line item that goes to support PHEP activities and administrative costs. The process for reporting each

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budgeted item is described below and is based on which of the following categories under which it falls.

- Personnel whose roles and responsibilities are administrative in nature;
- Personnel whose roles and responsibilities are program implementation (not administrative) in nature; and
- Other object class line items (e.g., travel, contracts, supplies, equipment, consultants, and other.)

(Note: Classification of personnel must be by roles and responsibilities, NOT by title or education.)

Administrative personnel are those who spend 100% of their time on activities not directly tied to a specific PHEP program function, including those who:

- Plan, direct, and coordinate PHEP operations at the highest level (e.g., PHEP directors, regional program managers, etc.)
- Provide day-to-day staff assistance or clerical duties in support of the individuals described above.

When entering administrative personnel line items in the PERFORMS budget module, after name and job title are selected, applicants must select the “Program Administration” choice from the “association” drop-down list, and then the “Program Administration” choice from the subassociation list. After this is done, the system will not allow the recipient to enter an association with any capability.

Program personnel are those whose roles and responsibilities are directly tied to a specific function or activity necessary to meet the PHEP program requirements and recommendations and include such personnel as those who do the following:

- Plan, implement, and maintain preparedness and response activities;
- Manage required volunteer management programs; and
- Plan and conduct training or exercises.

When entering this type of line item, after name and job titles are selected, applicants must use the *Work Plan Association* drop-down list and “Subassociation” drop down lists to choose and allocate the percentage of time the positions devotes to implementing the work plan activities. The total capability distribution across any line item must equal 100%.

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There could be administrative costs associated with **other object class line items**. These line items represent costs for the purchasing of materials and services necessary to support the general operation of the PHEP program. Examples of administrative purchases include direct purchases or contracts to obtain:

- General office equipment and supplies needed to support operation of the PHEP program (e.g., laptops/computers, monitors, peripherals, PHEP staff mobile phones). Exclude budgeted items that can be attached to a capability (e.g., supplies and equipment for education and training, communications devices reserved for use in emergencies, and supplies stored in or used to maintain warehouse operations, etc.)
- General support services needed to meet state specific responsibilities and to ensure PHEP operations (e.g., IT consulting, licensure/maintenance for volunteer management systems, equipment and office maintenance, etc.)
- Travel necessary for the efficient operation of the PHEP program (e.g., required travel to national preparedness meetings, etc.)

The total distribution across public health capability objectives and administration must equal 100%.



Note: Applicants should contact their project officers if additional technical assistance is required.

Appendix A: Sample Work Plan *PHEP Work Plan Example 1*

Domain Strategy or Goal:	Community Resilience
Associated Capability(s):	Community Preparedness
Planned Activity Type:	Build
Funding Type:	PHEP
Domain Activity:	Plan for Whole Community

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Planned Activity:	Timeline for Completion:	Assigned To:
<ul style="list-style-type: none"> • 1. Develop and document access and functional planning needs in a local health departments' annex based on their Communication, Maintaining Health, Independence, Safety, Support Services, and Self-Determination, and Transportation (C-MIST) assessments 	Quarter 2: October 1 – December 31	Local Health
<ul style="list-style-type: none"> • 2. Conduct a workshop on how to incorporate individuals with access and functional needs into emergency for PHEP and regional public health staff 	• Quarter 3: January 1 – March 31	Recipient
<ul style="list-style-type: none"> • 3. Develop a plan for immediate and long-term mental/behavioral health needs based on C-MIST assessments. 	• Quarter 3: January 1 – March 31	Other: Department of Human Services
<ul style="list-style-type: none"> • 4. Develop and document access and functional planning needs in an Any State Health Department (ASHD) annex based on C-MIST assessments. 	• Quarter 3: January 1 – March 31	Recipient
<ul style="list-style-type: none"> • 5a. Identify access and functional clusters and individuals by collaborating with partners. Map clusters against known risk factors. 	• Quarter 4: April 1- June 30	Recipient
<ul style="list-style-type: none"> • 5b. Conduct table top exercise with the Any State Department of Human Services to test the newly developed ASHD annex 	• Quarter 4: April 1- June 30	Recipient

Functions:

- Community Preparedness:3. Coordinate with partners and share information through community social networks
- Community Preparedness:4. Coordinate training and provide guidance to support community involvement with preparedness efforts

Proposed Outputs:

- 1. Mental and behavioral health needs addressed in the ASHD annex and local level.
- 2. Access and functional needs population clusters mapped for ASHD and 25 local jurisdictions.
- 3. Table top exercise AAP/IP identifying strength and area of improvement in the newly developed ASHD Annex.
- 4. Twenty-five local jurisdictions annexes that address the planning needs of individuals with access and functional needs.
- 5. Revised ASHD Annex addressing access and functional needs.

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Requirement(s) and Recommendations:

- Identify populations at risk of being disproportionately impacted by incidents or events
- Integrate access and functional needs of individuals
- Engage mental/behavioral health partners and stakeholders

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PHEP Work Plan Example 2

Domain Strategy or Goal: Countermeasures and Mitigation
Associated Capabilities: Nonpharmaceutical Interventions
Planned Activity Type: Build
Funding Type: PHEP
Domain Activity: Coordinate Nonpharmaceutical Interventions

Planned Activity:	Timeline for Completion:	Assigned To:
• 1. Conduct assessment of local health departments' NPI mitigation strategies for pandemic influenza	• Quarter 3: January 1 – March 31	Local Health
• 2. Develop county school closure guidelines and recommendations for pandemic influenza in collaboration with Any State Department of Education	• Quarter 3: January 1 – March 31	Recipient
• 3. Conduct regional school closure guidelines for pandemic influenza seminars for school superintends and local health departments	• Quarter 3: January 1 – March 31	Other
• 4. Develop infectious disease community mitigation strategies bench book for county judges.	• Quarter 4: April 1- June 30	Other

Function Association:

- Non-Pharmaceutical Interventions:1. Engage partners and identify factors that impact nonpharmaceutical interventions

Proposed Outputs

- 1. NPI bench book for distribution to 75 county judges across the state.
- 2. Four trainings on school closure guidelines and recommendation for LHD staff.
- 3. Pandemic Influenza school closure guidance and recommendations document for county schools and health departments.
- 4. Assessment summary document of local health departments strategies to mitigate pandemic influenza

Requirement(s) and Recommendation(s):

- Coordinate nonpharmaceutical interventions

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PHEP Work Plan Example 3

Domain Strategy or Goal: Strengthen Incident Management
Associated Capabilities: Emergency Operations Coordination
Planned Activity Type: Sustain
Funding Type: PHEP
Domain Activity: Maintain and Exercise Fiscal and Administrative Preparedness Plans

Planned Activity:	Timeline for Completion:	Assigned To:
<ul style="list-style-type: none"> 1a. Review State Health Department (SHD) Administrative Preparedness Plan activation of public health emergency personnel. 	<ul style="list-style-type: none"> Quarter 1: July 1 – September 30 	Recipient
<ul style="list-style-type: none"> 1b. Survey county health departments' Administrative Preparedness Plans to assess county level processes to state level for inconsistency in response. 	<ul style="list-style-type: none"> Quarter 2: October 1 – December 31 	Recipient
<ul style="list-style-type: none"> 2. Incorporate new emergency hiring authorities into existing ASHD Administrative Preparedness Plan. 	<ul style="list-style-type: none"> Quarter 3: January 1 – March 31 	Recipient

Function Association:

- Other (please specify)
Administrative Preparedness Planning

Proposed Outputs:

- 1. Survey summarizing county health departments' administrative processes.
- 2. Reviewed and revised ASHD Administrative Plan

Requirement(s) and Recommendation(s):

- Submit an updated administrative preparedness plan

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PHEP Work Plan Example 4

Domain Strategy or Goal: Biosurveillance
Associated Capabilities: Public Health Laboratory Testing
Planned Activity Type: Sustain
Funding Type: PHEP
Domain Activity: Conduct laboratory testing

Planned Activity:	Timeline for Completion:	Assigned To:
<ul style="list-style-type: none"> Activity 1: Update the database of Sentinel and Level 3 Laboratory contacts for dissemination of guidance on lab testing in order to respond to chemical, biological, radiological, nuclear, explosive, and other public health threats. 	<ul style="list-style-type: none"> Quarter 1: July 1 – September 30 	Recipient
<ul style="list-style-type: none"> Activity 2: Conduct annual review and update of SOPs to meet CLIA and Select Agents Program requirements. Plans reviewed include the Incident Response, Safety, Security, Biological Agent Incident Response Plans. 	<ul style="list-style-type: none"> Quarter 2: October 1 – December 31 	Recipient
<ul style="list-style-type: none"> Activity 3: Perform testing of chemical, biological, radiological, nuclear, & explosive samples, utilizing CDC-established protocols and procedures to provide detection, characterization and confirmatory testing to identify public health incidents. 	<ul style="list-style-type: none"> Quarter 3: January 1 – March 31 	Recipient

Function Association:

- Public Health Laboratory Testing:1. Conduct laboratory testing and report results
- Public Health Laboratory Testing:2. Enhance laboratory communications and coordination
- Public Health Laboratory Testing:3. Support training and outreach

Proposed Outputs:

- Output 1 for Activity 1: An updated database of Sentinel and Level 3 laboratories (including contacts and contact information).
- Output 1 for Activity 2: 100% of CLIA-required and Select Agent Program SOPs reviewed and signed off
- Output 1 for Activity 3: 100% passing of proficiency testing

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- Output 4 for Activity 4: 100% of employees who require recertification for the Safe Transport of Division 6.2 Infectious Substances, Biological Specimens, Dry Ice and Related Materials

Requirement(s) and Recommendation(s):

- Maintain communication with LRN-B sentinel laboratories
- Meet or sustain standard LRN-B laboratory requirements
- Meet or sustain LRN-C basic membership requirements

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PHEP Work Plan Example 4

Domain Strategy or Goal: Biosurveillance
Associated Capabilities: Public Health Laboratory Testing
Planned Activity Type: Sustain
Funding Type: PHEP
Domain Activity: Conduct laboratory testing

Planned Activity:	Timeline for Completion:	Assigned To:
<ul style="list-style-type: none"> • Activity 1: Update the database of Sentinel and Level 3 Laboratory contacts for dissemination of guidance on lab testing in order to respond to chemical, biological, radiological, nuclear, explosive, and other public health threats. 	<ul style="list-style-type: none"> • Quarter 1: July 1 – September 30 	Recipient
<ul style="list-style-type: none"> • Activity 2: Conduct annual review and update of SOPs to meet CLIA and Select Agents Program requirements. Plans reviewed include the Incident Response, Safety, Security, Biological Agent Incident Response Plans. 	<ul style="list-style-type: none"> • Quarter 2: October 1 – December 31 	Recipient
<ul style="list-style-type: none"> • Activity 3: Perform testing of chemical, biological, radiological, nuclear, & explosive samples, utilizing CDC-established protocols and procedures to provide detection, characterization and confirmatory testing to identify public health incidents. 	<ul style="list-style-type: none"> • Quarter 3: January 1 – March 31 	Recipient

Function Association:

- Public Health Laboratory Testing:1. Conduct laboratory testing and report results
- Public Health Laboratory Testing:2. Enhance laboratory communications and coordination
- Public Health Laboratory Testing:3. Support training and outreach

Proposed Outputs:

- Output 1 for Activity 1: An updated database of Sentinel and Level 3 laboratories (including contacts and contact information).
- Output 1 for Activity 2: 100% of CLIA-required and Select Agent Program SOPs reviewed and signed off
- Output 1 for Activity 3: 100% passing of proficiency testing

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Requirement(s) and Recommendation(s):

- Maintain communication with LRN-B sentinel laboratories
- Meet or sustain standard LRN-B laboratory requirements
- Meet or sustain LRN-C basic membership requirements