CDC Public Health Crisis Cooperative Agreement and 2017 Hurricane Supplemental Funding FAQs

May 2018

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Introduction

In 2017, CDC (Centers for Disease Control and Prevention) released the CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response notice of funding opportunity (NOFO). This funding mechanism enables CDC to quickly award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency. Eligible applicants were the 50 states; eight U.S. territories and freely associated states; 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.

The Public Health Crisis Response NOFO established an approved but unfunded (ABU) list of 64 health departments that are eligible for future funding, if an emergency occurs and funding becomes available. CDC will activate this umbrella cooperative agreement (CoAg) when a public health emergency has occurred or is imminent and funding is available. At that time, CDC will determine whether all or a subset of health departments on the ABU list need to be funded. Factors such as the nature of the specific emergency, disease burden (if appropriate), geographic location, health impact, and national priorities will be considered. 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 determining crisis-specific resources that will be needed over the course of the response.

On February 9, 2018, Congress approved and the President signed into law the Bipartisan Budget Act of 2018, which appropriated $200 million in hurricane funding to CDC to remain available until September 30, 2020. On March 16, 2018, CDC activated the public health crisis response funding mechanism to award a portion of the $200 million the agency will receive for response, recovery, preparation, mitigation, and other expenses directly related to the consequences of Hurricanes Harvey, Irma, and Maria.

CDC released on March 30, 2018, the 2017 Hurricane Recovery Crisis Cooperative Agreement interim guidance. The guidance included information related to eligibility, use of funds, permissible activities, reimbursement, and funding timeframes.

General Questions: Cooperative Agreement for Emergency Response: Public Health Crisis Response Notice of Funding Opportunity (NOFO)

What are the funding restrictions for this NOFO for applicants?
- The NOFO is designed to support the surge needs of your existing programs resulting from a public health emergency. Therefore, applications which seek to create new public health departments or emergency management programs will not be considered.

What are the funding restrictions for this NOFO for recipients?
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 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. For example, funds cannot be used for items covered by the Federal Emergency Management Agency (FEMA) or other federal funds.
- 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.
- Furniture or equipment. Any proposed spending must be 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 only serve merely 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 non-governmental organization that performs such activities. See Additional Requirement (AR) 35 for applicability.

What are the timeline requirements for recipients?
- Recipients will be capable of activating new or surging current emergency response activities within a **two-day** period.
- According to the general cooperative agreement guidance, a recipient must be capable of the following within 14 days of notice of CDC's intent to make an award:
  - Submit an amended budget
  - Rapidly procure equipment and services through a General Services Administration (GSA) contract or other mechanism
  - Contract or hire temporary staff

  However, the period of time allotted for these steps will vary depending on the crisis/response. For the hurricane supplemental funding opportunity, recipients will be given 45 days.

- Recipients will need to be able to execute a contract within 30 days.

Can the jurisdiction/recipient subcontract to a nongovernmental organization?
Yes, subcontracting/sub-awarding is allowable.

For future disasters, does the applicant initiate a funding request from CDC or wait for CDC to offer?
A state can notify CDC of a need, but only CDC can determine whether this cooperative agreement is the appropriate mechanism and identify whether there is funding available.

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
- cooperative agreement

See OMB Circular 2 CFR 215.53 and A-102 §_.42 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 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 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 then 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.

2017 Hurricane Recovery Jurisdictional Crisis Cooperative Agreement Questions

<u>General</u>

Is this funding a new NOFO for hurricane relief or it is part of the "*NOFO TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response*" that we were awarded as "approved but unfunded"?

This supplemental funding is part of the TP18-1802 NOFO with Congressional appropriations for "response, recovery, preparation, mitigation, and other expenses directly related to the consequences of Hurricanes Harvey, Irma, and Maria".

What is the scope of the hurricane funding? Is this funding for expenses incurred during the recent hurricanes or for the next hurricane season?

Funding will be allocated for response, recovery, preparation, mitigation, and other expenses directly related to the consequences of hurricanes Harvey, Irma, and Maria. It is for reconstituting services but can also be used to address unmet needs caused by the hurricane's impact.

Can we request reimbursement for hurricane-related expenses that occurred in 2017?

Public health expenses that occurred up to 120 hours prior to Hurricanes Harvey, Irma, and/or Maria landfall in your jurisdiction and prior to the CoAg notice of award are potentially reimbursable. Reimbursable expenses may include, but are not limited to, activating emergency operations centers (EOCs), reviewing hurricane plans, and coordinating with other agencies. Jurisdictions must submit reimbursement requests through the reimbursable OPHPR jurisdictional disaster immediate reimbursement project plan.

How do I apply for this hurricane supplemental funding?

- Any jurisdictions on the accepted but unfunded (ABU) list should:
    - Submit a notice of intent to apply to DSLRCrisisCoAg@cdc.gov.
    - Request access to the hurricane project in the REDCap system by emailing DSLRCrisisCoAg@cdc.gov.
    - Complete work plans and budget narratives in REDCap within the 45-day timeframe (no later than May 14).

When can we expect to receive funding?

CDC will issue Notices of Award (NOAs) after approving final work plans and budgets. Jurisdictions may receive funding as early as June, 2018.

What is the funding ceiling for applications to this hurricane supplemental funding?

Funding ceilings are available to jurisdictions and determined by the sponsoring CDC program offices that have proposed project plans. The funding ceilings are posted in REDCap.

Will the guidance for the work plan and budget narrative include the amount a specific jurisdiction is likely to receive?

Each project plan will have its own range of available funding. There is no cumulative ceiling.

What do the budget ceiling minimum and maximums mean for activities (e.g., NCEZID rabies project plan has a range of $250,000 TO $900,000)?

This means that jurisdictions should target a budget between $250,000 and $900,000 for this specific project.

What is the deadline to submit revised work plans and budgets?

Revised work plans and budget narratives are due to be entered in REDCap by May 14, 2018, 11:59 PM.

Will the funding received through this mechanism need to be held by a large local organization (e.g., the recipient health department) or could it be distributed to impacted counties/localities?

The recipient can determine how to distribute the funds it receives. However, use of the funds must remain within the scope of the hurricane funding interim guidance and the CDC program offices proposed project plans.

Will we have to track performance according to each of the six domains (biosurveillance, community resilience, countermeasures and mitigation, incident management, information management, and surge management) separately?

Yes, performance measures will likely be tracked by domain, though performance measurements are still being finalized. CDC will provide additional guidance once the measures are finalized. It is not a requirement for project plans to include activities from all six domains. Work plans should only address domains listed in the project plan.

How are performance measures finalized?

CDC will work with recipients during the first 90-days post award to finalize performance measures. CDC reserves right to make changes to these performance measures and reporting frequency, pending additional guidance from CDC, HHS, or Congress.

If a CIO program project plan has multiple activities, should we include performance measures for each activity or can there be two or three overarching performance measures per the CDC program office Project plan?

You have the option to provide overarching performance measures per plan that cover more than one activity.

Where can I find information about the Emergency Management Assistance Compact (EMAC)?
You can find more information on the EMAC website.

If a jurisdiction receives hurricane-related assistance under the EMAC from another jurisdiction, can either the donating or receiving jurisdiction request funds from this mechanism to reimburse the donating jurisdiction?

The receiving jurisdiction may request funding. The donating jurisdiction may not. The receiving jurisdiction would need to review the initial authorization of the EMAC mission and verify it was not funded through another federal mechanism.

Can hurricane funds be used for private organizations like hospitals that deployed staff via EMAC (and were therefore considered state employees because they signed an MOU) to reimburse travel, salaries, and other related expenses?

It is the responsibility of the receiving health department to request funding from this hurricane cooperative agreement for EMAC reimbursement. The receiving jurisdiction would need to review the initial authorization of the EMAC mission and verify that no federal funds supported the EMAC mission.

Will funding received through this mechanism affect ongoing post-hurricane projects with CDC divisions?

No, this should not have any impact on existing activities. Duplication of activities and supplanting of funds are not allowed.

Can funding be used to support or establish patient tracking?
Yes, patient tracking that is related to response or recovery may be funded under this mechanism. For example, vaccine registries or other immunization programs could be an allowable expense if these capabilities were impacted by the hurricanes. However, tracking that is related to normal patient care would not be permitted.

Can these funds be used to cover costs associated with receiving evacuees from other states?

Yes, this type of activity will be considered.

To what extent can these funds be used for health communications efforts?

Funds may be used for health communications expenses associated with response, recovery, preparation, mitigation activities directly related to the consequences of 2017 Hurricanes Harvey, Irma, and Maria.

Funding scope
Can we conduct activities based on other hurricanes (e.g., Matthew) or just Harvey, Irma, and Maria?

No, any activities you propose must be the direct result of, or directly related to, Hurricanes Harvey, Irma, and/or Maria.

What if my activities have already been covered by FEMA or I have an application for funds with FEMA or another federal funding source?

If funding has already been requested through another federal mechanism (Stafford Act, FEMA funding, public assistance or other funding) to cover an expense, funding cannot also be requested through this mechanism. This funding cannot be used as matching funds for other federal funding requirements.

After hurricane landfall, the federal government conducted public health activities in our jurisdiction. What are the reimbursable/non-reimbursable response and recovery costs?

Activities funded by the federal government in the aftermath of the hurricane(s) is not reimbursable. As an example, after the hurricane(s), FEMA worked directly with states to conduct emergency activities, including mosquito abatement. These FEMA supported activities are not eligible for reimbursement.

What is the project period for funding? Is there a 90-day close-out period?

All funding is required to be obligated within 24 months of the notice of award. This means it needs to be fully expended with the 24 month period after CDC awards the funds, unless waived by the Office of Management and Budget (OMB) at the request of CDC. For more information about this requirement, review [Implementations of Internal Controls and Grant Expenditures for the Disaster-Related Appropriations](#) from the OMB.

Staffing
Can CDC deploy staff to provide technical assistance?

Yes, CDC may be able to provide technical assistance to jurisdictions. Technical assistance will be decided on a case-by-case basis. Technical assistance should be requested through a CDC program office point of contact for specific projects.

Can CDC provide direct assistance or contracting mechanisms to hire staff for our health department using this funding?

Yes, this hurricane funding mechanism allows direct assistance (DA). You may request federal personnel as DA, in lieu of financial assistance, based on an identified need and pending the availability of funds. DA requests must be coordinated between the jurisdiction and CDC program office. However, staff are limited in the duration of their assignments, i.e., 24 months from when the NOA is issued. In cases where DA requires new staff hired through the federal process, staff may not be available for the full funding period. Jurisdictions are encouraged to communicate their staffing needs to their CDC program office point of contact.

How does direct assistance from CDC affect awarded funds?

If a grant or cooperative agreement recipient requests that CDC provide direct assistance (supplies or staffing), then it may reduce the amount of such grant or cooperative agreement by

1) the fair market value of any supplies (including vaccines and other preventive agents) or equipment furnished to the grant or cooperative agreement recipient, and

2) the amount of the pay, allowances, and travel expenses of any officer or employee of the government when detailed to the grant or cooperative agreement recipient and the amount of any other costs incurred in connection with detail of such officer or employee.

Can funds dispersed through this cooperative agreement be used to cover resource costs, such as those costs incurred to send nurses and other staff to support shelters that were impacted by the hurricanes?

Yes, cooperative agreement funds can be used to cover such expenses, but only If reimbursement cannot be requested through another federal mechanism (Stafford Act, FEMA funding, public assistance or other funding).

Facilities and equipment
Can funds be used for the construction or reconstruction of health or public health facilities?

These funds cannot be allocated for basic construction. The expectation is that FEMA will fund reconstruction. These funds are not allowed to match any funds for construction or reconstruction of health departments or health care facilities. It may be feasible to use these funds to provide temporary, modular facilities like trailers.

Can funds be used to rent cubicle space?

Yes, funds can be used to rent or lease cubicle or office space to conduct health department functions.

Can funds be used to purchase vehicles?

No, funds cannot be used to purchase vehicles. Funds can be used to lease vehicles. Click here for a link specifically for leasing a GSA vehicle for disaster relief, including contracts and a list of vendors.

Where in the work plans do we put requests for leasing vehicles?

You can put a request for leasing a vehicle in any related work plan. For example, if the leased vehicle is for vaccine distribution, it can be placed in a NCIRD work plan; if it is to be used for overall management or administration of the cooperative agreement, it could be placed in OPHPR's "Reconstitution Management Funding" plan.

Is storage of documents an allowable cost?

Yes. Storage costs for rehousing documents and other critical items put at risk by the 2017 hurricanes that must be saved would be reasonable costs.

Surveillance, tracking, and registry
Could this funding be used to improve our active or future surveillance?

These funds are for response, recovery, preparation, mitigation, and other expenses directly related to the consequences of Hurricanes Harvey, Irma, and Maria. If surveillance activities are associated with the impacts of the 2017 hurricane season, then funds could be provided.

Can we support syndromic surveillance projects based on what we learned from the hurricanes?

Yes, if it fits within the scope of a CDC program project, as proposed in the interim guidance.

Historically, arboviruses incidence sometimes increases after hurricanes (e.g. West Nile virus), can funds be used to enhance mosquito surveillance?

Yes.

During the hurricanes, our existing online disease surveillance system was insufficient or did not have appropriate categories. Can we use these funds to expand the system?

Yes.

How can funds be used to enhance death registries?

Funds can be used to improve the electronic death registry system, implement an electronic death registry, or transition from paper to electronic registries as long as they are the result of 2017 hurricane response or recovery. Funds can also be used to provide training for health care providers to improve the registry system.

Could funds be used to upgrade hospital software infrastructure?

Yes, depending on the context. There would need to be an explanation of how this would restore and mitigate the direct effects of the hurricanes and relate to your jurisdiction's health department work. If the database went down due to one of the hurricanes, then this request would ideally include database redundancy and continuity of access.

Immunization
Are there any limitations on the kinds of vaccines that funding could be used for?

Funding to purchase influenza, TDAP, and other vaccines is an acceptable activity.

Environmental health
Could funds be used for the testing of safe drinking water and private sewer systems?

Yes, this funding is associated with the ATSDR/NCEH Project Plan.

Would environmental testing of private water wells be an acceptable activity, if it is a highly recognized need after the hurricanes?

Yes, this funding is associated with the ATSDR/NCEH Project Plan.

REDCap (research electronic data capture)

<u>General</u>
What is REDCap?

REDCap, stands for research electronic data capture, which is a secure web application for building and managing online surveys and databases. It has been selected as the platform for this hurricane crisis response cooperative agreement project plans, work plans, budget documents, and other documentation.

Who is the point of contact for REDCap questions?

•   For general questions related to the REDCap system: redcap@cdc.gov

•   For questions related to the crisis cooperative agreement forms in your REDCap project or gaining access to SAMS/REDCap: dslrcrisiscoag@cdc.gov

•   If you are having trouble logging into SAMS, contact: samshelp@cdc.gov; 877-681-2901

Is the approval process done within REDCap?

Yes, jurisdictions will complete work plans and budget narratives in REDCap. These documents will be approved by CDC in REDCap.

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

Each public health event will have its own specific REDCap projects. They are created when a public health event occurs and funding becomes available.

Where can I see my REDCap projects?

From the REDCap home page, click the "My Projects" tab. This page will list all your projects.

Will technical monitoring occur through REDCap?

Yes.

<u>Data entry</u>
Can we export files from REDCap as PDFs?

Yes, you can do this by clicking the "Download PDF of instrument(s)" button at the top of any data entry screen. You can export one or all of the data entry forms, and you can export the blank data entry form(s) or the data entry form(s) with saved data.

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

For some of the project plan text fields, there is a character limit in REDCap. 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, 30 minutes.

Can we have more than one point of contact (POC) listed? If not, could our contract specialist be the POC, instead of the technical monitor (project lead)?

Yes, you can have more than one point of contact who enters data into REDCap.

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

You will have read-only access to the project plans from CDC and no access to work plans from other jurisdictions.