

Centers for Disease Control and Prevention (CDC)  
Office of Financial Resources

**Instructions for Preparing an Annual Performance Report for Fiscal Year 2023**  
Federal Assistance Listing 93.069  
Notice of Funding Opportunity Number: CDC-RFA-TP19-1901

2019-2024 Public Health Emergency Preparedness Cooperative Agreement  
Center for Preparedness and Response, Division of State and Local Readiness  
**Application Deadline: March 24, 2023**

## **Eligibility**

This award will be a continuation of funds intended only for recipients previously awarded under CDC- RFA-TP19-1901, the [2019-2024 Public Health Emergency Preparedness \(PHEP\) Cooperative Agreement notice of funding opportunity \(NOFO\)](#), hereafter referred to as the PHEP NOFO. This document provides recipients with instructions for preparing annual performance reports (APRs)<sup>i</sup> for fiscal year 2023 and serves as the mechanism for requesting Budget Period 5 funding.

For this award, the anticipated funding levels are included in the PHEP fiscal year 2023 funding table for Budget Period 5, which begins July 1, 2023, and ends June 30, 2024. The funding table is located in Appendix A. Recipients should note that these are planning numbers subject to change based on availability of funding. Additional information is available in the application instructions.

Considering the challenges jurisdictional public health departments continue to face supporting ongoing response activities and workforce constraints resulting from the COVID 19 pandemic, CDC will implement certain flexibilities and streamline reporting requirements for Budget Period 5. Specifically, CDC will reduce PHEP reporting requirements, waive collection of Cities Readiness Initiative data, and allow recipients to use responses to incidents to satisfy reporting requirements and demonstrate readiness. Additionally, at the conclusion of Budget Period 5, CDC will waive the annual progress report in lieu of a final performance progress and evaluation report. Requirements outlined in the PHEP NOFO and those added or clarified in the continuation guidance for PHEP Budget Periods 2, 3, and 4 will remain in effect and will continue into Budget Period 5.

CDC's intent is that recipients use Budget Period 5 to focus on reconstituting their workforce, updating outstanding plans, and identifying opportunities for improvement based on recent lessons learned. CDC also encourages recipients to engage in peer-to-peer knowledge sharing, continue to work on their multiyear integrated preparedness plans (IPP) and after-action reports (AARs), and identify efforts that advance health equity as the PHEP program transitions toward the 2024-2029 performance period.

## **Application Submission**

CDC requires recipients to submit their APRs through [www.grantsolutions.gov](http://www.grantsolutions.gov). APRs serve as the noncompeting continuation applications for Budget Period 5. Recipients must submit their APRs by **11:59 p.m. EDT on Friday, March 24, 2023**. APRs must include Budget Period 4 progress updates for the reporting period of July 1, 2022, to December 31, 2022. Late or incomplete reports could result in an enforcement action such as a suspension of the award or a reduction in funds. CDC will accept requests for a deadline extension on rare occasions and after adequate justification has been provided. Recipients should submit deadline extension requests through authorized organizational representatives via email to their assigned grants management specialists.

Difficulties in submitting APRs should be reported prior to the submission deadline to [www.grantsolutions.gov](http://www.grantsolutions.gov), the GrantSolutions help desk at 866-577-0771, or via email to [help@grantsolutions.gov](mailto:help@grantsolutions.gov). For more information regarding the process for reporting, recipients should contact their assigned grants management specialists. For programmatic information, recipients should contact Project Coordinator Carol Whittington at [FTL5@cdc.gov](mailto:FTL5@cdc.gov).

### **Annual Federal Financial Report Submission**

The annual Federal Financial report (FFR) [SF-425](#) is required and must be submitted through the Payment Management System (PMS) no later than 90 days after the end of the budget period. The annual FFR for PHEP Budget Period 4 (July 1, 2022, to June 30, 2023) is due in PMS by September 30, 2023.

### **General Application Packet Tips**

- Properly label each item of the application packet.
- Each section should use 1.5 spacing with one-inch margins.
- Number all pages.
- This report must not exceed 45 pages excluding administrative reporting. Web links are allowed.
- Where the instructions on the forms conflict with these instructions, follow these instructions.
- GrantSolutions allows several file types to be uploaded within the system. Refer to GrantSolutions help support for a list of the file types. GrantSolutions does not accept zipped files.
- Note that CDC strongly recommends submitting all required documents in GrantSolutions in advance of the deadline to allow time for troubleshooting any problems within the online submission system.

### **Checklist of Required Contents of Application Packet**

1. [SF-424 \[V2.1\] Application for Federal Assistance](#) (online form)
2. [Performance Progress and Monitoring Report](#) (online form)
3. [SF-424A Budget Information-Non-Construction](#) (online form) and Budget Justification (attachment)
4. Indirect Cost Rate Agreement (attachment)
5. Performance Narrative Consisting of Two Attachments: PERFORMS Mid-year Progress Update Report for Budget Period 4 and Domain Work Plan Reports for Budget Period 5
6. [Disclosure of Lobbying Activities](#) (attachment, if applicable)
7. [Annual Report for Tangible Property SF-428-A](#) (attachment)
8. Key Contacts (attachment)
9. State Health Official Letter
10. Local Health Department Concurrence Letter (if applicable)

#### **1. SF-424 [V2.1] Application for Federal Assistance**

Instructions on completing the SF-424 Application for Federal Domestic Assistance Version 2 online form are located at [www.grants.gov/web/grants/forms/sf-424-family.html](http://www.grants.gov/web/grants/forms/sf-424-family.html).

#### **2. Performance Progress and Monitoring Report (PPMR)**

PPMR instructions are attached to the form located at [www.cdc.gov/grants/already-have-grant/Reporting.html](http://www.cdc.gov/grants/already-have-grant/Reporting.html).

#### **3. SF-424A Budget Information and Justification**

Instructions for completing the SF-424A Budget Information-Non-Construction online form are located at [www.grants.gov/web/grants/forms/sf-424-family.html](http://www.grants.gov/web/grants/forms/sf-424-family.html).

- Recipients should base proposed budgets on the anticipated federal funding level. See Appendix A.
- In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested, including any requests to use unobligated funds, to support the activities to be carried out with those funds. Attach and title it “Budget Narrative.”
- The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines. The budget guidance is provided at [www.cdc.gov/grants/applying/application-resources.html](http://www.cdc.gov/grants/applying/application-resources.html) and in the GrantSolutions application control checklist.
- For any new, proposed subcontracts, provide the information specified in the budget guidance.
- When nonfederal matching is required, provide a line-item list of nonfederal contributions including source, amount, or value of third-party contributions proposed to meet a matching requirement.
- In Budget Period 5, CDC will continue to develop its national network of Career Epidemiology Field Officers (CEFOs). CDC’s goal is to support every PHEP jurisdiction with a centrally funded (not funded from a recipient’s PHEP award) CEFO by the end of Budget Period 5. Recipients with a CEFO currently assigned may request an additional CEFO funded through direct assistance from their PHEP awards. CDC will also continue to expand jurisdictional support by expanding its centrally funded Preparedness Field Assignee (PFA) program during Budget Period 5. Recipients should contact their PHEP project officers to find out more about CDC preparedness field staff and to facilitate the assignment process(es).

#### 4. Indirect Cost Rate Agreement

- If indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.
- Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the indirect cost rate agreement.
- To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- If there is no indirect cost rate agreement, or the agreement has expired, recipients may charge indirect costs as direct if (1) this practice is consistent with the recipient’s/applicant’s approved accounting practices; and (2) the costs are adequately supported and justified. For more information see [www.cdc.gov/grants/federal-regulations-policies/index.html](http://www.cdc.gov/grants/federal-regulations-policies/index.html).
- If applicable, name the document “Indirect Cost Rate Agreement” and attach it within the Miscellaneous attachment section in GrantSolutions.

#### 5. Performance Narrative

For purposes of this continuation application, the performance narrative consists of two reports generated in PERFORMS:

- Mid-year Progress Update Report for Budget Period 4 (July 1, 2022, to December 31, 2022)  
In this report, recipients must report on progress to date toward achieving objectives for the current budget period. Describe progress on completing activities, including outcomes and outputs. Describe any risks or challenges, such as COVID-19 pandemic or other response issues, that might affect the ability to achieve outcomes or to complete activities in the work plan. Identify any issues for which CDC program support could help overcome these challenges.
- Domain Work Plan for Budget Period 5 (July 1, 2023, to June 30, 2024)  
In this report, recipients must list proposed activities for the upcoming budget period that support the intent of the PHEP NOFO and:
  - Update work plans based on mid-year progress update outcomes. Do not include completed

Budget Period 4 activities in Budget Period 5 work plans.

- Include a performance or outcome measure that assesses the effectiveness of the project.
- Include a timeline for accomplishment.
- Identify any adjustments to previously planned activities, when applicable.

All PHEP recipients must build or sustain their programs' strategies and activities in accordance with PHEP NOFO expectations and requirements, subject to any changes made in continuation guidance and updates issued for Budget Periods 2, 3, and 4.

The PHEP logic model provides a roadmap for building public health preparedness and response capabilities and will continue to guide recipients as they report on their performance in Budget Period 4 and plan for updated project activities in Budget Period 5.

#### **6. SF-LLL Disclosure of Lobbying Activities (if applicable)**

If applicable, instructions for completing the SF-LLL Disclosure of Lobbying Activities form are located at [www.grants.gov/web/grants/forms/post-award-reporting-forms.html](http://www.grants.gov/web/grants/forms/post-award-reporting-forms.html).

#### **7. Annual Report for Tangible Property SF-428-A**

This form is used to report federally owned property in recipients' custody, including federally owned items provided to subrecipients or contractors. See [45 CFR 75.320](#) and [75.439](#). Instructions for completing the Annual Report for Tangible Property SF-428-A form are located at [www.grants.gov/web/grants/forms/post-award-reporting-forms.html](http://www.grants.gov/web/grants/forms/post-award-reporting-forms.html).

#### **8. Key Contacts**

This form identifies key personnel and roles that will require prior approval other than the principal investigators or project directors. Otherwise, CDC will only process key personnel change requests for principal investigators or project directors per the terms and conditions and [45 CFR 75.308](#).

#### **9. State Health Official Letter**

Recipients must provide an updated letter signed by the jurisdiction's state health official or designee on official agency letterhead confirming that the PHEP director, the epidemiology lead, and the public health laboratory director or designated representatives have provided input into plans, strategies, and investment priorities for epidemiology, surveillance, and laboratory work plans. PHEP jurisdictions that do not have state health officials should obtain signed letters from their most senior health officials. PHEP recipients that are unable to obtain effective input from these stakeholders must submit separate attachments with their funding applications and describe the reasons why they did not obtain input as well as the steps they will take to obtain this input.

#### **10. Local Health Department Concurrence Letter (if applicable)**

Decentralized state recipients must provide updated local health department concurrence letters. The letters must include evidence that at least a majority, if not all, of local health departments within the jurisdiction approve or concur with the approaches and priorities described in the application. Recipients should ensure that local health departments or representative entities within the jurisdiction sign this letter. More information is available in the PHEP NOFO.

## **Additional Program Requirements**

Following are additional Budget Period 5 requirements and clarifications.

### **Laboratory Response Network for Chemical Threats (LRN-C) Updates**

As announced in the [Budget Period 4 continuation guidance](#), CDC is continuing a multiyear initiative to support technology transfer activities in the LRN-C network and replace outdated LRN-C equipment to improve testing and response to chemical threats. In Budget Period 5, CDC will provide \$250,000 in additional funding to four LRN-C laboratories (Georgia, Minnesota, Texas, and Virginia). This is the second year of a four-year initiative to support technology transfer activities. The additional funding is intended to ensure continuity of operations (COOP) for response to high-threat chemical agents; support challenge panels and technical assistance for select testing methods; assist with LRN-C Materials Program quality assessments; and provide chemical threat method validation studies for newly developed CDC methods. CDC based its funding selections on laboratory capacity and established subject matter expertise in LRN-C challenge panel performance, PHEP chemical threat laboratory response reports, and testing capabilities for opioid, biological, and food or environmental samples. These four LRN-C laboratories will provide technical assistance and technology transfer support for all 54 LRN-C member laboratories.

In addition, as announced in the [Budget Period 4 continuation guidance](#), CDC will fund select Level 2 LRN-C laboratories in Budget Period 5 to update gas chromatography/mass spectrometry (GS/MS) equipment, which tests for volatile organic compounds, cyanide, and tetramine. In Budget Period 5, 10 LRN-C laboratories will receive \$300,000 each for equipment updates. CDC selected these recipients based on need to replace older or obsolete equipment no longer being supported and risk of chemical threats per location and population size to ensure that chemical samples are analyzed in an efficient and timely manner. The updated equipment will improve current LRN-C capabilities to detect new and emerging chemical threat agents. CDC's LRN-C program staff will provide the laboratories with the technical information needed to complete these upgrades. Subject to the availability of funds, CDC plans to support these laboratory equipment replacement costs for the remaining LRN-C testing laboratories, including 20 Level 2 laboratories and 10 Level 1 laboratories, in the future.

LRN-C funding allocations are reflected in Appendix A for planning purposes and may be updated based on the availability of funds. See the Budget Period 4 supplemental document [Domain 6: Requirements for Laboratory Response Network for Chemical Threats, January 2022](#) for additional information.

### **LRN-C Response Reporting**

All LRN-C Level 1, Level 2, and Level 3 laboratories must complete and submit quarterly LRN-C laboratory response reports. The LRN-C laboratory response reporting guidance is located on the [LRN-C Secure Website](#). LRN-C laboratories must submit updated response reports by September 29, 2023; December 22, 2023; March 29, 2024; and June 28, 2024, to [lrn-c\\_qa\\_program@cdc.gov](mailto:lrn-c_qa_program@cdc.gov).

### **Health Equity Considerations**

The COVID-19 pandemic has highlighted longstanding health disparities across our nation. According to available data, not all communities or population groups are afforded equal access, engagement, or support when public health emergencies occur. Some groups are disproportionately affected by public health emergencies, with documented disparate rates of disease incidence, hospitalization, and deaths. The need for accelerated efforts to reduce health disparities and advance health equity is greater than ever.

The PHEP NOFO has outlined strategies and activities that promote health equity. CDC encourages recipients to revisit strategies and activities in the Domain 1: Community Resilience capabilities to ensure adequate focus

on populations being disproportionately impacted by public health emergencies or incidents. Through after-action reports and improvement plans, jurisdictions may modify how they work to ensure access for these groups. For example, many communities are setting up health equity working groups, improving coordination with community-based organizations, and considering [social determinants of health](#) to ensure better inclusion of those populations during and after public health incidents.

Although CDC does not impose any new specific program requirements for Budget Period 5 related to health equity, CDC encourages continuing intentional planning and leadership efforts that address, improve, and advance health equity among all communities.

Additionally, addressing health disparities and health equity will continue to be a key component of program development in the future, and recipients can expect more specific guidance on inclusion and expansion of partners in planning for jurisdictional risks in future funding opportunities. CDC supports the exchange of information regarding health equity innovations, promising practices, and proven metrics that are emerging in state, tribal, local, and territorial jurisdictions. CDC will provide forums over time to facilitate the exchange of information on this topic.

### **Performance Period Closeout Requirements**

To close out the CDC-RFA-TP19-1901 performance period, recipients must submit the following reports and documentation. Recipients must submit these closeout reports within 90 days of the period of performance end date. If recipients do not submit all reports in accordance with the following guidance and the terms and conditions of the federal award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to organizations or awards under the direction of the same project director or principal investigator.

#### **1. Final Performance Progress and Evaluation Report**

To streamline reporting requirements, CDC will not require recipients to submit a Budget Period 5 annual progress report as normally required at the end of every budget period. Instead, recipients must submit a final performance progress and evaluation report spanning Budget Period 1 through Budget Period 5. CDC's grants management specialists or grants management officers will notify recipients via [www.grantsolutions.gov](http://www.grantsolutions.gov) details regarding how and when to submit these final reports. CDC will provide additional guidance later in the budget period, but, at a minimum, the final performance progress and evaluation report should include the information specified in the NOFO as well as the following information.

- Statement of progress made toward the achievement of originally stated goals
- Description of significant improvements or challenges with the public health preparedness capabilities in the period of performance; and
- List of published manuscripts and the corresponding publications resulting from the project, including plans, if any, for further publication.

#### **2. Federal Financial Report (FFR)**

The FFR should only include those funds authorized and expended during the timeframe covered by the report. CDC requires recipients to submit the final FFR, [SF-425](#), through their online accounts in PMS no later than 90 days after the period of performance end date. The final FFR will consolidate data reporting responsibilities to one entry point within PMS to assist with the reconciliation of expenditures and disbursements to support the timely closeout of grants. The final FFR must indicate the exact balance of

unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account that grants them access to complete the SF-425. Additional guidance on submission of the FFR can be found at [www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf](http://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf).

### **3. Equipment and Supplies - Tangible Personal Property Report (SF-428)**

Recipients must submit both a completed Tangible Personal Property Report SF-428A and a Final Report SF-428B addendum, along with Supplemental Sheet SF-428S, detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded at [Post-Award Reporting Forms | GRANTS.GOV or at www.grants.gov/web/grants/forms/post-award-reporting-forms.html](http://www.grants.gov/web/grants/forms/post-award-reporting-forms.html).

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instructions on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

### **Programmatic Performance and Evaluation**

The PHEP NOFO outlines CDC's evaluation and performance measurement strategy for the 2019-2024 performance period. CDC systematically reviews recipient progress in achieving desired programmatic outcomes and financial performance.

CDC may modify PHEP funding or implement other grants management measures to reflect PHEP recipients' programmatic, fiscal, and administrative performance as outlined in the PHEP NOFO. CDC may take enforcement action against PHEP recipients that do not meet specific programmatic outcomes. For instance, CDC may restrict funds for noncompliance with fiscal and administrative requirements and may modify base funding for continued noncompliance.

### **Budget Period 5 Reporting Requirements**

CDC recognizes the strain that COVID-19, respiratory syncytial virus (RSV) infection, and seasonal influenza continue to place on jurisdictional public health agencies in addition to other ongoing preparedness, response, and recovery efforts. In light of these multiple ongoing public health responses, CDC is limiting PHEP Budget Period 5 program reporting requirements to the following.

- Critical contact sheet data
- Emergency operations center (EOC) activation data
- PHEP annual exercise (access and functional needs) data

During Budget Period 5, CDC will allow recipients to meet the annually required PHEP exercise with access and function needs (AFN) partners with their responses to incidents as long as recipients engaged AFN partners during the response. Recipients cannot receive credit for responses that do not include AFN partner engagement.

If recipients have not yet met their five-year PHEP exercise requirements during this performance period

(2019 – 2024), they must complete those activities and submit the relevant data in Budget Period 5. This data submission also enables recipients to reset their timeline for meeting the next cycle of PHEP five-year operational requirements.

CDC will also suspend Cities Readiness Initiative (CRI) exercise requirements and Operational Readiness Review (ORR) data submissions during Budget Period 5. Although CDC will not collect CRI data, CDC expects CRI programs to continue collaborating and coordinating preparedness and response activities with their state PHEP programs. This includes planning, training, exercising, response, and recovery activities. While there is no requirement for CRI and other local jurisdictions to submit ORR data to CDC in Budget Period 5, states may require them to collect and provide related data. In addition, all jurisdictions participating in CHEMPACK must continue to fulfill applicable program requirements during Budget Period 5.

### **Evidence-based Benchmarks**

CDC continues to specify a subset of measures and select programmatic requirements as benchmarks for Budget Period 5 as mandated by Section 319C-1(g) of the Public Health Service (PHS) Act. PHEP recipients must provide complete and accurate information describing how benchmarks were substantially met. In addition, PHEP recipients must maintain updated pandemic influenza plans to prevent, control, and mitigate the impact on the public's health.

PHEP recipients that fail to “substantially meet” Budget Period 5 benchmarks or pandemic influenza planning requirements are subject to withholding of a statutorily mandated percentage of their awards, consistent with Section 319C-1(g) of the PHS Act. Under this provision, the calculation for determining the time period for withholding amounts that fail to achieve benchmarks is either of the two immediately preceding fiscal years.

Before withholding funds, CDC will first notify recipients of their failure to meet the benchmark or pandemic influenza planning requirements and provide an opportunity for corrective action. Upon request, CDC will provide recipients with technical assistance for meeting the requirements, including the provision of advice by subject matter experts. Recipients that fail to correct any noncompliance will then be subject to withholding of PHEP funding.

A PHEP recipient that fails to substantially meet benchmarks or fails to submit a pandemic influenza plan is subject to a withholding penalty. The penalty doubles if a recipient fails to do both. These penalties increase following the third consecutive year in which an entity experiences a failure or failures. To illustrate:

- If a recipient fails to substantially meet a benchmark or fails to submit a pandemic influenza plan, the recipient is subject to a 10% withholding penalty.
- If a recipient fails to **both** substantially meet a benchmark and submit a pandemic influenza plan, the recipient is subject to a 10% withholding penalty for each failure, totaling 20%.
- If, for three consecutive years, a recipient fails to substantially meet a benchmark or submit a pandemic influenza plan, the penalty increases to 15% for each failure and 30% for failure to do both.

CDC will apply the penalty in no more than one of each of the first two fiscal years immediately following a fiscal year in which the recipient experienced a failure. The penalty will be deducted from the amount that the entity was eligible to receive for the respective fiscal year.



## PHEP Budget Period 5 Benchmarks

<p><b>PHEP Benchmark 1: Demonstrate preparedness and response operational readiness.</b></p>	<p>PHEP recipients must continue to advance their preparedness and response capabilities as outlined in CDC’s 2018 <a href="#">Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health</a>.</p> <p>The 2019-2024 PHEP NOFO outlined CDC expectations that recipients demonstrate measurable progress toward achieving “established” operational readiness across the 15 preparedness and response capabilities by June 2024.</p> <p>In Budget Period 5, PHEP recipients can document operational readiness through submission of annual PHEP exercise and EOC activation data.</p>
<p><b>PHEP Benchmark 2: Demonstrate proficiency in public health laboratory testing for biological agents.</b></p>	<p>PHEP recipients must demonstrate that biological laboratories in the Laboratory Response Network for Biological Threats (LRN-B) can pass LRN-distributed challenge panels.<sup>ii</sup> These panels test a laboratory’s ability to receive, test, and correctly report using LRN’s secure data reporting system on one or more suspected biological agents. This benchmark applies to the 50 states and the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>PHEP-funded LRN-B laboratories cannot fail more than one challenge panel associated with the standard laboratory requirements during the budget period. Successful demonstration of this capability is defined by the LRN-B challenge panel policy.</p> <p>CDC will use these elements to determine if PHEP recipients meet this benchmark:</p> <ul style="list-style-type: none"> <li>• Number of LRN-B challenge panels successfully passed by the PHEP-funded laboratory during any attempt, including remediation, if applicable.</li> <li>• Number of LRN-B challenge panels participated in by the PHEP-funded laboratory, including remediation, if applicable.</li> </ul> <p>CDC’s LRN-B program office requires public health laboratories (50 states and Los Angeles County, New York City, and Washington, D.C.) to participate in all available proficiency testing challenges specific to each laboratory’s testing capability. If a laboratory has testing capability for a specific agent and a proficiency testing challenge for that agent is being offered, the PHEP- funded laboratory must participate in that proficiency testing challenge.</p> <p>LRN-B does not expect PHEP- funded laboratories that are offline for extended periods, undergoing renovation, or have other special circumstances to have challenge panels completed by partner or backup laboratories, such as municipal laboratories or laboratories in neighboring states. Instead, those laboratories should report to the CDC LRN-B program office what they would do in real situations had the proficiency testing challenge been associated with a true incident or public health event. In such a circumstance, this will not adversely affect the PHEP recipient in terms of determining whether this benchmark has been met.</p>

<p><b>PHEP Benchmark 3: Demonstrate proficiency in public health laboratory specimen packaging and shipping exercises for chemical agents.</b></p>	<p>PHEP recipients must ensure that at least one laboratory in the Laboratory Response Network for Chemical Threats (LRN-C) in their jurisdictions passes the LRN-C specimen packaging, and shipping (SPaS) exercise. This benchmark applies to the 50 states and the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>This annual exercise evaluates the ability of a laboratory to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations. PHEP recipients must ensure at least one LRN-C laboratory passes CDC’s SPaS exercise.</p> <p>If a laboratory fails the exercise on its first attempt but passes on the second attempt, then the PHEP recipient will meet the benchmark. If a PHEP recipient has multiple laboratories, at least one laboratory must participate and pass per budget period. To pass, a laboratory must score at least 90% on a SPaS exercise.</p>
<p><b>PHEP Benchmark 4: Demonstrate proficiency in public health laboratory testing for chemical agents.</b></p>	<p>PHEP recipients must demonstrate that LRN-C laboratories can pass proficiency testing. This benchmark applies to the 10 states with Level 1 laboratories: California, Florida, Massachusetts, Michigan, Minnesota, New Mexico, New York, South Carolina, Virginia, and Wisconsin.</p> <p>PHEP recipients must ensure that LRN-C laboratories pass 90% of the proficiency testing in core and additional analysis methods to meet the CDC benchmark requirement. Successful demonstration of this capability is defined by the LRN-C proficiency testing program assessment. CDC will use these elements to determine if PHEP recipients meet this benchmark:</p> <ul style="list-style-type: none"> <li>• Number of LRN-C proficiency tests successfully passed by the PHEP-funded laboratory, during any attempt, including remediation, if applicable.</li> <li>• Number of LRN-C proficiency tests participated in by the PHEP- funded laboratory, including remediation, if applicable.</li> </ul> <p>The LRN-C conducts proficiency testing for all Level 1 and Level 2 chemical laboratories to support meeting the regulatory requirements for the reporting of patient results as part of an emergency response program. Each high complexity test is proficiency tested three times per budget period and each laboratory is evaluated on the ability to report accurate and timely results through secure electronic reporting mechanisms.</p>

## Pandemic Influenza Planning Requirement

<b>Submit updated pandemic influenza plans.</b>	PHEP recipients meet the annual pandemic influenza planning requirement by submitting a description of their jurisdictional pandemic influenza plans at application.
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## Criteria to Determine Potential Withholding of PHEP Fiscal Year 2024 Funds

<b>Benchmarks</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
Did the PHEP recipient (all PHEP recipients) demonstrate preparedness and response operational readiness?			<b>10%</b>
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for biological agents?			
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory specimen packaging, and shipping exercises for chemical agents?			
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for chemical agents?			
<b>Pandemic Planning Requirement</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
Did the PHEP recipient (all PHEP recipients) meet the 2023 pandemic planning requirement?			<b>10%</b>
<b>Total Potential Withholding Percentage</b>			<b>20%</b>

## Scoring Criteria

Section 319C-1(g) requires the withholding of amounts from entities that substantially fail to achieve benchmarks or to submit acceptable pandemic influenza plans. Failure to achieve any of the applicable benchmarks will count as one failure, and a failure to submit evidence of pandemic influenza preparedness planning will count as a second failure.

The first four benchmarks are weighted the same; failure to substantially meet one or more of the four benchmarks will count as one failure and may result in withholding of 10% of the PHEP award. Failure to meet the pandemic preparedness planning requirement would result in one failure and may result in withholding of an additional and separate 10% of the PHEP award.

## Appendix A

### PHEP Budget Period 5 (Fiscal Year 2023) Funding *Planning Numbers to Be Updated Based on Availability of Funds*

<b>Recipient</b>	<b>FY 2023 Base Plus Population Funding</b>	<b>FY 2023 Cities Readiness Initiative Funding</b>	<b>FY 2023 Level 1 Chemical Laboratory Funding</b>	<b>FY 2023 Additional Chemical Laboratory Funding*</b>	<b>FY 2023 Total Funding Available</b>
Alabama	\$8,641,435	\$380,106	\$0	\$0	\$9,021,541
Alaska	\$5,000,000	\$210,000	\$0	\$0	\$5,210,000
American Samoa	\$413,424	\$0	\$0	\$0	\$413,424
Arizona	\$11,144,815	\$1,697,752	\$0	\$0	\$12,842,567
Arkansas	\$6,387,061	\$275,598	\$0	\$300,000	\$6,962,659
California	\$35,711,975	\$7,376,996	\$ 1,351,920	\$0	\$44,440,891
Chicago	\$8,158,587	\$2,048,805	\$0	\$0	\$10,207,392
Colorado	\$9,505,796	\$1,022,925	\$0	\$0	\$10,528,721
Connecticut	\$7,035,960	\$720,123	\$0	\$0	\$7,756,083
Delaware	\$5,000,000	\$405,020		\$0	\$5,405,020
Florida	\$27,380,918	\$4,136,863	\$ 1,072,165	\$0	\$32,589,946
Georgia	\$15,088,599	\$2,077,334	\$0	\$250,000	\$17,415,933
Guam	\$543,123	\$0	\$0	\$0	\$543,123
Hawaii	\$5,000,000	\$342,210	\$0	\$0	\$5,342,210
Idaho	\$5,127,817	\$255,163	\$0	\$0	\$5,382,980
Illinois	\$14,109,736	\$2,496,719	\$0	\$300,000	\$16,906,455
Indiana	\$10,618,346	\$1,083,761	\$0	\$300,000	\$12,002,107
Iowa	\$6,574,204	\$284,032	\$0	\$0	\$6,858,236
Kansas	\$6,284,853	\$533,607	\$0	\$0	\$6,818,460
Kentucky	\$8,047,634	\$505,861	\$0	\$0	\$8,553,495
Los Angeles County	\$16,516,987	\$4,406,164	\$0	\$0	\$20,923,151
Louisiana	\$8,175,972	\$743,476	\$0	\$0	\$8,919,448
Maine	\$5,000,000	\$210,000	\$0	\$0	\$5,210,000
Marshall Islands	\$418,761	\$0	\$0	\$0	\$418,761
Maryland	\$9,900,997	\$1,876,138	\$0	\$300,000	\$12,077,135
Massachusetts	\$10,818,418	\$1,739,459	\$ 1,242,166	\$0	\$13,800,043
Michigan	\$14,250,473	\$1,508,094	\$ 1,223,125	\$0	\$16,981,692
Micronesia	\$478,510	\$0	\$0	\$0	\$478,510
Minnesota	\$9,388,623	\$1,235,654	\$ 1,256,812	\$250,000	\$12,131,089
Mississippi	\$6,302,072	\$299,417	\$0	\$0	\$6,601,489
Missouri	\$9,904,420	\$1,179,481	\$0	\$0	\$11,083,901
Montana	\$5,000,000	\$210,000	\$0	\$300,000	\$5,510,000
N. Mariana Islands	\$408,982	\$0	\$0	\$0	\$408,982
Nebraska	\$5,198,078	\$285,600	\$0	\$300,000	\$5,783,678
Nevada	\$6,519,257	\$778,559	\$0	\$0	\$7,297,816
New Hampshire	\$5,000,000	\$363,127	\$0	\$0	\$5,363,127
New Jersey	\$13,373,252	\$2,970,984	\$0	\$0	\$16,344,236

<b>Recipient</b>	<b>FY 2023 Base Plus Population Funding</b>	<b>FY 2023 Cities Readiness Initiative Funding</b>	<b>FY 2023 Level 1 Chemical Laboratory Funding</b>	<b>FY 2023 Additional Chemical Laboratory Funding*</b>	<b>FY 2023 Total Funding Available</b>
New Mexico	\$5,368,428	\$319,961	\$ 1,260,832	\$0	\$6,949,221
New York	\$15,348,467	\$2,179,502	\$ 1,985,744	\$0	\$19,513,713
New York City	\$15,125,589	\$4,930,346	\$0	\$0	\$20,055,935
North Carolina	\$14,810,546	\$783,456	\$0	\$0	\$15,594,002
North Dakota	\$5,000,000	\$210,000	\$0	\$0	\$5,210,000
Ohio	\$16,186,077	\$2,037,951	\$0	\$0	\$18,224,028
Oklahoma	\$7,462,483	\$487,996	\$0	\$0	\$7,950,479
Oregon	\$7,752,975	\$691,251	\$0	\$0	\$8,444,226
Palau	\$370,357	\$0	\$0	\$0	\$370,357
Pennsylvania	\$17,511,442	\$2,271,823	\$0	\$0	\$19,783,265
Puerto Rico	\$6,653,125	\$0	\$0	\$0	\$6,653,125
Rhode Island	\$5,000,000	\$369,497	\$0	\$300,000	\$5,669,497
South Carolina	\$8,810,266	\$431,202	\$ 1,162,649	\$0	\$10,404,117
South Dakota	\$5,000,000	\$210,000	\$0	\$0	\$5,210,000
Tennessee	\$10,807,778	\$1,028,001	\$0	\$0	\$11,835,779
Texas	\$36,052,389	\$5,917,853	\$0	\$250,000	\$42,220,242
Utah	\$6,736,395	\$424,742	\$0	\$0	\$7,161,137
Vermont	\$5,000,000	\$210,000	\$0	\$300,000	\$5,510,000
Virgin Islands (U.S.)	\$466,932	\$0	\$0	\$0	\$466,932
Virginia	\$12,673,814	\$2,104,697	\$ 1,107,387	\$250,000	\$16,135,898
Washington	\$11,662,380	\$1,544,761	\$0	\$0	\$13,207,141
Washington D.C.	\$5,750,027	\$777,807	\$0	\$300,000	\$6,827,834
West Virginia	\$5,000,000	\$229,883	\$0	\$300,000	\$5,529,883
Wisconsin	\$9,599,642	\$655,846	\$ 1,662,020	\$0	\$11,917,508
Wyoming	\$5,000,000	\$210,000	\$0	\$0	\$5,210,000
<b>TOTAL</b>	<b>\$561,578,197</b>	<b>\$71,685,603</b>	<b>\$ 13,324,820</b>	<b>\$4,000,000</b>	<b>\$650,588,620</b>

\* Additional funding supports LRN-C technology transfer activities and gas chromatography/mass spectrometry (GC/MS) equipment upgrades.

<sup>i</sup> For purposes of this document, the term “annual performance report” refers to all items on the checklist of required contents of the application kit.

<sup>ii</sup> Language Change: Per new guidance from Centers for Medicaid and Medicare Services about Clinical Laboratory Improvement Amendments (CLIA), laboratory reference laboratories should now use the term “challenge panels” instead of “proficiency tests.” This is a name change only. It does not amend any existing LRN-B requirements.