2019-2024 PHEP Notice of Funding Opportunity – Informational Call Questions and Answers (March 6, 13, 14, 2019)

Exercise Requirements

1. **QUESTION: Are recipients required to focus on a pandemic influenza scenario or an anthrax scenario to complete a functional exercise (FE)?**

   ANSWER: All recipients, with the exception of the US-Affiliated Pacific Islands (USAPI) and the US Virgin Islands (USVI), are required to complete one FE every five years focusing on vaccination of at least one critical workforce group to demonstrate readiness for a pandemic influenza scenario.

   USAPI and USVI are required to complete a tabletop exercise (TTX) specific to their pandemic influenza critical workforce. USAPI and USVI may optionally complete a full-scale exercise (FSE) for pandemic influenza, but it is not required.

2. **QUESTION: Are recipients required to complete an FSE every five years?**

   ANSWER: YES

   - All recipients, with the exception of the USAPI and USVI, are required to complete an FSE once every five years.
     - Recipients with higher-risk Cities Readiness Initiative (CRI) jurisdictions must complete one FSE every five years specific to an anthrax scenario.
     - All others will complete the FSE for pandemic influenza.
   - USAPI and USVI are required to complete a TTX once every five years to demonstrate readiness for pandemic influenza.

3. **QUESTION: When are the multiyear training and exercise plans (MYTEPs) due?**

   ANSWER: MYTEPs should be uploaded in DCIPHER by the May 3 PHEP application deadline. The PHEP notice of funding application (NOFO) will be amended to reflect this new deadline.

4. **QUESTION: Can a joint HPP-PHEP MYTEP be submitted?**

   ANSWER: Yes. To meet the PHEP application requirement, the joint MYTEP should be submitted in DCIPHER and then uploaded as part of the grants.gov application submission. Joint MYTEPs should clearly indicate which activities meet PHEP requirements and which activities meet HPP requirements.

5. **QUESTION: What is the requirement for exercising concept of operations (COOP) plans for public health laboratories?**

   ANSWER: Lab COOP plans should be exercised, at a minimum, via a tabletop exercise at least once every five years. The lab COOP plan can also be tested as part of a larger exercise. This requirement was not in the original PHEP NOFO, but it will be included as one of the amendments to the NOFO.

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Pandemic Influenza and Vaccination

6. **QUESTION: Will PHEP recipients get further guidance on mass vaccination?**

   ANSWER: Yes. We anticipate the release of additional pandemic influenza and mass vaccination guidance in the coming months. We currently have supplemental guidance, "Key Components of Pandemic Influenza Operational Readiness," available on the CDC website and in the PERFORMS resource library. This gives a good picture of the multiple capabilities that a jurisdiction should build.

   With respect to pandemic influenza mass vaccination, CDC will provide guidance for a functional exercise focusing on critical workforce.

7. **QUESTION: What pandemic influenza questions will be included in the Operational Readiness Review (ORR)?**

   ANSWER: The following elements will appear in the upcoming ORR related to pandemic influenza. The elements may change slightly, but this list provides a good picture of the pandemic influenza expectations beginning July 1, 2019. In subsequent years, additional elements may be added.

   NOTE: All of these are either additional drop-down options for existing questions or modified questions to accommodate a pandemic influenza response.

   1. For incident command-level staff to be included in the emergency operations center (EOC) during activation, these additional staff positions will be included:
      a. Chief Medical Officer
      b. Chief Science Officer
      c. Epidemiologist
      d. Infectious Disease/Influenza SME
   2. To critical contact sheet requirements add:
      a. Influenza Coordinator
      b. Immunization Coordinator
      c. Laboratorian
   3. To activate dispensing modalities, dispensing/vaccination clinics (DVCs) will be added for selection, along with points of dispensing (PODs). For example, "Plans for POD/DVCs security address:"
   4. Process in place for displaced persons: new element.
   5. To processes or protocols for dispensing, these new elements will be added for review:
      a. EUA – Emergency Use Authorization
      b. IND – Investigation New Drug
   6. To evidence of a public health responder and/or critical infrastructure personnel (CIP) plan, the ORR will ask about a plan specific to pandemic influenza vaccination.
   7. For the decision process, an added variable will be:
      a. Allocating limited materiel
   8. For the process for first responder to receive initial prophylaxis, the language will be changed to "Process for critical workforce personnel to receive initial prophylaxis," instead of first responders.
   9. Tabletop exercise form will include two new options:
      a. Report on pandemic influenza exercise requirements
      b. Report on COOP plans for incident command and laboratory services requirements
   10. Functional exercises will focus on critical workforce mass vaccination.

8. **QUESTION: In what scenarios can a PHEP program pay for vaccines?**

   ANSWER: The NOFO outlines the parameters for vaccine purchase on page 70 and 71 (D. Application and Submission Information; Section 17. Funding Restrictions).

   - PHEP recipients can, with prior CDC approval, use funds to purchase caches of antibiotics for use by public health responders and their households to ensure the health and safety of the public health workforce during an emergency response, or an exercise to test response plans. Funds may not be used to supplant other funding intended to achieve this objective.

   - PHEP recipients can, with prior CDC approval, use funds to purchase caches of vaccines for public health responders and their households to ensure the health and safety of the public health workforce.

   - PHEP recipients can, with prior CDC approval, use funds to purchase caches of vaccines for select critical workforce groups to ensure their health and safety during an exercise testing response plans.

     o Recipients must document in their submitted exercise plans the use of vaccines for select critical workforce personnel before CDC will approve the vaccine purchase.

     o Recipients may not use PHEP funds to supplant other funding intended to achieve these objectives.

     o Recipients of PHEP-funded vaccines (within the context of the exercise) may include:

       • Persons who meet the criteria in the CDC-Advisory Committee on Immunization Practices (CDC/ACIP) recommendations for who should receive vaccine (www.cdc.gov/vaccines/acip/index.html); and

       • Persons who are not eligible to receive the vaccine through other entitlement programs such as Medicare, Medicaid, or the Vaccines for Children (VFC) program.

       • VFC-eligible children or Medicare beneficiaries may participate in the exercise; however, they should be vaccinated with vaccine purchased from the appropriate funding source.

       • PHEP funds may not be used to purchase vaccines for seasonal influenza mass vaccination clinics or other routine vaccinations covered by ACIP schedules.

       • PHEP funds may not be used to purchase influenza vaccines for the general public.

9. **QUESTION: What should collaboration between the PHEP program and the immunization program look like?**

   ANSWER: Planning for pandemic influenza will require a high level of collaboration between the immunization program and the PHEP program in a health department. Each jurisdiction is different, so that collaboration will differ as well. Jurisdictions should account for their current strengths and resources, while identifying the gaps that may emerge in a severe disease outbreak that could last for many months. This collaboration should begin as soon as possible if it is not already underway.

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Application Requirements

10. QUESTION: What is the due date for the annual performance report (APR)?

ANSWER: The NOFO actually requires two APRs. They include an annual performance report which is submitted mid-way through the budget period as part of the annual funding application and an annual progress report which summarizes the full year's activities. For Budget Period 1, the annual performance report is due 120 days before the end of the budget period, which is **February 28, 2020,** and the annual progress report is due **September 30, 2020**. CDC will clarify the submission requirements well in advance of their due dates.

11. QUESTION: Will the Capabilities Planning Guide (CPG) module close when the expanded ORR is introduced?

ANSWER: At this time there are no plans to discontinue the CPG.

12. QUESTION: Is there a penalty for not meeting the maintaining state funds (MSF) requirement?

ANSWER: The statutory authority establishes this MSF provision for the PHEP NOFO. In accordance with 42 U.S.C.A. § 247d-3a (PAHPRA), an entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding two-year period. Thus, it should not be considered a penalty. Instead it is a consequence of failing to comply with the authorizing statute of the NOFO.

The following instructions apply (Source: Grants Policy and Administration Manual).

- The recipient must provide, upon request, an explanation of the methodology for creating the baseline of expenditures.
- The same funds used for matching or cost-sharing requirements must be used for maintenance of state funding.
- If a recipient fails to meet the requirement, the appropriate grants personnel, in consultation with the project officer, must:
    - o Assess the reasons.
    - o Review statements and assurances contained in the application or plan.
    - o Determine the flexibility the program has, if any, in modifying the requirement and the necessity for additional actions, such as conversion to reimbursement payment.

Full details on this are found on page 57 (C. Eligibility Information; Section 5. Maintenance of Effort) of the NOFO.

13. QUESTION: Do I need to get approval for overtime now, so I know what to budget for overtime in the next budget?

ANSWER: Recipients can include overtime costs in their budgets in one of two ways. The first way is to add the additional funding to an employee's salary and then include in the justification the reasons the planned overtime is projected. The second way is to include a budget line in the "Other" cost category and explaining in the justification why it will be needed. The full details on overtime will be found in your notice of award terms and conditions.

However, overtime can't be budgeted as a contingency. When you have planned activities that regularly require overtime, such as annual civic events, marathons, or other special events, or for scheduled on-call staff, you can project reasonable overtime amounts for CDC's Office of Grants Services (OGS) to consider. You cannot, though, simply say that you always have overtime and estimate how much you will need. The overtime must be tied to a specific planned activity and must be supported with sufficient detail.

All overtime is subject to OGS prior approval and will be paid after it is incurred.

14. **QUESTION: What are the deadlines to submit redirections and no-cost extension requests?**

    ANSWER: Budget Period 1 (BP1) redirections were due **March 1**. BP1 funds will not be available after June 30 and must be drawn from the Payment Management System by **September 30, 2019**. Please use the OGS-approved redirection template to submit your requests.

    The no-cost extension requests for BP1 Supplement funds are due **April 5**.

15. **QUESTION: Do we have to submit budgets from local health departments or tribal health departments?**

    ANSWER: No. However, recipients are required to itemize local health department funds within their jurisdictional budgets. Please see the following sample budget. This level of detail is not necessarily required, but you will need, at a minimum, to assign all costs as part of a cost category in the budget justification. The more detail you include, the less likely you will have extensive budget discussions with OGS. Additional guidance will be forthcoming.

Contract:	Local Health Departments
Workplan Budget Justification:	Personnel: Community Health Specialist: $51,948.00; Community Health Specialist: $34,099.20; Emergency Management Coordinator: $10,500.00; Total: $96,547.20. Fringe: Community Health Specialist: $18,181.80; Community Health Specialist: $11,934.72; Emergency Management Coordinator: $0; Total: $30,116.52. Supplies: Educational Supplies: $2,500.00; Preparedness Supplies: $10,000.00; Vaccines: $14,396.00; Exercise Supplies: $3,820.00; Computers: $3,000.00; General Office Supplies: $500.00; Total: $34,216.00. Travel: Mileage: $1,635.00; Public Health Preparedness Summit: $3,510.00; Governor Preparedness Conference: $2,766.00; Total: $7,911.00. Other Costs: Wireless Card Service: $2,000.00; POD Supplies Storage: $1,800.00; Cell Phone Service: $8,759.00; Copier Maintenance: $5,000.00; Internet: $1,800.00; American Public Health Association Membership: $400.00; Association for Community Health Improvement Membership: $115.00; Preparedness Summit Registration: $1,000.00; Data Analysis Subscription: $2,665.28; Total: $23,539.28. Total = $192,330.00.

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16. **QUESTION: What do you mean by outputs? For example, in the case of "three trainings," is the output "three"?**

    ANSWER: Outputs explain what the result of the effort will be.

    "Three tribal outreach training sessions" are not the actual primary outputs identified in this example, but they are the means by which the outputs will be produced. The number of trainings will ensure that the jurisdiction is able to perform the tribal outreach effectively. Three trainings are needed to accomplish the output of ensuring culturally competent staff to provide outreach to tribal nations. Thus the desired output is the culturally competent staff, not the trainings themselves.

17. **QUESTION: What is the application deadline?**

    ANSWER: The application deadline is **May 3**. During the NOFO calls, one of the slides suggested submitting applications into Grants.gov at least three to seven days before the due date. Based on prior experience, this has proved to be a good amount of buffer time to avoid any complications at the last moment. Errors or problems with Grants.gov do not necessarily justify a late submission, so you must allow time for it to be accepted.

Application Submission Processes

18. **QUESTION: For dual-users, those who enter both HPP and PHEP information into PERFORMS, can one toggle back and forth between the two applications?**

    ANSWER. No. The HPP and PHEP applications will be entered in two different modules in the PERFORMS system. This year, you cannot toggle back and forth. You must exit one module, and then re-enter the other module.
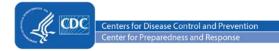
    To do so, select the button "Program Type" to exit and enter each of the respective modules. This will allow you to work in either one application or the other, but you cannot work in both at the same time.

19. **QUESTION: What documents from PERFORMS need to be uploaded into Grants.gov as attachments?**

    ANSWER:
    - Table of Contents
    - Organizational Chart
    - Senior Health Official (SHO) Input Letter
    - Local Health Department Concurrence Letter(s)
    - Subrecipient Monitoring Plan
    - Indirect Cost Rate Agreement
    - Cost Allocation Plan
    - Bona Fide Agent Status Documentation, if applicable
    - Domain Work Plan
    - Budget Association to the Work Plan Report
    (See table below – listed under "Base Award Properties Report")

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In addition, ensure the following attachments are submitted in Grants.gov.

Mandatory Submissions in Grants.gov	Forms to Prepare/Attach for Submission
Application for Federal Assistance (SF-424) [V2.1]	• Grants.gov online form
Disclosure of Lobbying Activities (SF-LLL)	• Grants.gov online form
Budget information for Non-Construction Programs (SF-424A) [V1.0]	• Grants.gov online form
Budget Narrative Attachment Form [V1.2] (Transmittal Cover Required)	• PERFORMS Budget Detail and Budget Justification Reports • PERFORMS Base Award Properties Report • Indirect Cost Rate Agreement • Bonafide Agent status documentation, if applicable
Project Narrative Attachment Form [V1.2] (Transmittal Cover Required)	• PERFORMS Domain Work Plan Report • Local Concurrence Letters • PHEP Organizational Chart • CDC Assurances and Certifications (PHS-5161)
Project Abstract Summary [V1.1]	• Grants.gov online form
	• MYTEP in DCIPHER

Other Resources

20. QUESTION: Can you post a clean copy of the logic model as a stand-alone document?

ANSWER: The logic model is now posted on the PHEP Cooperative Agreement page on the CDC website at https://www.cdc.gov/cpr/readiness/phep.htm.

21. QUESTION: Where are the supplemental guidance documents located and what are they?

ANSWER: The supplemental guidance documents are also located on the PHEP Cooperative Agreement page on the CDC website at https://www.cdc.gov/cpr/readiness/phep.htm and are linked in the PERFORMS resource library. They provide additional clarification and application guidance to successfully complete your applications.

22. QUESTION: What is the requirement for tribal engagement, defined in the NOFO as "inclusion and engagement in meaningful and mutually beneficial ways"?

ANSWER: We are looking for evidence of how you collaborate with tribes to help them be prepared. That might be direct or indirect funding, training, involvement in exercises, or establishing an active tribal advisory council. We encourage you to provide details, such as a delineation of roles and responsibilities or processes for their participation in evaluation and after-action reports and improvement plans (AAR/IPs), rather than a list of activities. There is a tribal engagement tab in the application module that you complete to help meet this requirement. We are updating our guidance documents to help you identify opportunities

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to increase engagement with tribal nations. We will make those available to you via the PHEP resource library on the CDC website.