



**Transcript: Webinar/Conference Call (2)
Funding Opportunity Announcement, ELC
Question and Answer Session
May 18, 2009**

Q1a. Is there a template for the HAI State Plan and will it be shared with the states before the grants are due?

A1a. Yes. CDC should have a template ready for distribution shortly. Plan is not due until January 1, 2010.

Q2. If there is no current module in specific states to accept electronic laboratory data to NHSN, will that be provided or discussed at some point?

A2. There is a module that accepts electronic laboratory data and we are accepting other forms of electronic data within NHSN. There are some technical challenges at the local level and CDC will provide technical guidance and support.

Q3. Is the budget period 28 months?

A3. Yes. Narratives, timelines, and budgets should extend for the entire 28 months to the extended ELC budget period.

Q4. Is there a website devoted to the Recovery Act funding opportunities?

A4. Yes. We do have a website and the link will be distributed to everyone with FAQ's included on the website.

Q5. What is the email address where questions should be directed regarding the FOA?

A5. DHQPHAIARRA@cdc.gov. All contact information is located in section 8 of the FOA.



Q6. Would a proposal addressing Molecular Typing of MRSA at Public Health Labs be a better fit under the Testing or Surveillance activity?

A6. A Molecular Typing project is not good for the Testing or Surveillance activity. Unless it's tightly linked to the expansion of NHSN or NHSN related activities, or linked to a prevention collaborative.

Q7. For states that are not far along with reporting, how will CDC look upon those states if they applied for all three sections of the grant?

A7. It would depend on the application and what's in it. A well written application from a state that has no current reporting activities would be just as competitive as a state that already has public reporting or HAI activities to include in the application if the intent to use NHSN or establish a state health department role in reporting and working with hospitals on the prevention or surveillance side.

Q8. Regarding to Activity C, is that activity guidance exclusive to acute care facilities?

A8. Yes, the focus is on acute care but not exclusively. It is acceptable to move to non hospital ambulatory care settings.

Q9. Will NHSN be able to handle the additional capacity with more hospitals reporting?

A9. Part of the FY09 allocation is going towards the expansion of NHSN and addressing wait time.

Q10. What type of language or level of detail are you looking for in the application regarding sustainability for states that have nothing going on with HAI and are starting from a very low point?

A10. The requirement for that language came from HHS and the White House in terms of this funding opportunity. Make the best attempt to talk about how the activities will continue. For states starting from ground zero, you need to talk about how a minimal amount of activity will continue and what impact that might have in your state.



Q11. Is it possible for the NHSN module to be modified for states that are not required to enter all the HAI data elements that NHSN currently requires?

A11. We are exploring the creation of something called the “NHSN Lite” which would not require all of the data elements currently required to relieve a little bit of the burden to those states with less reporting requirements.

Q12. Is the review of the entire application, or will it be broken into different groups?

A12. Group applications will be combined based on the type of activities.