CDC Public Health Crisis Response Cooperative Agreement: Frequently Asked Questions about Opioid Crisis Supplemental Funding

July 2018

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Introduction

In October 2017, the Centers for Disease Control and Prevention (CDC) released CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response notice of funding opportunity (NOFO). Eligible applicants included the 50 states; eight U.S. territories and freely associated states; six localities: Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.; and federally recognized tribal governments that met the NOFO requirements and serve, through their own public health infrastructures, at least 50,000 people. This NOFO seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to public health emergencies identified by CDC. The NOFO establishes a roster of public health departments that are be pre-identified and pre-approved for rapid funding by CDC for public health emergencies of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions.

On March 23, 2018, Congress approved and the President signed into law the FY 2018 Consolidated Appropriations Act, which appropriated an increase in funding to CDC to "advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C." On June 22, 2018, CDC activated its public health crisis response funding mechanism to award a portion of this increase in appropriations. For this funding, the Office of Management and Budget determined that the eligible applicants were the 50 states, Washington D.C., and eight U.S. territories and freely associated states and that the remaining localities would not be eligible to apply. Funding will remain available until August 31, 2019.

CDC released June 20, 2018, the *2018 Opioid Overdose Crisis Cooperative Agreement Supplemental Guidance*. The guidance included information related to eligibility, use of funds, permissible activities, reimbursement, and funding timeframes.

This document provides answers to frequently asked questions to help jurisdictions and others interested in the *2018 Opioid Overdose Crisis Cooperative Agreement* funding to understand the intent of the cooperative agreement and how best to effectively employ it to provide funds in response to the opioid overdose national crisis.

In the following section, jurisdiction refers to any of the 50 states, Washington, D.C., and eight U.S. territories and freely associated states that are eligible for 2018 opioid overdose crisis cooperative agreement funding.

General CDC-RFA-TP18-1802 Background

CDC-RFA-TP18-1802 Funding Restrictions

The funding restrictions of the CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response are generally applicable to the 2018 Opioid Overdose Crisis Cooperative Agreement. The CDC-RFA-TP18-1802 was designed to support the surge needs of existing jurisdictional programs resulting from a public health emergency. Therefore, CDC will not consider applications which seek to create new public health departments or emergency management programs.

Recipients **may not** use funds for:

- Research.
- Clinical care (except as allowed by law).
- The matching of federal funds from other sources or to create overlap in projects, budget items, or commitment of effort.
- 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.
- The purchase of furniture. Any proposed spending must be clearly identified in the budget.

- Purchase of naloxone
- Purchase of syringes
- Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events)

Recipients **may** use funds to subcontract to a nongovernmental organization.

The recipient must perform a substantial role in carrying out project outcomes; they may not only serve merely as a conduit for the award to go to an otherwise ineligible entity.

In accordance with the United States Protecting Life in Global Health Assistance policy, foreign non-governmental organizations that receive funding through this award from the recipient are prohibited from performing abortions as a method of family planning and may not provide financial support to any other foreign nongovernmental organization that performs such activities. See Additional Requirement (AR) 35 for applicability.

Timeline Recipient Requirements

Recipients will be capable of activating new or surging current emergency response activities within a **two-day** period and, within 14 days of notice of CDC's intent to make an award, must be able to:

- Submit an amended budget
- Rapidly procure equipment and services through a General Services Administration (GSA) contract or other mechanism
- Contract or hire temporary staff
- However, the period of time allotted for these steps will vary depending on the crisis/response.

Recipients will also need to be able to execute a contract within 30 days.

Cooperative Agreement Records, Audits, and Recovery of Funds

Recipients must retain records for three years. The awarding agency, the agency Inspector General, the Comptroller General of the United States, and any duly authorized representatives must be provided access to all recipient records pertinent to the cooperative agreement to make audits, examinations, transcripts, and copies of these records.

In general, cooperative agreement project records that should be maintained include, but are not limited to, cooperative agreement financial records and related documents that substantiate costs charged to the cooperative agreement, such as the general ledger, accounting source documents, personnel and payroll records, timesheets, cancelled checks, and the cooperative agreement. See OMB Circular 2 CFR 215.53 and A-102 § .42 for more details.

An audit may occur if the recipient has not been audited in more than a year or because of awarding agency concerns that the recipient may not have spent federal funds according to specifications and requirements. Also note that an annual budget is a regulatory requirement. If an audit or other review identifies costs that were improperly claimed and should not have been allowed, then the awarding agency has the right to disallow costs and recover funds from the recipient, even after cooperative agreement is closed.

Questionable costs must then go through the agency's audit resolution process before the recipient is asked to repay any disallowed costs. It is the awarding agency's responsibility to follow up on any decision to disallow costs, even after closeout occurs, to ensure that the necessary federal funds (i.e., debt to the federal government) are recovered. See OMB Circular A-102, 2 CFR 215.72, A-133 § .320, and 2 CFR 215.73 for more details.

2018 Opioid Overdose Crisis Cooperative Agreement Questions

In this section, jurisdiction refers to any of the 50 states, Washington, D.C., and eight U.S. territories and freely associated states that are eligible for funding.

General

Is this a new opioid notice of funding opportunity (NOFO) for the opioid overdose crisis or it is part of the "*CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response*" that we were deemed as "approved but unfunded"?

The *2018 Opioid Overdose Crisis Cooperative Agreement* is part of the *CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response*. CDC is using this funding mechanism to award Congressional appropriations to "advance the understanding of the opioid overdose epidemic and scale up prevention activities" across all 50 States, Washington, D.C., and eight territories and freely associated states.

Who is the point of contact for the *2018 Opioid Overdose Crisis Cooperative Agreement* in the jurisdiction?

The main point of contact in each jurisdiction for the *2018 Opioid Overdose Crisis Cooperative Agreement* is the principal investigator for the *CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response*.

When can a jurisdiction expect to receive funding?

CDC will issue Notices of Award (NOAs) after approving final work plans and budgets. Jurisdictions may receive funding as early as September 2018.

What is the funding ceiling for applications for this opioid supplemental funding?

Funding ceilings are determined by the sponsoring CDC program offices that have proposed project plans. The funding ceilings are available in the REDCap (Research Electronic Data Capture) IT system, which is a secure web application for building and managing online surveys and databases.

Will the guidance for the work plans and budget narratives include the amount a specific jurisdiction is likely to receive?

Each project plan will has its own ceiling or range of available funding. There is no cumulative ceiling.

What do the budget ceiling minimum and maximums mean for activities?

Jurisdictions should target a budget between the minimum and maximum dollar amounts provided in REDCap.

What is the deadline to submit revised work plans and budgets?

Revised work plans and budget narratives must be submitted in the REDCap system by **11:59 p.m. EDT on Tuesday, July 31, 2018.**

Will the funding received through this mechanism have subgrantee restrictions? Would the funds need to be held by the jurisdiction or could they be distributed to local health departments or others?

The recipient can determine how to distribute the funds it receives. However, use of the funds must remain within the scope of the opioid funding supplemental guidance and the CDC program offices' proposed project plans.

Will the jurisdiction have to track performance according to each of the six domains (biosurveillance, community resilience, countermeasures and mitigation, incident management, information management, and surge management) separately?

Yes. Performance measures will likely be tracked by domain, though performance measures have not been finalized yet. CDC will provide additional guidance once the measures are finalized. Work plans should only address domains listed in the project plans. Quarterly progress reports and a final report will be required.

How are performance measures finalized?

CDC will work with recipients during the first 90 days after funds are awarded to finalize performance measures. CDC reserves the right to make changes to these performance measures and reporting frequency, pending additional guidance from CDC, U.S. Department of Health and Human Services (HHS), or Congress.

If a CDC program project plan has multiple activities, should we include performance measures for each activity or can there be two or three overarching performance measures per the CDC program project plan?

Jurisdictions have the option to provide overarching performance measures per plan that cover more than one activity.

What coordination would occur between CDC and the state health department to assure that a request made under this program does not run contrary or is used to circumvent an established state plan or policy?

Since the project plans were posted on June 25, CDC and the jurisdictions have been working together to ensure that the activities integrate with the jurisdictions' current activities and policies. Some of the states have federal funding from CDC and other agencies for opioid overdose prevention. While activities funded through the *2018 Opioid Overdose Crisis Cooperative Agreement* cannot duplicate or supplant these other federal funds, the funds available through this supplement can be used to enhance or surge ongoing work. CDC's goal is have the greatest impact possible on the opioid overdose epidemic.

Our jurisdiction submitted an application in December, 2017 for the public health crisis NOFO. Has CDC reviewed those projects for funding or will there be an opportunity to revise those work plans?

CDC reviewed and approved all 64 submitted applications. However, that process did not refer to this opioid funding. Instead, the goal was to establish an approved but unfunded list of applicants should funding become available during a future public health emergency. CDC shared this approved but unfunded list of jurisdictions to with the Office of

Management and Budget who determined that the eligible applicants for opioid funding were the 50 states, Washington D.C., and eight U.S. territories and freely associated states and that the remaining localities would not be eligible to apply.

How do I find the full announcement for the *2018 Opioid Overdose Crisis Cooperative Agreement* on Grants.gov?

The opioid supplemental guidance is available at https://www.grants.gov/web/grants/view-opportunity.html?oppId=297939. On the webpage, select the "Related Documents" tab and then scroll down to file description: Opioid Supplemental Guidance TP18-1802 Opioid Supplemental Guidance.pdf. If you would like a PDF of the guidance, please email DSLRCrisisCoag@cdc.gov.

Funding Scope

Can CDC give an estimate of how much funding our jurisdiction will receive?

Three CDC program offices have developed *2018 Opioid Overdose Crisis Cooperative Agreement* project plans: two for the National Center for Injury Prevention and Control (NCIPC), one for the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), and one for the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB (NCHHSTP). Each of the four project plans has different eligibility criteria. If your jurisdiction is eligible for all four project plans, there will be four project plans with budget ranges in REDCap. Each jurisdiction decides whether it applies to all or some of the project plans for which it is eligible. Across the six domains covered by the project plans, four are required for NCIPC's main project plan. This means that the state must pick some activities in each of these four domains for NCIPC's main project plan. For NCIPC's Special Projects Project Plan an activity or multiple activities can be proposed in any of the six domains. CSELS' activities are within one domain, and NCHHSTP's activities are also within one domain.

The project plans and the funding ranges became available on June 25 in the REDCap system. There is variability in award size among jurisdictions and projects, based on burden of opioid overdoses (for NCIPC funds) or infectious diseases (for NCHHSTP funds), depending on the project. Each of the centers has a separate set of funds set aside for use under the 2018 Opioid Overdose Crisis Cooperative Agreement. NCIPC is charged with distributing funds to the 59 eligible jurisdictions, and each jurisdiction will receive between $1 million and $4 million. The funding formula provided a base amount for eligible jurisdictions and an additional amount based on the number of opioid overdose deaths and the opioid overdose death rate in the state.

There is a separate NCIPC project plan for special projects. All eligible jurisdictions can submit a work plan for up to $500,000 for special project(s) that fits within at least one of the six domains.

CSELS has $4.5 million available to jurisdictions and will fund between $200,000 to $250,000 to as many as 25 states. There is not a formula for dispersing this limited funding. CDC will share more information about evaluation criteria later. NCHHSTP will disperse $4.5 million to all 50 states, Washington D.C., and Puerto Rico. The funding formula provides a base amount of $65,000 for eligible jurisdictions and an additional amount based on the proportional number of HIV diagnoses in that jurisdiction.

Can a jurisdiction apply for project plans that fall under multiple centers?

Yes, but there are different eligibility requirements for each center's project plans. Therefore, all jurisdictions may not be eligible for all project plans. The project plans a jurisdiction is eligible for will appear in REDCap.

Will *2018 Opioid Overdose Crisis Cooperative Agreement* funding be available at a later date for local jurisdictions on the public health crisis NOFO approved but unfunded list?

The Office of Management and Budget informed CDC that funding local jurisdictions is not allowed under the 2018 Opioid Overdose Crisis Cooperative Agreement. However, local jurisdictions may receive funding support from their states.

Under the biosurveillance domain of the opioid overdose crisis funding, NCIPC and CSEL activities appear to overlap on the subject of injury surveillance. How can jurisdictions write their work plans to avoid redundancy when proposing activities to enhance syndromic surveillance?

The underlying data sources differ for NCIPC and CSELS activities. CDC will work with jurisdictions to make sure these details are clarified before the final revised work plans are approved. Duplication of activities between NCIPC and CSELS work plans is not allowed; however, if a jurisdiction submits a work plan for CSELS activities, the jurisdiction still needs to select other, nonduplicative NCIPC biosurveillance activities because the biosurveillance domain is a required domain for NCIPC funds.

Can our jurisdiction supplement work being done now by Substance Abuse and Mental Health Services Administration (SAMHSA) grantees, expand the reach of currently implemented CDC programs including Prevention for States (PfS), Data-Driven Prevention Initiative (DDPI) and/or the Enhanced State Opioid Overdose Surveillance (ESOOS) programs, or enhance PHEP with this opioid overdose crisis NOFO?

The *2018 Opioid Overdose Crisis Cooperative Agreement* is a different funding mechanism that is unrelated to all of those funding sources. However, there may be activities in the six domains described in the *2018 Opioid Overdose Crisis Cooperative Agreement* similar to those found under those funding sources. Funding through the opioid overdose crisis mechanism will not affect a jurisdiction's funding through other federal resources.

However, jurisdictions can use the *2018 Opioid Overdose Crisis Cooperative Agreement* funds to expand, enhance, and surge the work already being done through federal funding from CDC, SAMHSA, or other mechanisms. However, jurisdictions must be sure such activities are not duplicating efforts already supported with other federal funding including CDC funds that have already been provided for opioid overdose prevention.

How can this opioid overdose crisis funding be used to supplement or fill gaps in activities sponsored by SAMHSA, Health Resources and Services Administration (HRSA), the Bureau of Justice Assistance (BJA) and/or other federal partners that are working on the opioid response?

There is a wide variety of activities within this NOFO to ensure that there are many opportunities to meet jurisdictional needs. The allowable activities listed in the Tables of the Supplemental Guidance vary depending on whether the jurisdiction already receives federal funding for opioid overdose epidemic-related activities to help ensure duplication of activities does not occur. CDC will work closely with its other federal partners to make sure that supported activities integrate with those already implemented. For states that do not have any federal funds currently for opioid overdose prevention, there is an even wider range of activities from which to select.

Are there any requirements for maintenance of effort or match for this NOFO?

No. CDC does not have those requirements in the *2018 Opioid Overdose Crisis Cooperative Agreement*.

Will there be any no-cost extensions, carry forwards, or reoccurring funds for this one-time, one-year funding?

CDC's intent is for this to be one-year funding that will end August 31, 2019, and will work with jurisdictions to ensure that all funds are expended within this funding period. Toward the end of the project period, CDC may consider whether no-cost extensions are appropriate. CDC has a long-term commitment to this work and, if funding becomes available, will seek to continue project work under a different mechanism.

For those jurisdictions that do not have ESOOS, will they have to work with a state that has ESOOS grant?

No.

Facilities and Equipment

For the NCIPC funding, it was noted under domain two that funding was not intended for substance abuse treatment. Can it be used to purchase naloxone in any of the six domains?

No. Funds may not be used to purchase naloxone in any of the six domains.

Can funding support syringe service programs?

While CDC funds cannot be used for purchase of syringes and needles, CDC recognizes that syringe service programs (SSPs) are an important venue by which to connect with individuals at risk of overdose and offer an opportunity to connect these individuals with health systems and care that may mitigate their risk. CDC funds can, therefore, be used to support services and strategies associated with SSPs and to support communication, education, and evaluation associated with SSPs.

The Consolidated Appropriations Act of 2016 includes language in Division H, Sec. 520 that gives states and local communities, under limited circumstances, the opportunity to use federal funds to support certain components of SSPs.

To support implementation of this change in law, HHS has released new guidance for state, local, tribal, and territorial health departments that will allow them to request permission to use federal funds to support SSPs. Federal funds can now be used to support a comprehensive set of services, but they cannot be used to purchase sterile needles or syringes for illegal drug injection.

The guidance states that eligible state, local, tribal, and territorial health departments must consult with CDC and provide evidence that the jurisdiction is (1) experiencing or (2) at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use.

After receiving a request for determination of need, CDC will have 30 business days to notify the requestor whether the evidence is sufficient to demonstrate a need for SSPs. When CDC finds there is sufficient evidence, state, local, tribal, and territorial health departments and other eligible HHS grant recipients may then apply to their respective federal agencies to direct funds to support approved SSP activities. Each federal agency (e.g., CDC, HRSA, and SAMHSA) is currently developing its own application process and guidance for funding recipients regarding which specific programs may apply.

For further information regarding CDC consultations on determination of needs (DON) request with jurisdictions, click here.

Surveillance, Tracking, and Registry

Can a jurisdiction use funding to help a health system connect the emergency medical response (EMR) system with the prescription drug monitoring program?

Yes. Funds can be used to improve the use of the prescription drug monitoring program (PDMP).

Can a jurisdiction use funding to gather data from urgent care facilities, death certificates, or emergency medical services data?

Yes. While the focus of the CSELS funds will be on gathering data for the Biosense platform from emergency department and other hospital facilities, CDC is also committed to collecting data from other sources that may contribute to decisions made to address opioid abuse. A jurisdiction may already be uploading data to Biosense, in which case there could be more of a focus on enhancing or improving such data collection in its work plan. NCIPC funds can be used to gather mortality and morbidity data from other sources.

2018 Opioid Overdose Crisis Partner Cooperative Agreement

(CDC-RFA-OT18-1804: Technical Assistance for Response to Public Health or Healthcare Crises)

If any additional information is required beyond the following frequently asked questions, contact opioidcrisisnofo@cdc.gov.

What is the purpose of the *Opioid Overdose Crisis Partner Cooperative Agreement* funding? Does it mean CDC will route money to a partner on behalf of a jurisdiction?

While complementary to the *2018 Opioid Overdose Crisis Cooperative Agreement*, this agreement will fund partner organizations and is designed to enhance the opioid response in jurisdictions. It is a separate and independent program, both financially and administratively. The partner cooperative agreement is designed to meet critical needs that the jurisdiction cannot execute with local staff expertise or complete quickly enough on its own to be effective within the program implementation period. For example, the partner cooperative agreement could be used to provide a dozen temporary staff members within 30 days or to purchase IT equipment such as servers or laboratory equipment like a PCR thermocycler or an electron microscope within two weeks. CDC will be responsible for assessing jurisdictional needs and matching the needs with the appropriate partner. Partner cooperative agreement funds do not go to the jurisdiction, and the jurisdiction does not authorize the partner's activities.

How will jurisdictions provide information to CDC regarding its partner needs?

Jurisdictions can request partner support by discussing their partner need with their CDC contacts, as well as checking a box in their opioid overdose crisis funding work plans and then writing down their partner support needs. The jurisdictions must identify critical needs that they cannot execute with local staff expertise or complete quickly enough on their own for effectiveness and convey these needs to CDC. This must be completed by the July 31 deadline for submitting work plans and budgets.

CDC will work to match jurisdictional requirements with recommended partners and determine specific activities to meet the needs conveyed by the jurisdictions. CDC has allocated specific funding for the partner crisis response cooperative agreement; therefore, it is important that jurisdictions communicate their needs with their CDC contacts.

How does CDC select partners and the activities that will be conducted?

During the partner selection process, the CDC centers sponsoring the project plans will be in contact with the partner cooperative agreement team and jurisdictional leadership. CDC will thoroughly review all proposed partner activities and plans with the jurisdictions to ensure they are congruent with jurisdictional policies and considerations. CDC will also consult with other appropriate federal offices to ensure there is no duplication of effort and that activities can be executed in compliance with federal law and regulations. After this process, a technical assistance package will be developed. CDC will ensure that partner support is available simultaneously with jurisdictional funding. In addition, CDC will serve as the program manager and work with the partners in close collaboration with the jurisdictions to ensure partners complete work plans as approved.

Is the technical assistance available for the same funding period as the *2018 Opioid Overdose Crisis Cooperative Agreement* or for a shorter period of time?

Yes. The time period is the same. CDC expects results within the same 12-month window.

If the jurisdiction wants a partner to do an activity, does it have to decrease its jurisdictional crisis cooperative agreement funding request by the amount projected to be needed for the partner's work?

Jurisdictions should work with their CDC subject matter experts (SMEs) to determine if they should decrease their budget requests to account for technical assistance. Jurisdictions should define their actual needs and projected costs with their CDC SMEs and complete the project plan partner support request form.

How can the partner cooperative agreement be used for expedited procurement?

CDC can provide funding to partners who can then procure or contract for services instead of states doing it in their own systems. For instance, partners can hire medical, science, or clerical expertise on a temporary basis without jurisdictions going through its internal hiring processes. CDC would provide jurisdictions with access to partners, if it would save significant amounts of time. Or, partners could quickly purchases costly lab equipment on behalf of jurisdictions.

How can a jurisdictional organization apply for partner cooperative agreement funding?

This is not possible at this time. The application period for partner selection was announced on Grants.gov and ended March 16, 2018. There are 33 organizations that are approved but unfunded for use under the crisis response partner cooperative agreement for the opioid overdose crisis response between September 1, 2018 and August 31, 2019. Organizations not on that list will not be considered at this time for application. If a jurisdiction wants to engage the services of some organization that did not successfully compete, it should subcontract with that organization as it would normally.

Will jurisdictions learn who the 33 organizations are and what they can provide, so that they can plan with that information?

No. Jurisdictions will not learn the names of all of the 33 organizations, but CDC will let jurisdictions know which partner(s) CDC selects to meet their needs. CDC is primarily responsible for partner selection and planning, based on the jurisdictions' requested capabilities and the partner organization(s) capabilities.

Will there be any guidance for the 33 partners identified for the partner cooperative agreement?

These partners are CDC-funded recipients who are responsible for meeting goals and timelines that assist jurisdictions in meeting their objectives. Partners are accountable to CDC and must adhere to the terms and conditions of their awards.

REDCap (Research Electronic Data Capture)

General

What is REDCap?

REDCap stands for Research Electronic Data Capture and is a secure web application for building and managing online surveys and databases. CDC has been selected REDCap as the IT platform to manage the opioid overdose crisis response cooperative agreement project plans, work plans, budget documents, and other documentation.

Will there be a full submission for the cooperative agreement through grants.gov?

No. Jurisdictions are on an approved but unfunded list, so they will only need to submit work plans and budgets in the REDCap system.

Is the REDCap folder created before or after a public health event?

Each public health event will have its own specific REDCap templates for project submissions. They are created when a public health event occurs and funding becomes available.

Who is the point of contact for REDCap questions?

- Direct general questions related to the REDCap system to redcap@cdc.gov.
- Direct questions related to the crisis response cooperative agreement forms in your REDCap project, or gaining access to SAMS/REDCap, to dslrcrisiscoag@cdc.gov.
- If you are having trouble logging into SAMS, contact samshelp@cdc.gov or at 877-681-2901.

Is the approval process done within REDCap?

Yes. Jurisdictions will complete work plans and budget narratives in REDCap. CDC will approve these documents in REDCap.

Which jurisdictional point of contact has the authority to designate staff who will access REDCap?

CDC recommends that jurisdictions work with their original principal investigators or authorized representatives on CDC-RFA-TP18-1802 to designate staff who will access the jurisdictional opioid projects.

If a jurisdiction has access to REDCap for another program, does the jurisdiction need to get specific access for this project?

If the jurisdiction already has REDCap users, then CDC can grant them access to the applicable opioid response REDCap project plans. Please send those names to DSLRCrisisCoag@cdc.gov.

Can the jurisdiction have multiple people working in REDCap, but only one person able to submit? Or can only one jurisdictional staff member work in the REDCap project area?

Within reason, the number of jurisdictional users who can be enrolled to work in REDCap is unlimited. Multiple people can work in REDCap, but only one person can work in one specific form at a time. A jurisdiction can have more than one representative and there can be more than one in the system at any given time. To add additional users, CDC suggests that the original crisis response cooperative agreement point of contact be consulted and then an email request be sent to the DSLRCrisisCoAg@cdc.gov.

Where can I see my REDCap projects?

From the REDCap home page, click the "My Projects" tab. This page will list all jurisdictional projects.

Will technical monitoring occur through REDCap?

Yes.

Data Entry

Can we export files from REDCap as PDFs?

Yes. Click the "Download PDF of instrument(s)" button at the top of any data entry screen. Jurisdictions can export one or all of the data entry forms and the blank data entry form(s) or the data entry form(s) with saved data.

Are there character limits for REDCap text field boxes, and, if so, what happens to text that goes beyond the limit when printed?

For some of the project plan text fields, there is a character limit in REDCap. However, REDCap will not cut off a text entry and the excess text will appear in the printed version even if it exceeds the character limit.

If there is no user activity, is there a login timeout in REDCap?

Yes. It is 30 minutes.

Can a jurisdiction have more than one point of contact (POC) listed?

Yes. A jurisdiction can have more than one point of contact who enters data into REDCap.

Will our jurisdiction be able to see the project plans from CDC or the work plans from other jurisdictions?

Jurisdictions will be able to see CDC project plans (read-only access) but do not have access to work plans from other jurisdictions.