CDC-RFA-TP18-1802
Cooperative Agreement for Emergency Response: Public Health Crisis Response
2017 Hurricane Recovery Crisis Cooperative Agreement Interim Guidance

March 29, 2018

I. Summary

On February 9, 2018, Congress passed and the President signed into law the [Bipartisan Budget Act of 2018](#) (H.R. 1892). The act includes $200 million in one-time funding appropriated to CDC for response, recovery, preparation, mitigation, and other expenses <u>directly</u> related to the consequences of hurricanes Harvey, Irma, and Maria. CDC will activate CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response to award a portion of those funds to jurisdictions affected by one or more of these three hurricanes. Activities already covered or paid for by other federal funds, including activities funded by the Federal Emergency Management Agency (FEMA) under the Stafford Act, as well as any matching requirements or cost sharing, are not eligible for funding.

This guidance supplements guidance provided in the CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response notice of funding opportunity (NOFO). All requirements of that NOFO remain in effect unless otherwise amended herein. CDC may issue updated guidance in the future as needed.

II. Eligibility

Jurisdictions that responded to the Public Health Crisis NOFO (50 states, six large metropolitan areas, and eight U.S. territories and freely associated states) are eligible for potential funding, provided they can directly link proposed activities to one or more of the three hurricanes (Harvey, Irma, and Maria). An award is subject to the availability of funding. The Public Health Crisis NOFO established a list of recipients who are approved but unfunded (ABU); any eligible jurisdiction on the ABU list may submit revised work plans and budget narratives in response to CDC project plans available in the Research Electronic Data Capture (REDCap) system. See Section VII. Revised Work Plan and Budget Narrative Submission for more information.

Note: CDC will review and consider all submissions. CDC will prioritize funding based on geographic need, disease burden, and populations disproportionately impacted by the hurricane(s); not all jurisdictions may receive funding. Those not funded but determined to meet the intent of this supplemental guidance will remain on the ABU list for future consideration.

III. Use of Funds

Financial Management Requirements and Exceptions

This is one-time funding, and funds must be spent/expended within the two-year performance period. Recipients are expected to align budgets and work plans with respective domains outlined below. Previously incurred costs and activities that will be reimbursed or funded by another federal source (e.g., FEMA) may not be included. The Department of Health and Human Services and CDC will provide ongoing oversight and monitoring of this cooperative agreement funding.

Direct Assistance

Direct assistance (DA) is available through this 2017 Hurricane Recovery Crisis Cooperative Agreement. DA may be available in the form of equipment, supplies and materials, and/or federal personnel. If DA is provided as a part of a recipient's award, CDC will reduce the financial assistance award amount provided directly to the jurisdiction as a part of its award. The amount by which the award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to the recipient.

Unallowable Costs
- Research
- Clinical care (except as allowed by law)
- Furniture
- Funds for construction or major renovations
  - Recipients may purchase temporary structures necessary for the continuity of operations with prior approval from CDC's Office of Grants Services (OGS)
- Purchase of vehicles
  - Funds may be used to lease vehicles
- Overlap in projects, budget items, or commitment of effort:
  - Funds cannot be used for items covered by FEMA or other federal sources
  - Funds cannot be used to match funding on other federal awards
- Publicity and Propaganda (Lobbying)
  - Funds cannot be used for 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.

IV. Modifications to Public Health Crisis NOFO Permissible Activities
- Capacity building
  - To meet the intent of the Bipartisan Budget Act of 2018, CDC will allow activities that seek to re-establish past capacities impacted by the hurricanes.
- Recovery activities
  - To meet the intent of the Bipartisan Budget Act of 2018, CDC will allow recovery activities that align with the goals and objectives of the specified activities and congressional intent.

V. Reimbursement

The Bipartisan Budget Act of 2018 allows reimbursement. In general, funding is intended for current and future activities necessary to execute the projects proposed by CDC. Reimbursable costs are available for activities that were started up to 120 hours before the hurricane made landfall or otherwise impacted the jurisdiction. CDC has set aside limited funds to address reimbursable activities. Recipients should address their reimbursable activities in the REDCap project folder specified for reimbursement. Reimbursable activities may include, but are not limited to, activating emergency operations centers (EOCs), reviewing hurricane plans, and coordinating with other agencies. CDC will also consider activities conducted during the storm and in the response and recovery phases of the hurricane. Additional guidance about submitting reimbursement requests is below.

- CDC has developed a specific REDCap project folder for reimbursement activities. Recipients should submit their reimbursement requests using this REDCap folder. Reimbursement requests submitted outside of this project folder will not be considered.

VI. Key Timeframes
- Funding for approved activities will be available to recipients until September 30, 2020. Therefore, the period of performance and the budget period are approximately two years.
- All eligible expenditures to be charged to this award must be made by September 30, 2020.
- Eligible costs incurred for damage that occurred up to 120 hours before hurricane landfall may be charged to this award.
- Jurisdictions will have 45 days from the publication date of this document to submit revised work plans and budget narratives through REDCap.
- CDC anticipates a two-week review period for revised work plans and budgets.
- CDC will issue Notices of Award (NOAs) after approving final work plans and budgets.
- Reporting:

  - Recipients must report fiscal and programmatic progress to determine if programs are meeting the timelines, goals, and objectives in their approved work plans.
  - Fiscal reports as defined in REDCAP will be required on a monthly basis. CDC may adjust the frequency of these reports as necessary. For instance, jurisdictions functioning at the performance levels projected in approved work plans may move to quarterly reporting.
  - Performance reports are required on a quarterly basis.

VII. Revised Work Plan and Budget Narrative Submission
CDC requires jurisdictions to submit their revised work plans and budget narratives through REDCap no later than 45 calendar days after the supplemental guidance is posted on grants.gov.

Revised work plans and budget narratives must be submitted by 11:59 p.m. EDT on Monday, May 14, in REDCap.

Jurisdictions must designate representatives from their health departments who will be responsible for entering work plans and budgets into REDCap. Names and email addresses of these representatives should be sent to DSLRCrisiCoAg@cdc.gov to be granted access to the system. Jurisdictions that encounter any difficulties submitting work plans and budget narratives through REDCap, should contact CDC at DSLRCrisisCoAg@cdc.gov prior to the submission deadline.

This cooperative agreement is an umbrella mechanism; it is designed to support multiple CDC programs. Each program office will establish its own criteria to determine funding allocations, including direct assistance funds, within the scope of their activities and the Bipartisan Budget Act of 2018.

VIII. Content of Revised Work Plan and Budget Narrative Submission
This announcement requires submission of a work plan and a budget narrative as described in the following information.

1. **Work Plan**

CDC has established allowable activities related to the domains described in the Public Health Crisis NOFO and developed optional templates recipients can use to prepare their revised work plans. Recipients can access their jurisdiction-specific folders in REDCap to view CDC project plans. The domains include:

o   Strengthen Incident Management for Early Crisis Response
o   Strengthen Jurisdictional Recovery
o   Strengthen Biosurveillance
o   Strengthen Information Management
o   Strengthen Countermeasures and Mitigation
o   Strengthen Surge Management

Potential work plan activities linked to these domains include, but are not limited to, the list below. Not all expenses related to these activities are eligible. The **only** expenses eligible under this award are those that are for **response, recovery, preparation, mitigation, and other expenses directly related to the consequences of hurricanes Harvey, Irma, and Maria**.

Details pertaining to activities are in the REDCap system. Table 1 provides a high-level overview.

2. Budget Narrative
Recipients must submit a modified itemized budget narrative. When revising the budget narrative, recipients must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project plans in their folders. The budget must include:

o   Salaries and wages
o   Fringe benefits
o   Consultant costs
o   Equipment with quotes
o   Supplies
o   Travel
o   Other categories
o   Contractual costs
o   Total Direct costs
o   Total Indirect costs

For additional budget narrative guidance, please refer to CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response.

IX. Performance Measures
CDC will work with funded jurisdictions during the first 90 days after the award to finalize performance measures. As the 2017 Hurricane Recovery Crisis Cooperative Agreement is a mechanism that allows multiple CDC programs to use it, all performance measures will be coordinated between the recipient and the program office sponsoring the specified activity. Performance reports will be required on a quarterly basis. The REDCap system will be used for performance monitoring and reporting. CDC will provide additional guidance and information, as appropriate, on performance measure reporting within the first 90 days after the award.

CDC may require recipients to develop an annual progress report (APR). CDC will provide guidance and optional templates for the APR should it be required.

X. Roles and Responsibilities

As the managers of the 2017 Hurricane Recovery Crisis Cooperative Agreement, CDC's Division of State and Local Readiness (DSLR) will perform the role of the project officer; Office of Grants Services will serve as the grants management specialist; individual program offices will serve as the technical monitor responsible for providing subject matter expertise and technical assistance regarding approved and funded activities.

Table 1. Overview of Potential Work Plan Activities in Each Domain

Domain	Activity Category	Allowable Activities

Incident Management for Early Crisis Response	Environmental Health	o Conducting environmental health assessments for impacted communities, environmental health hazard assessments, and planning for land use/reuse of early care and education (ECE) facilities and other at-risk sites.
		o Restoring capacity for environmental health services to include IT infrastructure data collection and use, community risk mitigation for health, and pilot testing of the CDC PHOENIX System pilot version and open-source mobile data collection toolset.
		o Monitoring the health impact of affected communities through improving:
		  • Disaster-related death registry processes to improve death count accuracy
		  • Post-disaster carbon monoxide poisoning surveillance
		  • Data gathering to guide asthma programs for children after a hurricane
		  • Community assessments for public health emergency response (CASPERs) to assess changing needs of communities.

	Occupational Health and Safety	o Emergency Responder Health Monitoring and Surveillance™ (ERHMS™) o Surveillance for occupational injuries and illnesses o Worker health and safety training o Occupational health assessments
	Public Health Emergency Response	o Reimbursement for pre-award costs for public health expenses associated with hurricane response activities o Costs linked to crisis cooperative agreement project management

Jurisdictional Recovery	Environmental Health	o Conducting environmental health assessments for impacted communities, environmental health hazard assessments, and planning for land use/reuse of early care and education (ECE) facilities and other at-risk sites.
		o Restoring capacity for environmental health services to include IT infrastructure data collection and use, community risk mitigation for health, and pilot testing of the CDC PHOENIX System pilot version and open-source mobile data collection toolset.
		o Monitoring the health impact of affected communities through improving:
		  • Disaster-related death registry processes to improve death count accuracy
		  • Post-disaster carbon monoxide poisoning surveillance
		  • Data gathering to guide asthma programs for children after a hurricane
		  • Community assessments for public health emergency response (CASPERs) to assess changing needs of communities.

	Injury and Violence Prevention	o Providing expanded suicide prevention services to support affected populations:
		  • Conduct training (i.e., provides training for community members to identify and refer persons at risk)
		  • Conduct outreach programs sending teams to focus on persons in isolated underserved areas

Domain	Activity Category	Allowable Activities
		• Work with health departments to implement key programs from CDC's suicide prevention technical package
	Monitoring Health Outcomes of Mothers and Infants	o Provide for surveillance of mothers and infants in hurricane-impacted communities to understand the impact of emerging health threats from hurricanes. o Provide for surveillance of displaced mothers and infants in jurisdictions to which they have relocated and provide follow-up care and screening to promote early educational interventions. o Obtain data to rapidly inform public health action including prevention strategies and clinical guidance. o Establish follow-up care and screening options to identify and promote evidence-based public health, medical, and early educational interventions.
	Occupational Health and Safety	o Emergency Responder Health Monitoring and Surveillance™ (ERHMS™) o Surveillance for occupational injuries and illnesses o Worker health and safety training o Occupational health assessments
	Public Health Emergency Response	o Reimbursement for pre-award costs for public health expenses associated with hurricane response activities o Costs linked to crisis cooperative agreement project management

Biosurveillance	Environmental Health	o Conducting environmental health assessments for impacted communities, environmental health hazard assessments, and planning for land use/reuse of early care and education (ECE) facilities and other at-risk sites.
		o Restoring capacity for environmental health services to include IT infrastructure data collection and use, community risk mitigation for health, and pilot testing of the CDC PHOENIX System pilot version and open-source mobile data collection toolset.
		o Monitoring the health impact of affected communities through improving:
		  • Disaster-related death registry processes to improve death count accuracy
		  • Post-disaster carbon monoxide poisoning surveillance
		  • Data gathering to guide asthma programs for children after a hurricane
		  • Community assessments for public health emergency response (CASPERs) to assess changing needs of communities.

	Epidemiology and Laboratory	o Provide support related to restoring and strengthening epidemiologic and laboratory surveillance capabilities for foodborne, waterborne, enteric, zoonotic and respiratory infectious diseases, including work supporting hiring and training of term-limited skilled personnel; oversight and coordination across programmatic epidemiology, laboratory, and health information system efforts; and ancillary needs to restore active and passive surveillance and epidemiologic activities.

Domain	Activity Category	Allowable Activities
		- Lab surge capacity, lab equipment, reagents, maintenance agreements, and lab quality management systems/activities. o Restore integrated, interoperable, and cloud-based health information systems and information technology to improve surveillance data collection, analysis, and management. o Deploy infection control experts to address potential issues in healthcare facilities following flooding. - Re-establish critical outreach, testing, and engagement and care for persons with communicable diseases of public health importance (e.g., TB, HIV, STDs).
	Injury and Violence Prevention	o Providing expanded suicide prevention services to support affected populations: - Conduct training (i.e., provides training for community members to identify and refer persons at risk) - Conduct outreach programs sending teams to focus on persons in isolated underserved areas - Work with health departments to implement key programs from CDC's suicide prevention technical package
	Monitoring Health Outcomes of Mothers and Infants	o Provide for surveillance of mothers and infants in hurricane-impacted communities to understand the impact of emerging health threats from hurricanes. o Provide for surveillance of displaced mothers and infants in jurisdictions to which they have relocated and provide follow-up care and screening to promote early educational interventions. o Obtain data to rapidly inform public health action including prevention strategies and clinical guidance. o Establish follow-up care and screening options to identify and promote evidence-based public health, medical, and early educational interventions.
Information Management	Environmental Health	o Conducting environmental health assessments for impacted communities, environmental health hazard assessments, and planning for land use/reuse of early care and education (ECE) facilities and other at-risk sites. o Restoring capacity for environmental health services to include IT infrastructure data collection and use, community risk mitigation for health, and pilot testing of the CDC PHOENIX System pilot version and open-source mobile data collection toolset. o Monitoring the health impact of affected communities through improving: - Disaster-related death registry processes to improve death count accuracy - Post-disaster carbon monoxide poisoning surveillance - Data gathering to guide asthma programs for children after a hurricane - Community assessments for public health emergency response (CASPERs) to assess changing needs of communities.
	Occupational Health and Safety	o Emergency Responder Health Monitoring and Surveillance™ (ERHMS™) o Surveillance for occupational injuries and illnesses

Domain	Activity Category	Allowable Activities
		o Worker health and safety training o Occupational health assessments
	Health Communications*	o Developing, coordinating, and disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly at-risk and vulnerable populations, and emergency responders. o Addressing needs related to health communication staffing, public service announcements, outreach, printing, and other forms of education or training that are linked to risk communications messaging.

Countermeasures and Mitigation	Environmental Health	o Conducting environmental health assessments for impacted communities, environmental health hazard assessments, and planning for land use/reuse of early care and education (ECE) facilities and other at-risk sites.
		o Restoring capacity for environmental health services to include IT infrastructure data collection and use, community risk mitigation for health, and pilot testing of the CDC PHOENIX System pilot version and open-source mobile data collection toolset.
		o Monitoring the health impact of affected communities through improving:
		  • Disaster-related death registry processes to improve death count accuracy
		  • Post-disaster carbon monoxide poisoning surveillance
		  • Data gathering to guide asthma programs for children after a hurricane
		  • Community assessments for public health emergency response (CASPERs) to assess changing needs of communities.

	Vaccine/Immunization	o Improve Immunization/Vaccine Delivery
		  • Improvements to vaccine delivery
		  • Enhancement of registries
		  • Addressing vaccine supply issues*
		    *Examples include, but are not limited to:
		      – Maintaining ability for vaccine-specific cold chain supply during loss of power
		      – Procuring supplies and infrastructure needed for mass vaccination clinics for emergency response
		      – Improving the ability to assess vaccination coverage
		o Rapidly identifying high-risk persons requiring vaccine.

	Vector Borne Disease Prevention	o Deploying field assignees to impacted jurisdictions o Enhancing mosquito surveillance (to jurisdictions with initial low capacity or damaged surveillance systems) o Implementing traditional vector control strategies (larvicide/insecticide) o Supporting novel/innovative vector control activities to prevent blooms of mosquitos/evaluation of impact(non-research activities)

Domain	Activity Category	Allowable Activities
Surge Management	Environmental Health	o Conducting environmental health assessments for impacted communities, environmental health hazard assessments, and planning for land use/reuse of early care and education (ECE) facilities and other at-risk sites. o Restoring capacity for environmental health services to include IT infrastructure data collection and use, community risk mitigation for health, and pilot testing of the CDC PHOENIX System pilot version and open-source mobile data collection toolset. o Monitoring the health impact of affected communities through improving: • Disaster-related death registry processes to improve death count accuracy • Post-disaster carbon monoxide poisoning surveillance • Data gathering to guide asthma programs for children after a hurricane • Community assessments for public health emergency response (CASPERs) to assess changing needs of communities.
	Monitoring Health Outcomes of Mothers and Infants	o Provide for surveillance of mothers and infants in hurricane-impacted communities to understand the impact of emerging health threats from hurricanes. o Provide for surveillance of displaced mothers and infants in jurisdictions to which they have relocated and provide follow-up care and screening to promote early educational interventions. o Obtain data to rapidly inform public health action including prevention strategies and clinical guidance. o Establish follow-up care and screening options to identify and promote evidence-based public health, medical, and early educational interventions.

*This project is eligible when health communications is the primary activity. CDC recognizes that health communications is an important function and may be a subactivity for other projects.