

Centers for Disease Control and Prevention (CDC)  
Office of Financial Resources

## Instructions for Preparing an Annual Performance Report (APR) for Fiscal Year 2021

Catalog of Federal Domestic Assistance (CFDA) 93-069

Notice of Funding Opportunity (NOFO) Number: CDC-RFA-TP19-1901

2019-24 Public Health Emergency Preparedness (PHEP) Cooperative Agreement

Center for Preparedness and Response, Division of State and Local Readiness

**Application Deadline: March 16, 2021**

### Eligibility

This award will be a continuation of funds intended only for recipients previously awarded under CDC-RFA-TP19-1901, the 2019-2024 Public Health Emergency Preparedness (PHEP) Cooperative Agreement notice of funding opportunity (NOFO), hereafter referred to as the PHEP NOFO. This document provides recipients with instructions for preparing annual performance reports (APRs)<sup>1</sup> for fiscal year 2021 and serves as the mechanism for requesting Budget Period 3 funding.

For this award, the anticipated funding levels are included in the PHEP fiscal year 2021 funding table for Budget Period 3, which begins July 1, 2021, and ends June 30, 2022. The funding table is located at the end of this document. Recipients should note that these are planning numbers subject to change based on availability of funding. More information is available in the application instructions.

### Application Submission

CDC requires recipients to submit their annual performance reports (APRs)<sup>1</sup>, which serve as their noncompeting continuation applications, through [www.grantsolutions.gov](http://www.grantsolutions.gov) no later than 120 days prior to the end of the budget period.

If you encounter any difficulties submitting your annual performance report through [www.grantsolutions.gov](http://www.grantsolutions.gov), please contact the GrantSolutions helpdesk at 866-577-0771 or email [help@grantsolutions.gov](mailto:help@grantsolutions.gov) prior to the submission deadline. If you need further information regarding the annual performance report process, please contact Shirley Byrd, grants management officer, at [yuo6@cdc.gov](mailto:yuo6@cdc.gov). For programmatic information, please contact Sharon Sharpe, public health advisor, at [lss1@cdc.gov](mailto:lss1@cdc.gov).

Reports must be submitted by **11:59 p.m. Eastern Standard Time on March 16, 2021**, through [www.grantsolutions.gov](http://www.grantsolutions.gov) for the reporting period **July 1, 2020, to December 31, 2020**. Late or incomplete reports could result in an enforcement action such as a delay in the award or a reduction in funds. CDC will accept requests for deadline extensions on rare occasions and after adequate justification has been provided.

## Annual Federal Financial Report Submission

The Annual Federal Financial report (FFR) SF-425 is required and must be submitted through the Payment Management System (PMS) no later than 90 days after the end of the budget period. Annual FFRs for PHEP Budget Period 2 (July 1, 2020, to June 30, 2021) are due to the GMS/GMO by September 30, 2021.

- **Expanded authority for unobligated funds:** In accordance with 45 CFR § 75.308(d), recipients are given expanded authority to carry forward unobligated balances to the successive budget period without receiving prior approval from CDC's Office of Grants Services. The following restrictions apply with this authority:
  1. The expanded authority can be used to carry over unobligated balances from one budget period to the next successive budget period. Any unobligated funds not expended in the successive budget period must be deobligated and returned to the Treasury as required.
  2. The recipient must report the amount carried over on the FFR for the period in which the funds remained unobligated.
  3. This authority does not diminish or relinquish CDC administrative oversight of the PHEP program. The CDC program office will continue to provide oversight and guidance to the award recipients to ensure they comply with statutes, regulations, and internal guidelines.

## General Application Packet Tips

- Properly label each item of the application packet
- Each section should use 1.5 spacing with one-inch margins
- Number all pages
- This report must not exceed 45 pages excluding administrative reporting. Web links are allowed.
- Where the instructions on the forms conflict with these instructions, follow these instructions
- GrantSolutions allows several file types to be uploaded within the system. Refer to GrantSolutions help support for a list of the file types.
- CDC STRONGLY recommends submission of the required documents in GrantSolutions in advance of the deadline to assure time to troubleshoot any problems with the online submission system.

## Checklist of Required Contents of Application Packet

1. [Performance Progress and Monitoring Report \(PPMR\)](#)
2. SF-424A Budget Information-Non-Construction (online form) and Budget Justification (attachment)
3. Indirect Cost Rate Agreement (attachment)
4. Performance Narrative Consisting of Two Attachments: Progress Update for Budget Period 2 and Domain Work Plan for Budget Period 3

5. SF-LLL Disclosure of Lobbying Activities (online form and instructions, if applicable<sup>2</sup>, are located at [www.grants.gov/web/grants/forms/post-award-reporting-forms.html](http://www.grants.gov/web/grants/forms/post-award-reporting-forms.html))
6. State Health Official Letter
7. Local Health Department Concurrence Letter

### **1. Performance Progress and Monitoring Report**

- PPMR instructions are attached to the form located at <https://www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf>.

### **2. SF-424A Budget Information and Justification**

- Instructions for completing SF-424A Budget Information-Non-Construction online form are located at [https://www.grantsolutions.gov/gs/pdf/ophs-1\\_SF424A\\_Instruction.pdf](https://www.grantsolutions.gov/gs/pdf/ophs-1_SF424A_Instruction.pdf)
- The proposed budget should be based on the federal funding level outlined in the funding table found at the end of this document.
- The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines. The budget guidance is provided at [www.cdc.gov/grants/applying/application-resources.html](http://www.cdc.gov/grants/applying/application-resources.html) and in the GrantSolutions application control checklist.
- For any new, proposed subcontracts, provide the information specified in the CDC Budget Preparation Guidelines.
- When nonfederal matching is required, provide a line-item list of nonfederal contributions including source, amount, and/or value of third-party contributions proposed to meet a matching requirement.
- Maintaining state funding: In accordance with 42 U.S.C. § 247d-3a, an entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding two-year period.
- Provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds. This information produces two reports, “Budget Justification Report” and “Budget Detail Report,” which can be generated in the PERFORMS system.
- The estimated unobligated balance should be realistic to be consistent with the annual FFR to be submitted following the end of the budget period.

### **3. Indirect Cost Rate Agreement (The rates applied are based on the agreement in effect from the first year of award.)**

- A. If indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.
- B. Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
- C. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.

- D. If there is no Indirect Cost Rate Agreement or the agreement has expired, indirect costs may be charged as direct if (1) this practice is consistent with the recipient's/applicant's approved accounting practices; and (2) if the costs are adequately supported and justified.
- E. If applicable, attach and name the document, "Indirect Cost Rate."
- F. If applicable, the recipient's indirect costs are based on a rate of ten percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2.

#### **4. Performance Narrative**

For purposes of this continuation application, the Performance Narrative consists of two reports generated in the PERFORMS system:

- Progress Update for Budget Period 2 (July 1, 2020, to December 31, 2020)
- Domain Work Plan for Budget Period 3 (July 1, 2021, to June 30, 2022)

##### **Performance Narrative Section 1: Progress Update for Budget Period 2**

In the report titled "Progress Update," recipients must report on progress to date toward achieving objectives for the current budget period. Describe progress on completing activities, including outcomes and outputs. Describe any risks or challenges, including COVID-19 pandemic response issues, that might affect the ability to achieve outcomes or to complete activities in the work plan. Identify any issues for which CDC program support could help overcome these challenges.

##### **Performance Narrative Section 2: Domain Work Plan for Budget Period 3**

In the report titled "Domain Work Plan," recipients must list proposed activities for the upcoming budget period that:

- Support the intent of the PHEP NOFO.
- Include a performance or outcome measure that assesses the effectiveness of the project.
- Include a timeline for accomplishment.
- Identify any adjustments to previously planned activities, when applicable.

In Budget Period 3, all PHEP recipients must continue to address and comply with the programmatic requirements outlined in the PHEP NOFO, which remain in effect. Recipients should build or sustain their programs' strategies and activities in accordance with the expectations and requirements stated within the PHEP NOFO, subject to any changes made in the Budget Period 2 continuation guidance or this continuation guidance.

Recipients should resume in Budget Period 3 relevant work plan activities as planned prior to the COVID-19 response to meet the PHEP requirements outlined in the PHEP NOFO. Recipients should adjust these plans as needed based on their immediate jurisdictional priorities and lessons learned during the current COVID-19 pandemic response. CDC expects to see evidence in Budget Period 2 and Budget Period 3 interim and final PHEP progress reports of how recipients have used the experience they gained from the COVID-19 response to strengthen their preparedness and response capabilities. Recipients should also be prepared to report on how they've used or plan to use PHEP funds to address specific

preparedness and response gaps identified in COVID-19 after-action reports and improvement plans.

The PHEP logic model<sup>3</sup> provides a roadmap for building public health preparedness and response capabilities and will continue to guide recipients as they report on their performance in Budget Period 2 and plan for updated project activities in Budget Period 3.

#### **5. SF-LLL Disclosure of Lobbying Activities (If applicable)**

Instructions for completing the SF-LLL Disclosure of Lobbying Activities form are located at [https://apply07.grants.gov/apply/forms/instructions/SFLLL\\_1\\_2-V1.2-Instructions.pdf](https://apply07.grants.gov/apply/forms/instructions/SFLLL_1_2-V1.2-Instructions.pdf).

#### **6. State Health Official Letter**

Recipients must provide an updated letter signed by the jurisdiction's state health official on official agency letterhead confirming that the PHEP director, the epidemiology lead, and the public health laboratory director or designated representatives have provided input into plans, strategies, and investment priorities for epidemiology, surveillance, and laboratory work plans. PHEP recipients that are unable to obtain effective input from these stakeholders must submit separate attachments with their funding applications describing the reasons why input was not obtained and describe the steps to be taken to obtain input.

#### **7. Local Health Department Concurrence Letter (if applicable)**

Decentralized state recipients must provide updated local health department concurrence letters. The letters must include evidence that at least a majority, if not all, of local health departments within the jurisdiction approves or concurs with the approaches and priorities described in the application. This letter should be signed by the local health departments or representative entities within the jurisdiction. More information is available in the PHEP NOFO.

### **Additional Program Requirements**

Requirements outlined in the PHEP NOFO and those added or clarified in the PHEP Budget Period 2 continuation guidance remain in effect and continue into Budget Period 3. Following are additional requirements or clarifications.

#### **Changes in Domain 1: Community Resilience**

##### **Annual PHEP Exercise Incorporating Access and Functional Needs Partners**

Beginning in Budget Period 3, Cities Readiness Initiative (CRI) local planning jurisdictions must also complete the annual PHEP exercise incorporating access and functional needs (AFN) partners. Previously, this requirement applied to the 62 PHEP recipients only. This modification extends the requirement to local planning jurisdictions beginning in Budget Period 3. Local jurisdictions can fulfill the requirement by incorporating at least one AFN partner in a drill, a tabletop, a functional, a full-scale exercise, or during an incident or public health event in which the AFN partner participates. All PHEP recipients and local CRI jurisdictions must provide evidence that demonstrates involvement of AFN partners during an exercise, incident, or public health event.

#### **Changes in Domain 1: Community Resilience**

##### **Multiyear Training and Exercise Plan**

The Homeland Security Exercise and Evaluation Program (HSEEP) provides fundamental principles for exercise programs, as well as a common approach to program management, design and development, conduct, evaluation, and improvement planning. HSEEP revisions in 2020 renamed the training and exercise plan to the integrated preparedness plan (IPP). Beginning in Budget Period 3, CDC requires that IPPs include at least four years of progressive exercise planning.

### **Changes in Domain 6: Biosurveillance**

#### **Laboratory Response Network for Chemical Threats (LRN-C)**

In Budget Period 3, recipients must meet the following LRN-C requirements.

- All LRN-C laboratories must report to the LRN-C technical program office all chemical response activities that are conducted using PHEP-funded equipment.
- Level 1 and Level 2 laboratories must maintain subscriptions to the LRN-C proficiency testing and materials program for all qualified LRN-C core and additional methods.

### **Clarifications in Domain 6: Biosurveillance**

#### **Laboratory Response Network for Biological Threats (LRN-B)**

In Budget Period 2, LRN-B advanced and standard laboratories were required to obtain and sustain maintenance agreements for LRN-B equipment valued at more than \$25,000 and for LRN-B equipment used for assays cleared by the Food and Drug Administration (FDA). In Budget Period 3, this maintenance agreement requirement continues but is clarified to mean LRN-B equipment valued at more than \$25,000 or used for FDA 510(k) cleared assays.

### **Performance Measure Reporting**

The PHEP NOFO outlines CDC's evaluation and performance measurement strategy for the 2019-2024 performance period. This strategy remains in place for Budget Period 3. CDC systematically reviews recipient progress in achieving desired programmatic outcomes and financial performance levels via the Operational Readiness Review (ORR) and other online program management systems CDC may modify PHEP funding or implement other grants management measures to reflect PHEP recipients' programmatic, fiscal, and administrative performance as outlined in the PHEP NOFO. CDC may restrict funds for noncompliance and may modify base funding for continued noncompliance.

### **Programmatic Performance**

CDC will continue to assess PHEP recipient progress using the ORR evaluation process. PHEP recipients that do not meet specific programmatic outcomes may be subject to funding restrictions.

The ORR is a rigorous, evidence-based assessment used to evaluate overall PHEP program performance through examination of planning and operational functions. The ORR evaluation is intended to identify strengths and challenges facing preparedness programs as well as recognize areas for improvement and technical assistance. All 62 PHEP recipients and CRI local planning jurisdictions are required to participate in the ORR process.

The PHEP NOFO outlined CDC expectations that PHEP recipients demonstrate measurable progress toward achieving "established" operational readiness across six capability domains by the end of the performance period in 2024. The six domains are:

- Domain 1: Community Resilience
- Domain 2: Incident Management
- Domain 3: Information Management
- Domain 4: Countermeasures and Mitigation
- Domain 5: Surge Management
- Domain 6: Biosurveillance

Initially focused on the Countermeasures and Mitigation domain, the scope of ORR evaluation will expand in Budget Period 3 to encompass all 15 capabilities as described in CDC's 2018 [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#).

The PHEP NOFO and the PHEP ORR interim guidance provide further details regarding programmatic requirements. The PHEP NOFO outlines the programmatic requirements, whereas the ORR guidance describes how recipients should document progress in meeting PHEP requirements.

### **COVID-19 Effects on PHEP Requirements**

In August 2020, CDC adjusted PHEP Budget Period 2 programmatic requirements in light of the COVID-19 pandemic response. As the COVID-19 pandemic response evolves, CDC will continue to monitor the impact of the response on recipients' program goals and the ability to complete PHEP work plan activities. CDC will consider adjustments to work plans and overall PHEP requirements if the nature of the COVID-19 pandemic response significantly alters recipients' ability to conduct routine PHEP activities.

PHEP program modifications have not altered the PHEP program goal that all recipients demonstrate measurable progress toward achieving "established" operational readiness for all 15 preparedness and response capabilities by June 2024. CDC expects recipients and CRI jurisdictions to continue to advance their preparedness and response capabilities using the experience gained from the COVID-19 response.

### **Evidence-based Benchmarks**

CDC continues to specify a subset of measures and select programmatic requirements as benchmarks for Budget Period 3 as mandated by Section 319C-1(g) of the Public Health Service (PHS) Act. To substantially meet a benchmark, PHEP recipients must provide complete and accurate information describing how the benchmark was met.

PHEP recipients that fail to "substantially meet" Budget Period 3 benchmarks are subject to withholding of a statutorily mandated percentage of the award, consistent with Section 319C-1(g) of the PHS Act. In addition, PHEP recipients that fail to submit satisfactory pandemic influenza plans are also subject to withholding of funds. The Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act of 2019 amended Section 319C-1(g) of the PHS Act, modifying the time period for withholding amounts from entities that fail to achieve benchmarks. The new provisions specifically change the withholding from "for the immediately preceding fiscal year" to "for either of the two immediately preceding fiscal years."

Before withholding funds, CDC will first notify recipients of their failure to meet the benchmark or pandemic influenza planning requirements and provide an opportunity for corrective action. Upon request, CDC will provide recipients with technical assistance in meeting the requirements, including the provision of advice by subject matter experts. Recipients that fail to correct any noncompliance will then be subject to withholding of PHEP funding.

CDC is required to treat each failure to substantially meet all benchmarks and each failure to submit a satisfactory pandemic influenza plan as separate withholding actions. For example, a PHEP recipient that fails to substantially meet benchmarks AND that fails to submit a satisfactory pandemic influenza plan could have 10% withheld for each failure for a total of 20% of the amount the entity was eligible to receive for no more than one of first two fiscal years immediately following the fiscal year in which a recipient experienced a failure. If this situation remained unchanged, for one of the first two fiscal years immediately following the third consecutive fiscal year in which a recipient experienced a failure to substantially meet benchmark or pandemic influenza requirements, CDC would be required to withhold 15% for each failure for a total of 30% of the amount the recipient was eligible to receive for the respective fiscal year.

**PHEP Budget Period 3 Benchmarks and Pandemic Influenza Planning Requirements**

<p><b>PHEP Benchmark 1: Demonstrate preparedness and response operational readiness.</b></p>	<p>PHEP recipients must continue to advance their preparedness and response capabilities as outlined in CDC’s 2018 <a href="#">Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health</a>. The 2019-2024 PHEP NOFO outlined CDC expectations that recipients demonstrate measurable progress toward achieving “established” operational readiness across the 15 preparedness and response capabilities by June 2024.</p> <p>Given the realities of the COVID-19 pandemic response, CDC revised PHEP program requirements for Budget Period 2 by extending or waiving certain submissions and suspending Operational Readiness Review (ORR) site visits. In Budget Period 3, CDC will resume the ORR process. PHEP ORR guidance provides specific information about how PHEP recipients can document progress, including parameters for using COVID-19 response activities to meet select PHEP requirements.</p> <p>To meet the operational readiness benchmark for Budget Period 3, PHEP recipients must successfully complete and submit all required ORR components as described in the PHEP ORR guidance.</p>
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<p><b>PHEP Benchmark 2: Demonstrate proficiency in public health laboratory testing for biological agents.</b></p>	<p>PHEP recipients must demonstrate that biological laboratories in the Laboratory Response Network (LRN-B) can pass LRN-distributed challenge panels. These panels test a laboratory’s ability to receive, test, and correctly report using LRN’s secure data reporting system on one or more suspected biological agents. This benchmark applies to the 50 states and the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>PHEP-funded LRN-B laboratories cannot fail more than one challenge panel associated with the standard laboratory requirements during the budget period. Successful demonstration of this capability is defined by the LRN-B challenge panel policy. CDC will use these elements to determine if PHEP recipients meet this benchmark:</p> <ul style="list-style-type: none"> <li>• Number of LRN-B challenge panels successfully passed by the PHEP-funded laboratory during any attempt, including remediation, if applicable.</li> <li>• Number of LRN-B challenge panels participated in by the PHEP-funded laboratory, including remediation, if applicable.</li> </ul> <p>CDC’s LRN-B program office requires public health laboratories (50 states and Los Angeles County, New York City, and Washington, D.C.) to participate in all available proficiency testing challenges specific to each laboratory’s testing capability. If a laboratory has testing capability for a specific agent and a proficiency testing challenge for that agent is being offered, the PHEP- funded laboratory must participate in that proficiency testing challenge.</p> <p>LRN-B does not expect PHEP- funded laboratories that are offline for extended periods, undergoing renovation, or have other special circumstances to have challenge panels completed by partner or backup laboratories, such as municipal laboratories or laboratories in neighboring states. Instead, those laboratories should report to the LRN-B program office what they would do in real situations had the proficiency testing challenge been associated with a true incident or public health event. In such a circumstance, this will not adversely affect the PHEP recipient in terms of determining whether this benchmark has been met.</p>
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<p><b>PHEP Benchmark 3: Demonstrate proficiency in public health laboratory specimen packaging, and shipping exercises for chemical agents.</b></p>	<p>PHEP recipients must ensure that at least one LRN for chemical threats (LRN-C) laboratory in their jurisdictions passes the LRN-C specimen packaging, and shipping (SPaS) exercise. This benchmark applies to the 50 states and the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>This annual exercise evaluates the ability of a laboratory to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations. PHEP recipients must ensure at least one LRN-C laboratory passes CDC’s SPaS exercise. If a laboratory fails the exercise on its first attempt but passes on the second attempt, then the PHEP recipient will meet the benchmark. If a PHEP recipient has multiple laboratories, at least one laboratory must participate and pass per budget period. To pass, a laboratory must score at least 90% on a SPaS exercise.</p>
<p><b>PHEP Benchmark 4: Demonstrate proficiency in public health laboratory testing for chemical agents.</b></p>	<p>PHEP recipients must demonstrate that LRN-C laboratories can pass proficiency testing. This benchmark applies to the 10 states with Level 1 laboratories: California, Florida, Massachusetts, Michigan, Minnesota, New Mexico, New York, South Carolina, Virginia, and Wisconsin.</p> <p>PHEP recipients must ensure that LRN-C laboratories pass 90% of the proficiency testing in core and additional analysis methods to meet the CDC benchmark requirement. Successful demonstration of this capability is defined by the LRN-C proficiency testing program assessment. CDC will use these elements to determine if PHEP recipients meet this benchmark:</p> <ul style="list-style-type: none"> <li>• Number of LRN-C proficiency tests successfully passed by the PHEP-funded laboratory, during any attempt, including remediation, if applicable.</li> <li>• Number of LRN-C proficiency tests participated in by the PHEP- funded laboratory, including remediation, if applicable.</li> </ul> <p>The LRN-C conducts proficiency testing for all Level 1 and Level 2 chemical laboratories to support meeting the regulatory requirements for the reporting of patient results as part of an emergency response program. Each high complexity test is proficiency tested three times per budget period and each laboratory is evaluated on the ability to report accurate and timely results through secure electronic reporting mechanisms.</p>

<b>Submit updated pandemic influenza plans.</b>	PHEP recipients meet the Budget Period 3 pandemic influenza planning requirement by submitting appropriate COVID-19 pandemic response documentation as outlined in the pandemic full-scale exercise section in CDC’s Budget Period 3 PHEP ORR guidance. In addition, PHEP recipients must continue to address pandemic planning gaps as part of their Budget Period 3 technical assistance action plans.
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**Criteria to Determine Potential Withholding of PHEP Fiscal Year 2022 Funds**

<b>Benchmarks and Pandemic Planning</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
Did the PHEP recipient (all PHEP recipients) demonstrate preparedness and response operational readiness?			<b>10%</b>
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for biological agents?			
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory specimen packaging, and shipping exercises for chemical agents?			
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for chemical agents?			
Did the PHEP recipient (all PHEP recipients) meet the 2021 pandemic planning requirement?			<b>10%</b>
<b>Total Potential Withholding Percentage</b>			<b>20%</b>

**Scoring Criteria**

Section 319C-1(g) requires the withholding of amounts from entities that substantially fail to achieve benchmarks or to submit acceptable pandemic influenza plans. Failure to achieve any of the applicable benchmarks will count as one failure, and a failure to submit evidence of pandemic influenza preparedness planning will count as a second failure.

The first four benchmarks are weighted the same, so failure to substantially meet one or more of the four benchmarks will count as one failure and may result in withholding of 10% of the PHEP award. Failure to meet the pandemic preparedness planning requirement would result in one failure and may result in withholding of an additional and separate 10% of the PHEP award.

## Appendix

### PHEP Budget Period 3 (Fiscal Year 2021) Funding

*Planning Numbers That Will be Updated Based on Availability of Funds*

Recipient	FY 2021 Base Plus Population Funding	FY 2021 Cities Readiness Initiative Funding	FY 2021 Level 1 Chemical Laboratory Funding	FY 2021 Total Funding Available
Alabama	\$8,498,855	\$294,407	\$0	\$8,793,262
Alaska	\$5,000,000	\$169,900	\$0	\$5,169,900
American Samoa	\$412,639	\$0	\$0	\$412,639
Arizona	\$11,068,102	\$1,173,679	\$0	\$12,241,781
Arkansas	\$6,390,553	\$200,619	\$0	\$6,591,172
California	\$36,067,733	\$5,343,925	\$1,175,583	\$42,587,241
Chicago	\$8,142,852	\$1,624,657	\$0	\$9,767,509
Colorado	\$9,407,510	\$720,178	\$0	\$10,127,688
Connecticut	\$7,019,248	\$534,018	\$0	\$7,553,266
Delaware	\$5,000,000	\$312,726	\$0	\$5,312,726
Florida	\$26,961,742	\$2,930,664	\$932,317	\$30,824,723
Georgia	\$14,834,410	\$1,467,020	\$0	\$16,301,430
Guam	\$536,433	\$0	\$0	\$536,433
Hawaii	\$5,000,000	\$254,769	\$0	\$5,254,769
Idaho	\$5,000,000	\$174,300	\$0	\$5,174,300
Illinois	\$14,277,710	\$1,881,995	\$0	\$16,159,705
Indiana	\$10,528,363	\$781,676	\$0	\$11,310,039
Iowa	\$6,550,663	\$201,401	\$0	\$6,752,064
Kansas	\$6,275,443	\$392,221	\$0	\$6,667,664
Kentucky	\$8,026,953	\$369,428	\$0	\$8,396,381
Los Angeles County	\$16,758,877	\$3,323,413	\$0	\$20,082,290
Louisiana	\$8,242,476	\$537,660	\$0	\$8,780,136
Maine	\$5,000,000	\$169,900	\$0	\$5,169,900

<b>Recipient</b>	<b>FY 2021 Base Plus Population Funding</b>	<b>FY 2021 Cities Readiness Initiative Funding</b>	<b>FY 2021 Level 1 Chemical Laboratory Funding</b>	<b>FY 2021 Total Funding Available</b>
Marshall Islands	\$409,814	\$0	\$0	\$409,814
Maryland	\$9,798,058	\$1,372,011	\$0	\$11,170,069
Massachusetts	\$10,764,918	\$1,260,883	\$1,080,144	\$13,105,945
Michigan	\$14,245,405	\$1,107,694	\$1,063,587	\$16,416,686
Micronesia	\$469,505	\$0	\$0	\$469,505
Minnesota	\$9,312,577	\$890,306	\$1,092,880	\$11,295,763
Mississippi	\$6,359,847	\$235,818	\$0	\$6,595,665
Missouri	\$9,892,259	\$865,181	\$0	\$10,757,440
Montana	\$5,000,000	\$169,900	\$0	\$5,169,900
N. Mariana Islands	\$412,094	\$0	\$0	\$412,094
Nebraska	\$5,170,427	\$203,745	\$0	\$5,374,172
Nevada	\$6,413,691	\$543,587	\$0	\$6,957,278
New Hampshire	\$5,000,000	\$280,301	\$0	\$5,280,301
New Jersey	\$13,022,086	\$2,217,526	\$0	\$15,239,612
New Mexico	\$5,357,357	\$232,894	\$1,096,376	\$6,686,627
New York	\$15,284,451	\$1,789,162	\$1,726,734	\$18,800,347
New York City	\$14,976,206	\$4,000,647	\$0	\$18,976,853
North Carolina	\$14,681,573	\$538,648	\$0	\$15,220,221
North Dakota	\$5,000,000	\$169,900	\$0	\$5,169,900
Ohio	\$16,150,623	\$1,477,238	\$0	\$17,627,861
Oklahoma	\$7,435,964	\$348,294	\$0	\$7,784,258
Oregon	\$7,714,552	\$492,284	\$0	\$8,206,836
Palau	\$374,711	\$0	\$0	\$374,711
Pennsylvania	\$17,407,944	\$1,671,774	\$0	\$19,079,718
Puerto Rico	\$6,594,547	\$0	\$0	\$6,594,547
Rhode Island	\$5,000,000	\$271,773	\$0	\$5,271,773
South Carolina	\$8,719,643	\$303,391	\$1,010,999	\$10,034,033
South Dakota	\$5,000,000	\$169,900	\$0	\$5,169,900

Recipient	FY 2021 Base Plus Population Funding	FY 2021 Cities Readiness Initiative Funding	FY 2021 Level 1 Chemical Laboratory Funding	FY 2021 Total Funding Available
Tennessee	\$10,616,262	\$738,279	\$0	\$11,354,541
Texas	\$35,289,578	\$4,147,634	\$0	\$39,437,212
Utah	\$6,556,243	\$301,088	\$0	\$6,857,331
Vermont	\$5,000,000	\$169,900	\$0	\$5,169,900
Virgin Islands (U.S.)	\$468,028	\$0	\$0	\$468,028
Virginia	\$12,582,396	\$1,512,014	\$962,945	\$15,057,355
Washington	\$11,477,541	\$1,081,852	\$0	\$12,559,393
Washington, D.C.	\$5,790,262	\$684,393	\$0	\$6,474,655
West Virginia	\$5,031,561	\$184,226	\$0	\$5,215,787
Wisconsin	\$9,540,265	\$481,551	\$1,445,235	\$11,467,051
Wyoming	\$5,000,000	\$169,900	\$0	\$5,169,900
<b>TOTAL</b>	<b>\$558,320,950</b>	<b>\$52,942,250</b>	<b>\$11,586,800</b>	<b>\$622,850,000</b>

<sup>1</sup> For purposes of this document, the term “annual performance report” refers to all the items on the checklist of required contents of the application kit.

<sup>2</sup> The form has instructions that indicate when the form is required.

<sup>3</sup> PHEP logic model: [www.cdc.gov/cpr/readiness/00\\_docs/PHEP\\_NOFO\\_LogicModelFinal\\_Feb21\\_2019\\_508compliantV2.pdf](http://www.cdc.gov/cpr/readiness/00_docs/PHEP_NOFO_LogicModelFinal_Feb21_2019_508compliantV2.pdf)