

Frequently Asked Questions: COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance

March 31, 2020

Budget/Funding Questions

Q1: Can we use our funds now or do we have to wait until our budgets and work plans are approved?

A: Funds can be used immediately. Prior approval is required only for activities related to alteration or renovation of nonfederal facilities that directly support activities in these six domains and additional activities as required under HHS grants regulations, 45 CFR Part 75.

Q2: Isn't prior approval required for pre-award costs?

A: Initially, we indicated that recipients must request prior approval for reimbursement for pre-award costs incurred on or after January 20, 2020, for certain public health expenses. However, to reduce administrative burden we've determined that recipients can incorporate reimbursement requests into their budget submissions due April 20, and we will review the requests at that time. Recipients should ensure the costs are for allowable activities and must clearly identify these costs in their budgets, indicating the costs were incurred between January 20, 2020, and March 16, when supplemental funding was awarded.

Q3: Can we use this funding to pay for overtime costs?

A: Yes, CDC will allow recipients to include projected overtime estimates in their budgets since these costs are a very likely and reasonable expense during the COVID-19 response. Recipients should estimate overtime costs based on current real-time needs and must follow federal rules and regulations in accounting for the employees' time and effort and be consistent with recipients' underlying policies and procedures.

Please note that this does NOT apply to any PHEP funding or other crisis response cooperative agreement funding; this applies only to the COVID-19 supplemental funding.

Q4: How should jurisdictions decide which activities to fund?

A: Jurisdictions should prioritize their activities based on their most pressing response needs that fall within the six domains or types of activities described in the [COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance](#). This includes the needs of their local jurisdictions. In addition, CDC requires recipients to meet specific surveillance and community intervention implementation requirements as part of this funding.

Q5: Why is the budget period only 12 months if the appropriation states that funding is available until September 30, 2022?

A: CDC is providing this funding to immediately address critical jurisdictional needs in this first phase of the response. CDC expects to award additional funds.

Q6: How is CDC going to provide the \$40 million allocated to tribes and related tribal organizations in the supplemental appropriation?

A: HHS announced on March 20 that CDC will provide \$80 million in funding to tribes, tribal organizations, and Urban Indian Health Organizations for resources in support of the COVID-19 response. CDC plans to:



- Supplement an existing CDC cooperative agreement to get resources quickly to nine regionally designated tribal organizations, including resources for sub-awards to tribes with the greatest burden and needs in their region and other direct funds to a number of large tribes.
- Supplement existing funding to the National Council of Urban Indian Health, which will make subawards to 41 urban Indian health centers.
- Supplement existing funding to the National Indian Health Board for COVID-19 communication activities.
- Issue a new noncompetitive grant funding opportunity to reach all Title I and Title V tribes that are eligible to apply for a federal grant.

Required Activities

Q7: The guidance states we must scale up laboratory testing and data collection. Can we use this funding to conduct laboratory testing?

A: Yes. Jurisdictions may use this funding to conduct laboratory testing. Please see Appendix 2. Allowable Activities in the [COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance](#) for more information. Jurisdictions are also reminded that consistent with the terms of the award, testing data generated or collected by the Jurisdiction (and/or a subrecipient or subcontractor) with these supplemental funds must be promptly reported to CDC.

Q8: The guidance references real-time reporting and reporting data in a timely manner. Are there specific timeframes that are required?

A: We understand that jurisdictions vary in the timing of their surveillance systems; cases should be reported to CDC within 24 hours of a confirmed positive test. As noted above, this reporting includes results received from subrecipients and subcontractors under this award.

Q9: Are there specific reporting systems we have to use to provide surveillance data on community and healthcare disruptions?

A: Although HHS plans to use a national data collection system to track healthcare disruptions, the system has not yet been finalized. Further guidance will be provided once this national system is established. In the interim, jurisdictions should submit ad-hoc reports regarding community and healthcare disruptions to CDC through their CDC project officers as listed on the COVID-19 Supplemental Funding Notice of Award terms and conditions.

Q10: Is there a template for the community intervention implementation plan?

A: CDC is developing an optional template and will provide it once it is finalized. For May 15 submission, recipients should provide a one-page description of the community intervention implementation plan, including how they plan to minimize potential community spread to reduce morbidity and mortality, to minimize disruptions caused by community spread, and to integrate health system preparedness and response activities.

Allowable Activities

Q11: What types of pre-award costs can be reimbursed? Can we be reimbursed for personnel costs?

A: Any costs directly related to COVID-19 response activities incurred between January 20, 2020, and the date of your Notice of Award and that are allowable as outlined in the supplemental funding guidance can be reimbursed. This includes personnel costs directly related to the response.



Q12: How do we get prior approval for costs we have already incurred? What is the process to request approval?

A: For costs incurred between January 20, 2020, and the date the Notice of Award was issued, recipients can incorporate reimbursement requests into their budget submissions due April 20, and we will review the requests at that time. Recipients should ensure the costs are for allowable activities and must clearly identify these costs in their budgets, indicating the costs were incurred between January 20, 2020, and March 16, when supplemental funding was awarded.

Q13: We had to purchase beds and other furniture for housing COVID-19 patients under quarantine. Can those costs be reimbursed?

A: Yes. These costs can be reimbursed with the appropriate documentation. Please submit the supporting documentation for reimbursement requests into the budget submissions due April 20, and we will review the requests at that time. Recipients should ensure the costs are for allowable activities and must clearly identify these costs in their budgets, indicating the costs were incurred between January 20, 2020, and March 16, when supplemental funding was awarded.

Q14: The guidance states that funding can be used for alteration or renovation of nonfederal facilities that directly support allowable activities in one of the six domains. Does this include major construction or structural changes such as removing walls or adding more square footage? Or, is this limited to cosmetic changes like painting and new flooring?

A: Given the 12-month budget period for the award, CDC recommends that funding be used for alteration or renovation of existing nonfederal facilities. CDC will consider other, more extensive construction projects on a case-by-case basis.

Q15: Is there a dollar limit on public health coordination with healthcare systems in our jurisdictions?

A: No. Jurisdictions should prioritize funds based on their greatest needs.

Q16: Can we fund hospitals and other healthcare providers directly?

A: Jurisdictions can fund hospitals and other healthcare providers directly as long as funds are used for allowable activities within guidance parameters and are identified in revised budgets and work plans. However, this funding cannot be used to support tribal hospital and clinical services operated by Indian Health Service (IHS). Since IHS is a federal agency, federal grant dollars cannot be redirected to IHS facilities.

Q17: Is quarantine and isolation in a hospital setting without medical treatment an allowable activity?

A: Yes.

Q18: Can you be more specific about what clinical care is allowable?

A: Clinical care costs for individuals while subject to state or federal quarantine and isolation orders that are not eligible to be paid for by other sources are allowable. Laboratory testing related to COVID-19 care is an allowable clinical care cost.

Work Plan Activities



Q19: Is CDC using REDCap to collect work plans?

A: We are working to develop an online fillable form for the COVID-19 work plan. Until then, recipients can use the optional work plan template that is available in GrantSolutions.

Reporting Requirements

Q20: I received initial Component A funding in early March. Am I still required to follow the reporting budget submission and other reporting requirements listed in that funding guidance?

A: No. The [COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding Interim Guidance](#) replaces the CDC guidance issued March 4. The 21 jurisdictions that received the \$25 million in funding should follow the instructions and reporting requirements described in the Components A and B Supplemental Funding Interim Guidance.

Q21: Can the monthly reporting be moved so it falls at the end of the month rather than the middle of the month?

A: Yes. CDC is revising the reporting requirements to be consistent with other routine grants management reporting. For instance, the first monthly spending report will be due April 30, 2020, and at the end of every month thereafter. We will provide a calendar of reporting deadlines.

