



**TRAVELERS HEALTH:  
PROTECTING THE HEALTH OF  
TRAVELERS AND  
COMMUNITIES IN A  
GLOBALLY MOBILE WORLD  
GUIDANCE  
10/1/2021**

Project E: Emerging Issues

Supported through the American Rescue Plan Act of 2021

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## TRAVELERS HEALTH – YEAR 2 COVID FUNDING

### GUIDANCE

#### PROJECT E: EMERGING ISSUES

### BACKGROUND AND PURPOSE

The Paycheck Protection Program and Health Care Enhancement Act ([P.L. 116-139](#)) was signed into law April 24, 2020, to increase funding to the Paycheck Protection Program while also supplementing funding for hospitals and COVID-19 testing. At least \$1 billion of the funds appropriated under this act were transferred to the Centers for Disease Control and Prevention (CDC) to support surveillance, epidemiology, laboratory capacity expansion, contact tracing, modernization of technological infrastructure, disseminating information about testing, and staffing necessary to expand and improve COVID-19 testing. The Department of Health and Human Services (HHS) is closely coordinating agencies across HHS to ensure activities funded through the Paycheck Protection Program and Health Care Enhancement Act are complementary, considering evolving factors associated with this novel coronavirus, and to support CDC’s highest priority response activities to protect public health. CDC is using these funds to respond to and control the COVID-19 pandemic, prepare the United States for future emerging infectious disease outbreaks, and apply lessons learned so far in the CDC response.

Since launching an agency-wide response to the COVID-19 pandemic on January 21, 2020, a key focus of CDC’s efforts has been protecting the health of travelers and communities in a globally mobile world. CDC protects travelers and helps maintain public health security through activities that lessen the public health risk of rapid global travel, including issuing guidance; educating travelers; working with international, federal, state, local, and industry partners; and actions taken at U.S. borders. Consistent with the Paycheck Protection Program and Health Care Enhancement Act and CDC’s ongoing response work related to travelers, ELC previously awarded COVID-19 supplemental funds for:

- 1) Developing streamlined approaches for the collection, reporting, and sharing of international or domestic traveler-related data, as well as building capacity for data-sharing among public health networks.
- 2) Identifying, developing, and implementing innovative solutions for communicating with international or domestic travelers.
- 3) Providing support and guidance for public health activities at travel hubs and among travel industry stakeholders.

Increasing health departments' capacity to manage and report on traveler-related data, provide support and guidance for travel-related public health activities, and communicate with travelers will improve the nation's preparedness to address future phases of this pandemic and other pandemics in the future.

This award, made available through the *American Rescue Plan Act of 2021*, [P.L. 117-2](#), and associated guidance expand on the previously awarded funds and supported activities under the *Travelers Health COVID-19* award that was issued in December 2020, under Budget Period 2 of the *ELC Cooperative Agreement*. The intent of this additional funding is to provide another twelve (12) months of financial support to continue the work started under the BP2 *Travelers Health* award.

## FUNDING STRATEGY

The \$29,000,000 under the 'Travelers Health – Year 2' award, will be awarded to the current 64 ELC recipients according to the following business rules.

As noted, awards will be issued to 64 existing ELC recipients. The funding tier for each jurisdiction was determined by calculating the proportion of the combined sum<sup>1</sup> of incoming international travel, outbound international travel, and outbound domestic travel from January 2020 through September 2020, rounded up to the nearest tenth of a percent. With the likelihood of continued travel patterns and continued port of entry interventions to mitigate COVID-19, CDC's Global Migration Task Force (GMTF) within the current COVID-19 response infrastructure found these data points to be the most salient for the FY22 funding period.

- Top 16 jurisdictions with  $\geq 2.5\%$  of total calculated air travel = \$15 MIL (\$937,500 each)
- Middle 16 jurisdictions with  $< 2.5\%$  and  $\geq 1\%$  of total calculated air travel = \$7.6 MIL (\$475,000 each)
- Bottom 32 jurisdictions with  $< 1\%$  of total calculated air travel = \$6.4 MIL (\$200,000 each)

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<sup>1</sup> OAG (Official Aviation Guide) Aviation Worldwide Ltd. (Traffic Analyser). These data are commercial, proprietary data. These data are under license and are not publicly available. We can share the air passenger data upon reasonable request and with the permission of OAG Aviation Worldwide Ltd. Adjusted travel volume numbers are modeled estimates. They are sampled data based on ticket sales and reporting from airline carriers, modeled to represent 100% of the market. Adjusted travel volume represents the aggregate number of passenger journeys, not necessarily unique individuals. Passenger journeys are defined as the airline transport between original embarkment and disembarkment in the US port of entry. The data include direct and indirect (i.e. connecting flights). DURING COVID-19- Schedules and bookings are in constant flux, and it is almost certain these strategic assessments will change. We have higher confidence in the accuracy of near-term data than the longer-range forecasts and will routinely update this report. Unadjusted travel volume numbers (bookings) are actual bookings from Travelport system. Actual bookings definition: a single booking equates to a single passenger.

Funds may not be used for general or COVID-19 related clinical care, construction, lobbying, or research.

Financial expenditures will be monitored and assessed with recipients monthly.

## ALLOWABLE COSTS

Recipients should consider requesting the following when developing the ‘Travelers Health – Year 2’ budgets.

1. Personnel (term, temporary, students, overtime, contract staff, etc.).
2. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing or new screening testing or onboarding new platforms to support testing.
3. Personal Protective Equipment (PPE) (e.g., masks, gloves, gowns) for those collecting samples and/or conducting testing.
4. Courier service contracts (new or expansion of existing agreements).
5. Service contracts for provision of end-to-end services such as tests, collection, and reporting.
6. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
7. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).
8. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the testing needs.
9. Leasing/purchasing vehicles (e.g., mobile screening testing, etc.). Note: Recipients will need to submit quotes with their revised budgets and receive prior approval from the Office of Grant Services (OGS). If need arises before or after the revised Notice of Grant Award (NOA) is issued, requests for leasing/purchasing must be made through GrantSolutions and include the necessary quotes. Recipients must also comply with their internal procurement policies.
10. Stipends/incentives may be considered to encourage individuals to participate in screening testing. Recipients interested in exploring this option must submit a plan that covers all the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount (not to exceed \$25 per instance), (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 90 days of award issuance, stipend/incentive plans must be included in the ‘budget justification’ section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support stipends/incentives must be made in GrantSolutions, including the stipend/incentive plan, and must receive CDC approval before implementation.
11. Wrap-around (e.g., hoteling, food, laundry, mental health services, etc.) services for those who test positive.
12. Expenses associated with outreach and assistance (e.g., support provided through education leaders, community-based organizations).

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable regulations; the overall underlying ELC

Cooperative Agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: 45 [CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

## COVID-19 TERMS AND CONDITIONS

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 (P.L. 117-2) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

**Acknowledgement of Federal Funding:** When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter “statements”) --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. The percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. The percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

**If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:**

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

**Termination**

This award may be terminated in whole or in part consistent with 45 CFR 75.372.

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

**PROCESS FOR WORKPLAN AND BUDGET SUBMISSION**

Within five (5) business days of receipt of this guidance, the recipient's Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.

This funding will be awarded in the ELC Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) under CK19-1904. However, recipients should note that this supplemental funding has an extended project and budget period which will end on December 31, 2022. The expanded project period extends into Budget Period 4 (BP4) to permit a full 12-months of funding for the second year of the project which started in December 2020. Therefore, workplans and revised

budgets should reflect activities and associated costs that will end on December 31, 2022. Recipients are reminded that expanded authority<sup>2</sup> applies, and funding may be extended to subsequent budget periods.

Within 90 days of receipt of the Notice of Award (NOA), the recipient is required to submit a workplan and revised budget describing its proposed activities. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed upon between the recipient and CDC and documented in REDCap; and any agreed upon changes must be captured in GrantSolutions, the system of record, as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the 90-day requirement:

1. Workplan entries will be completed in the 'Traveler Health – Year 2' page, under 'ELC COVID-19 Projects' portal, in REDCap; and
2. Revised budgets must be completed by using the Excel budget workbook template provided via GrantSolutions Grant Notes at time of NOA issuance. **Note:** If a recipient does not meet the 90-day submission requirement and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award may be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan and budget submission requirement.
  - a. Funds will be awarded under the 'Other' cost category and will be accessible in the Payment Management System (PMS) during the 90-day budget revision period for use in accomplishing activities outlined in this guidance;
  - b. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed;
  - c. Recipients will upload the revised budget into GrantSolutions via a budget revision amendment, with a courtesy copy into REDCap 'Travelers Health – Year 2' page of the 'ELC COVID-19 Projects' portal, by the 90-day post award deadline; and
  - d. The ELC Project Officer and OGS will process the budget revision amendment in GrantSolutions and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members (i.e., Project Director, Epidemiology Lead, Laboratory Lead, Health Information Systems Lead, and Financial Lead) have both contributed to and agreed upon the workplan and revised budget submitted, must be signed by all Governance Team Members (hard copy or digital signature) and submitted with the documents in the REDCap portal.

### **GrantSolutions**

**Within 90 days of receipt of the NOA**, the recipient is required to submit a '**Budget Revision Amendment**' as part of the recipient's current award (CK19-1904), Budget Period 3.

The 'budget revision amendment' must consist of the following documents:

- 1. Budget Information: SF-424A**
  - a. Recipient can use the form generated by the ELC budget workbook;
  - b. Or, recipient can submit a PDF of this form.

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<sup>2</sup> Expanded Authority is provided to recipients through 45 CFR Part 75.308, which allows carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report.

- c. Please do not use the **e-form in GrantSolutions** as it creates issues when processing the revised NOA.
2. **Cover Letter** signed by the Authorized Official of record in GrantSolutions.
3. **Completed revised budget** using the ELC budget workbook that was provided in GrantSolutions as a Grant Note.

**Note:** In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.

## REQUIRED TASKS

**Note:** If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in the Payment Management System (PMS) for specific costs/activities. Recurring or repeat non-compliance may result in additional restrictions or other actions being taken, consistent with applicable grant regulations.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

1. Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.
2. Regular participation in calls with CDC for technical assistance and monitoring of activities supported through this cooperative agreement.
3. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates within REDCap.
4. Report expenditures and unliquidated obligations (ULOs) on a monthly basis. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'Travelers Health – Year 2' page.
5. Documentation of any necessary budget change/reallocation through GrantSolutions and REDCap.

## ACTIVITIES

This award has three (3) activities that are designed to meet the following goals.

- Goal 1: Enhance practices related to the management (collection, reporting, sharing, etc.) of traveler-related data
- Goal 2: Improve communication with travelers

Goal 3: Ensure best practices and coordination with appropriate federal, state and local public health agencies around public health activities at travel hubs and among travel industry stakeholders.

For this funding, ‘traveler’ may describe any person who enters or leaves a jurisdiction by plane, boat, or ground transportation for purposes of tourism, visiting friends and relatives, work, immigration, or asylum or refuge.

### **Workplan Activities**

Recipients may develop proposals supporting any or all the following three allowable categories of activities.

- 1. Develop standard approach for the collection, reporting, and sharing of international or domestic traveler-related data with CDC and among relevant public health networks.** This may include:
  - a. Developing, following, and/or implementing procedural guidelines, policies or guidance for collecting traveler-related data from travelers, international or domestic public health authorities, and industry partners and reporting the information to CDC and sharing it among relevant governmental jurisdictions and within relevant public health networks.
  - b. Partnering with epidemiology, informatics, and case investigation groups to enhance and/or obtain IT systems for storing, analyzing, reporting, and sharing traveler-related data with CDC and among relevant public health networks.
  - c. Developing innovative solutions for the interoperability of IT and data-sharing systems among CDC, health departments, and other relevant public health partners. This may include but is not limited to solutions that facilitate the interstate transfer of contact information and other information related to travelers
  - d. Promptly collecting and reporting traveler-related data to CDC. This may include but is not limited to data on travel-associated cases, outcomes of conveyance-related contact investigations, and traveler testing and vaccination.
  
- 2. Identify, develop, and apply innovative solutions for communicating with international or domestic travelers.** This may include:
  - a. Developing, obtaining, and using innovative, culturally, and linguistically appropriate solutions for communicating with travelers about COVID-19 policies and guidance, testing, vaccination, quarantine support and resources, contact investigations, and recommendations for safe air, land, and maritime travel.
  - b. Developing, obtaining, and using innovative solutions for collecting information from travelers, including contact information and health, testing, and/or vaccination status.
  - c. Establishing or continuing partnerships with universities, nongovernmental organizations, grassroots organizations, and other public and private entities to develop and implement innovative solutions for communicating with travelers, particularly those from marginalized or hard-to-reach populations.
  - d. Sharing best practices for communicating with travelers via reports, publications, and presentations, freely with CDC and other relevant stakeholders.

- 3. Provide support and guidance for and oversight of public health activities at relevant sites, including airports, other ports of entry, and other travel hubs such as seaports, land border crossings, and bus terminals, and among travel industry stakeholders.** This may include:
- a. Enhancing traveler access to predeparture and post-arrival testing, vaccination, and verifiable proof of vaccination and/or test results.
  - b. Providing oversight and guidance for the real-time collection and reporting of disease exposure, testing, and vaccination data from airports, other ports of entry, and other travel hubs engaged in testing and vaccination activities to state and local public health authorities and CDC.
  - c. Establishing partnerships with universities, nongovernmental organizations, and other public and private entities to build expertise in and guide travel-related testing, vaccination, and data reporting activities to align with existing public health infrastructure, regulations, and requirements.
  - d. Sharing best practices related to guidance and oversight of public health activities at airports, other ports of entry, and other travel hubs and among travel industry stakeholders via reports, publications, and presentations.

## PERFORMANCE MEASURES

Below are 3 performance measures to evaluate implementation and results the allowable activities. Recipients need only capture performance measures for activities they choose to fund with the award.

**Performance Measure 1** (Addresses Activity 1): Describe new or updated tools to support data collection and exchange

**Performance Measure 2** (Addresses Activity 2): Describe innovative communication solutions identified, piloted, or implemented

**Performance Measure 3** (Addresses Activity 3): Describe tools, resources, and services to perform oversight of public health activities at travel hubs

Performance measures will be collected quarterly, in REDCap, consistent with the ELC quarterly performance measure reporting schedule.

## SUMMARY OF REPORTING REQUIREMENTS

The following is a summary of the reporting requirements for the 'Travelers Health – Year 2'.

1. Within five (5) business days of receipt of this guidance, the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions.
2. Quarterly progress reports on milestones in approved workplans via REDCap.
3. Monthly fiscal reports (beginning 30 days after NOAs are issued).
4. Performance measure data.
5. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

**ACKNOWLEDGEMENT LETTER: DUE WITHIN FIVE (5) DAYS OF NOA RECEIPT**

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**‘Travelers Health – Year 2’**

Date:

Organization Name:

Subject: Acknowledgement Letter for CK19-1904 – COVID-19 Supplemental Funds – ‘Travelers Health – Year 2’

Reference: Guidance for the use of supplemental funding for CK19-1904 ‘Travelers Health – Year 2’ through the Paycheck Protection Program and Health Care Enhancement Act ([P.L. 116-139](#)).

This is to acknowledge that I have received, reviewed, and understand the requirements in the attached programmatic guidance.

The federal funding received will be in support of the supplemental funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

\_\_\_\_\_  
Authorized Official