



PHEP Notice of Funding Opportunity Informational Call

Work plan and Budget Development

March 13, 2019

March 14, 2019

Agenda

Topic	Lead	Time Allotted
1. Opening Remarks	Christine Kosmos	5 minutes
2. PHEP Call Overview <ul style="list-style-type: none">• NOFO Guidance Clarification• PHEP Process Improvement Efforts Overview• Work Plan Development• Budget Development	Mark Davis Carol Whittington	10 minutes 5 minutes 20 minutes 20 minutes
3. PERFORMS and Grants.gov Submission	Sharon Moore Sharon Sharpe	15 minutes
4. Questions and Answers	Mark Davis	15 minutes
5. Closing remarks	Mark Davis	5 minutes

2019-2024 PHEP NOFO Guidance Clarification

Exercise Requirements

- Are recipients focusing on pandemic influenza or anthrax scenarios required to complete a functional exercise once every five years?
- Do exercises in the new performance period include anthrax and pandemic influenza and not just anthrax?
- Can you provide clarification on the multiyear training and exercise planning (MYTEP) requirement?

Vaccination and Immunization

- Will PHEP recipients be getting further guidance on mass vaccination?
- In what cases can a PHEP program pay for vaccines?
- What should collaboration between the PHEP program and the immunization program look like?

2019-2024 PHEP NOFO Guidance Clarification (cont'd)

Miscellaneous

- Can you post the logic model as a stand-alone document?
- Where are the supplemental guidance documents located and what are they?
- What is the due date for the annual performance report?
- Will the Capabilities Planning Guide (CPG) module close when the expanded Operational Readiness Review (ORR) process is introduced?
- What types of activities are considered tribal engagement, defined in the NOFO as “inclusion and engagement in meaningful and mutually beneficial ways”?
- What are the modified requirements for territories and islands?

PHEP Process Improvement Efforts

Cleaner NOAs

BP1, BP1 Supplement Common Restrictions and Errors

Analysis indicated that there are three preventable, administrative errors and 10 requests that are most commonly restricted on NOAs.

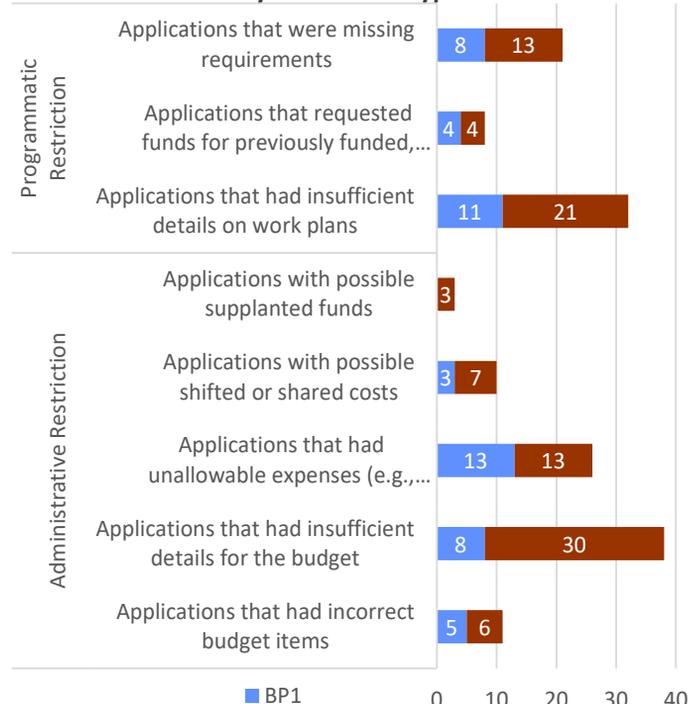
Restriction Themes

1. Supplies or Equipment
2. Travel
3. Personnel or Vacancies
4. Indirect Costs
5. Meetings and Trainings
6. Laboratory Response Network (LRN)-related
7. Overlaps
8. Surveillance
9. Subcontracts
10. Tribal-related

Administrative Errors

1. Incorrect Employer Identification Number
2. Incorrect vendor code
3. Incorrect Recipient Match funds

Number of NOAs with Restrictions by Restriction Type



n = 62 per BP

PHEP Work Plan Development

Comprehensive Work plans

PHEP Work Plan Considerations

- CDC requires applicants to approach the development of their work plans based on the most recently completed CPG self-assessment that incorporates their current jurisdictional risk assessments (JRAs) and priorities (jurisdictional HVA, JRA, or THIRA).
 - Applicants must also ensure planned activities meet program requirements and benchmarks.
- The PHEP logic model is the roadmap for our path forward. Your work plan is developed in PERFORMS using the domain structure represented in the PHEP logic model.
- Local health department activities are now integrated into your jurisdictional work plan as part of your planned activities.
- Work plan activities must be substantiated by allowable, allocable, and reasonable budgets to be recommended for approval.

Using SMART Principles to Develop Work Plans

Domain Summary
Strategies
Budget

Strategy
Strengthen Community Resilience

+ Add Domain Activity

Domain Activities:
Character: populations at risk

List the Planned Activities to address the Domain Activity in "bold" above:

Planned Activity	Timeline for Completion
DOH will be notified that jurisdictional assessment is available for review	Quarter 4: April 1 – June 30
DOH will enter data to update the assessment as appropriate	Quarter 3: January 1 – March 31
Data will be analyzed by DOH Emergency Preparedness staff	Quarter 2: October 1 – December 31

Add Planned Activity

Select the Functions used to guide planned activities (select all that apply):

Capability 1: Function 1
 ▲

Capability 1: Function 2...

List the Proposed Outputs resulting from the Planned Activities:

- Completed jurisdictional risk assessment for DOH
- Formal partnership with state emergency operations center
- Plans with vulnerable pops

Add Proposed Output

(1000 Characters)

Select the Requirement(s) or Recommendation(s) addressed by this domain activity: (select all that apply)

Vulnerable Populations
 ▲

Tribal Populations

State Focus Area

Local Focus Area

Please indicate whether this activity has any technical assistance needs:

Yes
No

Evidence of SMART principles here

List the Planned Activities to address the Domain Activity in "bold" above:

Planned Activity	Timeline for Completion
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- Completed jurisdictional risk assessment for DOH
 - Formal partnership with state emergency operations center
 - Plans with vulnerable pops
-
- Add Proposed Output

Select the Requirement(s) or Recommendation(s) addressed by this domain activity: (select all that apply)

- Vulnerable Populations ▲
- Tribal Populations
- State Focus Area
- Local Focus Area

Engage communities and health care systems
Operationalize response plans

Activities versus Outputs

Activities are the actions we take to address domain activities.

Outputs are the direct results associated with an activity and are usually what the activity has produced.

Activities Commonly Mistaken for Outputs

- Meetings with partners
- Provided trainings
- Conducting exercises/workshops
- Developing a plan
- Updating plans
- Increased knowledge
- Established MOU/MOA with partners
- Increased ability
- Decreased response time

Activities versus Outputs

Activities are the actions we take to address domain activities. Outputs are the direct results associated with an activity and are usually what the activity has produced.

Unclear Output

Activity

Develop plans and protocols

Provide training for partners

Attend health care coalition (HCC) quarterly meetings

Clear Output

What we produce

Identification of essential elements of information (EIs) for information sharing plan annex

Certification that 100% of all sentinel lab staff trained on safe shipping practices

Public health role clarified in community resilience training

Work Plan Activity Types

Build

- Build means to develop, increase, add to capacity that already exists, or create capacity where it does not currently exist.

Sustain

- Sustain means to maintain capacity at a certain level. It implies that current capacity that has been built would diminish or be lost if not sustained.
- Sustainment of a capacity may involve maintenance activities.

Scale Back

- Recipient plans to reduce, downsize, remove, or downgrade the capacity of the capability.

No Activities

- No planned activities for this budget period

Note: Budgets should align with the level of activities, such as building, sustaining, scaling back, or no activities.

Local Health Department Planned Activities

Planned Activity	Timeline for Completion	Outputs	Assigned to
<p>1. Develop and document access and functional planning needs in a local health department’s annex based on its access and functional need population vulnerability assessments</p>	<p>Quarter 2: October 1 – December 31</p>	<p>Mental and behavioral health needs identified in the recipient’s annex and local health department all-hazards plan</p>	<p>Local Health</p>
<p>2. Identify and engage tribes that are located in county to determine strengths and gaps in public health preparedness level</p>	<p>Quarter 4: April 1 – June 30</p>	<p>MOUs outlining tribal preparedness planning responsibilities submitted by 100% of local health departments with tribes</p>	<p>Other-Local Tribal Health</p>
<p>3. Provide tribal engagement training and expectations for local health departments that are new to working with tribes</p>	<p>Quarter 3: January 1 – March 31</p>	<p>Recipient will conduct 3 cultural competency trainings for all local health departments with tribes on how to perform outreach</p>	<p>Recipient</p>

Local Health Department Planned Activities – CRI Locals

Planned Activity	Timeline for Completion	Outputs	Assigned to
1. Collaborate with immunization program to identify pandemic vaccination goals for critical workforce personnel	Quarter 2: October 1 – December 31	Annex to all-hazards plan identifying workforce tiers for vaccination	Recipient
2. Confirm anthrax planning conference with MSA partners for full-scale exercise scheduled for completion in Budget Period 3	Quarter 2: October 1 – December 31	Draft master scenario event list (MSEL) for exercise Identifying which anthrax plan elements to be tested	CRI-Higher Risk Jurisdiction
3. Test point of dispensing (POD) throughput with Medical Reserve Corps (MRC) volunteers at school-based health centers	Quarter 3: January 1 – March 31	Identify access barriers to populations with access and functional needs	CRI-Other Local

Budget Development

Avoiding Common Restrictions

Budget Development: How to Avoid Common Restrictions

Topic

How to Avoid Common Restrictions

EQUIPMENT: Purchase or Replacement

- Include **three** quotes if more than \$5,000.
- Submit replacement policy for equipment.
- Indicate cost sharing where appropriate; include the PHEP portion in the budget justification as a percentage of total cost.
- Include a maintenance agreement for purchases more than \$25,000 (maintenance agreements for one year unless multiyear agreement is included at the time of purchase).

SUPPLIES

- Name the types of supplies requested and provide the total cost per person **OR** submit an itemized list of supplies requested.

Budget Development: How to Avoid Common Restrictions

Topic

How to avoid common restrictions:

- Provide names or, at minimum, the position(s) traveling.
- Ensure trips requiring hotel stays reflect number of nights plus one. For example, **three** days and **two** nights.
- Request registration fees for meetings and conferences in the “Other” cost category.

TRAVEL

Non-PHEP staff travel:

- Include travel for non-PHEP staff in the “Other” cost category.
 - Explain how their participation benefits the PHEP program.
 - Indicate shared cost, if applicable, and represent the PHEP share as a percentage of the total cost.
-

Budget Development: How to Avoid Common Restrictions

Topic

How to avoid common restrictions:

PERSONNEL: Vacancies

- Include an explanation for when you plan to fill the vacancy.
- For vacancies anticipated to last longer than 90 days, include a rationale in the budget justification for going beyond the 90-day timeframe **OR** redirect funds to another approved activity.

MEETINGS/TRAININGS/ EXERCISES

- Ensure budget line items to attend or host meetings are aligned with activities in your work plan.
- Providing meals during PHEP-hosted activities:**
- Requires prior approval.
 - Include justification for why providing the meal is a necessary part of the meeting, training, or activity.
 - Submit an agenda (draft or final).

Budget Development: How to Avoid Common Restrictions

Topic

How to avoid common restrictions:

CONTRACTS

- Include a rationale for how the contract supports the proposed work plan and activities.
- Include the six contractual elements (vendor name if known at time of request, scope of work, itemized budget, period of performance, method of selection, and method of accountability) and any necessary quotes.
- Indicate shared cost, if applicable, and represent the PHEP share as a percentage of the total cost.

OTHER

- Use this cost category for expenses such as license agreements, equipment, maintenance, subscriptions services, funds allocated for out-of-cycle direct assistance requests for personnel or SAS licenses, meeting registration, etc.

Other Budget Considerations

- Ensure that match funds are applied to the entire award.
- Avoid using nonfederal match sources that include vacant positions.
- Ensure current indirect cost rate agreements/provisional agreements are available.
- Budget in the application for the purchase of the required LRN equipment.
- Ensure accurate budget calculations (PERFORMS, SF-424, etc.).
- Consultants should be included in “Other” in PERFORMS and in SF-424.
- Plan for overtime or on-call activity.
 - CDC prior approval is required; you can work with PHEP specialist and Office of Grants Services grants management specialist

Application Submission

Required submissions in PERFORMS and Grants.gov

Application Submission

Applications are due in Grants.gov no later than **11:59 EDT May 3, 2019.**

PERFORMS

- Use the application instructions as a submission guide
- Save domain work plan/budget justification reports to upload with Grants.gov submission

Grants.gov

- Submit your application no later than seven days before due date
- Ensure correct employer identification numbers (EINs) and vendor codes

Grants.gov Submission Required Attachments

Mandatory Submissions

Forms to Prepare/Attach for Submission

Application for Federal Assistance (SF-424) [V2.1]

- Grants.gov online form

Disclosure of Lobbying Activities (SF-LLL)

- Grants.gov online form

Budget information for Non-Construction Programs (SF-424A) [V1.0]

- Grants.gov online form

Budget Narrative Attachment Form [V1.2] (Transmittal Cover Required)

- PERFORMS Budget Detail and Budget Justification Reports
- PERFORMS Base Award Properties Report
- Indirect Cost Rate Agreement
- Bonafide Agent status documentation, if applicable

Project Narrative Attachment Form [V1.2] (Transmittal Cover Required)

- PERFORMS Domain Work Plan Report
- Local Concurrence Letters
- PHEP Organizational Chart
- CDC Assurances and Certifications (PHS-5161)

Project Abstract Summary [V1.1]

- Grants.gov online form

HHS Checklist

- Grants.gov online form

Grants.gov Other Attachments

Required Submissions	Forms to Prepare/Attach for Submission
Table of Contents	<ul style="list-style-type: none">• Other Attachment
Applicant Evaluation and Performance Measurement Plan	<ul style="list-style-type: none">• Other Attachment
Organizational Capacity of Applicants to Implement the Approach	<ul style="list-style-type: none">• Other Attachment

Q&A

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

