

Amendment II:

The purpose of this amendment, dated December 30, 2014, is to correct the following information.

Content and Form of Application Submission (page 8):

2) Performance Measurement and Dissemination of Finding should be deleted from the list of require items to be addressed in the narrative.

The narrative should address activities to be conducted over the period and must include the following items in the order listed.

- 1) Work Plan**
- 2) Administrative Preparedness Planning Execution**
- 3) Itemized Budget and Justification**

Amendment I:

The purpose of this amendment, dated December 19, 2014, is to correct the following information.

- 1. Eligible Applicants Table on Page 6 was missing the following applicants:***
 - a. Hawaii***
 - b. Minnesota***

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements/ PHEP Supplemental for Ebola Virus Disease Active Monitoring and Direct Active Monitoring Activities

Announcement Type: Type 3 (Administrative Supplement to support current Ebola initiatives.)

Agency Funding Opportunity Number: CDC-RFA-TP12-12010301SUPP15

Catalog of Federal Domestic Assistance Number: 93.074 – National Bioterrorism Hospital Preparedness Program and Public Health Emergency Preparedness Program

Key Dates:

Application Deadline Date: *January 20, 2015, 5 p.m. Eastern Standard Time on www.Grants.gov.*

Additional Overview Content: This award is intended for PHEP awardees previously awarded under CDC-RFA-TP12-1201: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP). The funding table is Attachment 2 to this Announcement.

Executive Summary

This funding supports the development and implementation of active monitoring (AM) and direct active monitoring (DAM) of travelers in the current 62 PHEP jurisdictions who may have been exposed to Ebola. Active and direct active monitoring programs are critical in assuring that travelers' symptoms are regularly monitored and that a response system is in place to quickly recognize when those with symptoms need to receive appropriate medical care. These public health actions will better protect potentially exposed individuals and the American public as a whole.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the CDC Office of Public Preparedness and Response, GPRA Performance Goals 2 – “Advance Scientific Knowledge and Innovation” and 3- “Advance the Health, Safety, and Well-Being of the American People”.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

Contingent Emergency Response Funding (PHEP Only)
317(a) and 317(d) of the PHS Act

Purpose

The purpose of the program is to support the development and implementation of active monitoring (AM) and direct active monitoring (DAM) of travelers in the current 62 PHEP jurisdictions who may have been exposed to Ebola. AM means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. DAM means the public health authority conducts active monitoring through direct observation. The purpose of active (or direct active) monitoring is to ensure that if individuals with epidemiologic risk factors become ill they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. Active and direct active monitoring programs are critical in assuring that travelers' symptoms are regularly monitored and that a response system is in place to quickly recognize when those with symptoms need to receive appropriate medical care. These public health actions will better protect potentially exposed individuals and the American public as a whole.

This program addresses the "Healthy People 2020" focus area of "Preparedness". The goal is to improve the Nation's ability to prevent, prepare for, respond to, and recover from a major health incident. Preparedness involves Government agencies, nongovernmental organizations, the private sector, communities, and individuals working together to improve the Nation's ability to prevent, prepare for, respond to, and recover from a major health incident. The Healthy People 2020 objectives for preparedness are based on a set of national priorities articulated in the *National Health Security Strategy of the United States of America (NHSS)*. The overarching goals of NHSS are to build community resilience and to strengthen and sustain health and emergency response systems.

Program Implementation

Recipient Activities

An essential component of preparedness and response at state and local levels is the development and implementation of a state and local active monitoring (including direct active monitoring) program. Such a program includes responding appropriately to those who do not adhere to monitoring requirements or those who public health officials are unable to contact or follow-up with for any reason. Approved activities include but are not limited to the following:

- Developing active and direct active monitoring plans that are coordinated with their jurisdictions' broader operational and emergency response plans.
- Developing strategies to ensure uninterrupted active (or direct active) monitoring of individuals traveling out of or into their jurisdictions, including plans for following up on individuals who are lost in the monitoring process and those who are noncompliant.

- Coordinating with healthcare system to identify Ebola assessment hospitals in compliance with CDC guidance
- Ensuring that local health departments have sufficient resources to conduct active and direct active monitoring of travelers located in their jurisdictions.
- Establishing and publicizing 24/7 telephone numbers for travelers to report Ebola symptoms.
- Establishing and publicizing 24/7 telephone numbers for Ebola questions from the general public.
- Establishing and drilling systems to safely transport persons with Ebola symptoms to appropriate hospital facilities
- Ensuring that hospitals are prepared to evaluate, isolate, and test (including specimen collection and shipment) any patient suspected to have Ebola in consultation and coordination with CDC.

CDC Activities

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC's Division of State and Local Readiness (DSLRL) project officers and subject matter experts will use application submission information to identify strengths and weaknesses to update work plans and to establish priorities for site visits and technical assistance.

To assist recipients in achieving the purpose of this supplemental award, CDC will conduct the following activities:

1. Provide ongoing guidance, programmatic support, and training as it relates to the activities outlined in this Ebola Virus Disease (EVD) supplemental funding announcement guidance.
2. Convene trainings, meetings, webinars, conference calls, and site visits with awardees.
3. Facilitate communication among awardees to advance the sharing of expertise on DAM and AM activities.

II. AWARD INFORMATION

Type of Award: Cooperative agreement. CDC substantial involvement in this program appears in the Activities Section above.”

Award Mechanism: U90

Fiscal Year Funds: FY 2015

Approximate Total Supplemental Funding: \$4,726,415 (This amount is subject to availability of funds; includes direct and indirect costs.)

Approximate Number of Awards: 62

Approximate Average Award: \$ 76,233.

Floor of Individual Award Range: \$25,000

Ceiling of Individual Award Range: \$379,487

Anticipated Award Date: February 1, 2015

Budget Period Length: 6 months [Approved funds should be expended within the approved, 6-month Budget Period.]

Project Period Length: 6 months

III. ELIGIBILITY INFORMATION

Eligible Applicants

The following recipients that are currently funded under FOA TP12-1201 may submit an application:

Awardee	Awardee
Alabama	Missouri
Alaska	Montana
American Samoa	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Jersey
Chicago	New Mexico
Colorado	New York
Connecticut	New York City
Delaware	North Carolina
District of Columbia	North Dakota
Florida	Northern Marianas Islands
Georgia	Ohio
Guam	Oklahoma
Hawaii	Oregon
Idaho	Palau
Illinois	Pennsylvania
Indiana	Puerto Rico
Iowa	Rhode Island
Kansas	South Carolina
Kentucky	South Dakota
Los Angeles County	Tennessee
Louisiana	Texas
Maine	Utah
Marshall Islands	Vermont
Maryland	Virgin Islands (US)
Massachusetts	Virginia
Michigan	Washington
Micronesia	West Virginia
Minnesota	Wisconsin
Mississippi	Wyoming

Required Registrations

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.

The recipient is required to have the original DUNS identifier to apply for additional funds.

An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

SAM:

All applicant organizations must register in the System for Award Management (SAM). SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as an awardee. The SAM number must be maintained with current information at all times during which it has an application under consideration for funding by CDC, and if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

If an award is granted, the grantee organization must notify potential subrecipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Special Requirements: Not Applicable

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of effort is not required for this program.

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information.

A Project narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: **[20]**. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12-point un-reduced, Times New Roman
- Single spaced
- Page margin size: One inch
- Number all pages of the application sequentially from page 1 (Application Face Page) to the end of the application, including charts, figures, tables, and appendices.

The narrative should address activities to be conducted over the period and must include the following items in the order listed.

- 1) Work Plan**
- 2) Administrative Preparedness Planning Execution**
- 3) Itemized Budget and Justification**

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1) Work Plan

The applicant should provide a detailed work plan that describes how activities will be conducted. It should include the following elements.

Monitoring procedures:

1. Plans to ensure daily contact with people under active monitoring, along with specific methods of contact including plans to ensure local reporting (If applicable).
2. Assurance that the awardee will comply with reporting of daily and weekly monitoring reports to CDC and will provide further details as to persons that are lost to follow up or noncompliant.
3. Description of methods used to have daily face-to-face contact with people under direct active monitoring (can be via electronic methods such as Skype or FaceTime).
4. Description of what actions jurisdiction will take with regard to those who have not been contacted with 24 hours (i.e., how will those lost to follow-up be handled).
5. Description of what actions jurisdiction will take if contacts refuse to comply with monitoring measures prescribed by jurisdiction.
6. Assurance that the monitoring process includes a discussion with those being monitored as to the plan for care if the person should exhibit symptoms consistent with EVD including identifying in advance, the hospital where a person would go for evaluation, possibly EVD testing and clinical management for up to 96 hours.
7. Assurance that the state health department will notify CDC if a monitored subject is being considered for possible EVD testing.
8. Assurance that the state has a plan for identifying hospitals where persons will be transported to be evaluated and managed for up to 96 hours while waiting for confirmatory laboratory testing.
9. Assurance that the state has developed emergency medical services (EMS) plans to assure safe transport of a person under investigation to the nearest appropriate hospital in accordance with the state's Ebola treatment plan and that EMS has been trained on personal protective equipment (PPE) use.

2) Administrative Preparedness Plan Execution

Applicants should include estimated timelines for obligation and liquidation of funds within six months of receipt of funding. Timelines should be consistent with cycle times identified in jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

3) Itemized Budget and Justification

A detailed budget with supporting justification must be provided and should be related to objectives that are stated in applicants' work plans. Applicants should note the following budget-related issues:

- If indirect costs are requested, it will be necessary to include a copy of your organization's current negotiated Federal Indirect Cost Rate Agreement or a Cost Allocation Plan for those awardees under such a plan.
- Travel for program implementation should be justified and related to implementation activities.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of the application package in Grants.gov. Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

- "Other Attachments Forms" to be titled/named (i.e., *Curriculum vitae*, Indirect Cost Rate Agreement, etc.) when uploaded under Optional Documents into Grants.gov

Individual attachments may not exceed 20 MB, and the file size for the entire application package may not exceed 200 MB should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section VI. The Award Administration Information subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions.

Application Deadline Date: *January 20, 2015, 5 p.m. Eastern Standard Time on www.Grants.gov*

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 5 p.m. Eastern Standard Time on the deadline date.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Funding Restrictions

The following restrictions, which apply to both awardees and their subrecipients, must be taken into account while writing the budget:

- Recipients may not use funds for fund-raising activities or lobbying.
- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.
- Recipients may not use funds for construction or major renovations.
- Recipients may not use funds for reimbursement of pre-award costs.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$181,500 per year
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipients can obtain guidance for completing detailed justified budgets on the CDC Web site, at <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms online, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov web site. The recipient must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>) are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. Recipients can reach the Grants.gov Support Center at 1-800-518-4726 or by e-mail at support@grants.gov. Submissions sent by e-mail, fax, CDs or using thumb drives will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the recipient will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-TP12-12010301Supp15. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative, and measure the intended outcome of the proposed program. The

measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Applications will be evaluated against the following criteria:

1. **Work Plan**

Is the plan adequate to carry out the proposed objectives? How complete and comprehensive is the plan for the entire project period? Does the plan include quantitative process and outcome measures?

2. **Performance Measurement and Dissemination Plan**

Is the proposed evaluation plan feasible? To what extent will they accomplish the program goals? To what extent will the evaluation plan will allow the applicant to monitor progress toward meeting project objectives?
Is the dissemination plan logical? To what extent will sharing of (information, materials etc.) produces utilization?

3. **Administrative Preparedness Planning Execution**

Has the applicant included estimated timelines for completion of all performance and workplan activities as well as obligation and liquidation of funds within six months of receipt of funding? Timelines should be consistent with cycle times identified in jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

4. **Budget Justification and Narrative**

The extent to which the proposed budget is adequately justified, reasonable, and consistent with this program announcement and the applicant's proposed activities. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the Business Official and Principal Investigator/Program Director.

Administrative and National Policy Requirements

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

Supplemental:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-21 Small, Minority, and Women-Owned Business
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009

Additional information on the requirements can be found on the CDC Web site at http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract more than \$25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following web site:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

Reporting Requirements

Each funded recipient must provide CDC with:

Reporting requirements are subject to change as the response unfolds, but initial requirements include:

- Development of jurisdictional Ebola operational plans that includes but is not limited to the following:
 - Description of the state’s approach and operational response plan
 - Plan for assuring that daily direct active monitoring is completed for 100% of persons requiring direct active monitoring according to CDC guidance
 - Plan for assuring that daily active monitoring is completed for 100% of persons requiring active monitoring according to CDC guidance
 - Plan for reporting to CDC the compliance and loss to follow-up of people in active and direct active monitoring
 - Plan for persons who are not compliant or lost to follow-up with active and direct active monitoring
 - Plan for interstate transfer of information about those persons requiring monitoring

State or local public health authorities should submit daily monitoring reports on persons in the same or high exposure risk category and weekly monitoring reports on persons in the low (but not zero) exposure risk category to CDC in the requested format by established due dates. Inclusion of data from directly funded localities in the state health department reports will satisfy this requirement.

Additionally, funded recipients must provide CDC with an original, plus two hard copies of the following report:

An annual progress report for these supplemental activities is due no less than 90 days after the end of the budget period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled “Agency Contacts.”

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic assistance and general inquiries**, contact:

Sharon Sharpe, Public Health Advisor,
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone:

E-mail:

For **financial, grants management, budget assistance and general inquiries**, contact:

Shicann Phillips, Grants Management Officer
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E14
Atlanta, GA 30341
Telephone:
E-mail:

For **application submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348

VIII. Other Information

A sample spend plan template is included as Appendix 1 to this document which may assist awardees in crafting their work plan activities and the associated budget.

The latest information on EVD and on Monitoring and Movement Guidance may be located at <http://www.cdc.gov/vhf/ebola/index.html>

Other CDC funding opportunity announcements can be found www.grants.gov.

**Appendix 1
Public Health Emergency Preparedness Program (PHEP)
Ebola Virus Disease (EVD) Supplemental Funding
Active Monitoring (AM) and Direct Active Monitoring (DAM)
Spend Plan Template**

The following template is used for collection of the data required for the Spend plan for the Public Health Emergency Preparedness Program (PHEP) Ebola Virus Disease (EVD) Active Monitoring (AM) and Direct Active Monitoring (DAM) activities. **Due date for submission of the plans is January 20, 2015.**

Note: The template is not locked and functions as a Microsoft Word document. If copy or pasting text into a section, line breaks, and simple bullets (i.e., dashes and dots) will be preserved. Other formatting (e.g., bold, italic, underlines, etc.) will also be preserved.

Awardee:	
Submitted By:	
Date:	

Spend Plan

Instructions: The following spend plan will outline the awardee's plan or strategy for continuing EVD AM- and DAM-related activities during the CDC-RFA-TP12-12010301Supp15

Executive Summary

Please provide a high-level overview of the proposed use of EVD supplemental funding for AM and DAM activities as directed in the supplemental guidance CDC-RFA-TP12-12010301Supp15:

To be acceptable, EVD AM and DAM activities must be:

- Within scope of the supplemental announcement guidance (CDC-CDC-RFA-TP12-12010301Supp15) documents;
- Include program activities for sustaining AM and DAM monitoring plans; and
- Include submission of complete daily and weekly monitoring reports in the requested format to CDC by the established due dates.

Proposed Activities and Budget

Instructions:

1. For each section, provide the following information.
2. To be acceptable, EVD AM and DAM activities must be:

- Within scope of the supplemental announcement guidance (CDC-RFA-TP12-12010301Supp15) documents;
 - Include program activities for sustaining AM and DAM monitoring plans; and
 - Include submission of complete daily and weekly monitoring reports in the requested format to CDC by the established due dates.
3. The proposed amount of funding allocated should equal the total amount of the award once all sections have been completed.

Name: Monitoring Procedures/Assurances	
A Brief Description of Activities:	
Monitoring: At a minimum, the following activities should be addressed in this section:	
<p>10. Plans to ensure daily contact with people under active monitoring, along with specific methods of contact including plans to ensure local reporting (If applicable).</p> <p>11. Assurance that the awardee will comply with reporting of daily and weekly monitoring reports to CDC and will provide further details as to persons that are lost to follow up or noncompliant.</p> <p>12. Description of methods used to have daily face-to-face contact with people under direct active monitoring (can be via electronic methods such as Skype or FaceTime).</p> <p>13. Description of what actions jurisdiction will take with regard to those who have not been contacted with 24 hours (i.e., how will those lost to follow-up be handled).</p> <p>14. Description of what actions jurisdiction will take if contacts refuse to comply with monitoring measures prescribed by jurisdiction.</p> <p>15. Assurance that the monitoring process includes a discussion with those being monitored as to the plan for care if the person should exhibit symptoms consistent with EVD including identifying in advance, the hospital where a person would go for evaluation, possibly EVD testing and clinical management for up to 96 hours.</p> <p>16. Assurance that the state health department will notify CDC if a monitored subject is being considered for possible EVD testing.</p> <p>17. Assurance that the state has a plan for identifying hospitals where persons will be transported to be evaluated and managed for up to 96 hours while waiting for confirmatory laboratory testing.</p> <p>18. Assurance that the state has developed emergency medical services (EMS) plans to assure safe transport of a person under investigation to the nearest appropriate hospital in accordance with the state's Ebola treatment plan and that EMS has been trained on personal protective equipment (PPE) use.</p>	
Proposed Amount of Funding Allocated to these Activities:	
Needed at State Level:	\$0
Needed at Local Level:	\$0
Subtotal Needed for Activity:	\$0

Other Requirements

Applicants should include estimated timelines for completion of all performance and workplan activities as well as obligation and liquidation of funds within six months of receipt of funding. Timelines should be consistent with cycle times identified in jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

Attachment 2: Funding Table

Awardee	Award Amount	Awardee	Award Amount
Alabama	\$ 51,404	Missouri	\$ 59,828
Alaska	\$ 50,468	Montana	\$ 56,552
American Samoa	\$ 25,000	Nebraska	\$ 50,936
Arizona	\$ 64,041	Nevada	\$ 54,212
Arkansas	\$ 51,404	New Hampshire	\$ 54,680
California	\$ 82,762	New Jersey	\$ 140,328
Chicago	\$ 54,680	New Mexico	\$ 55,616
Colorado	\$ 68,253	New York	\$ 70,125
Connecticut	\$ 66,849	New York City	\$ 379,487
Delaware	\$ 66,849	North Carolina	\$ 98,674
District of Columbia	\$ 100,078	North Dakota	\$ 54,680
Florida	\$ 80,889	Northern Marianas Islands	\$ 25,000
Georgia	\$ 203,511	Ohio	\$ 93,526
Guam	\$ 25,000	Oklahoma	\$ 52,808
Hawaii	\$ 50,000	Oregon	\$ 55,616
Idaho	\$ 50,936	Palau	\$ 25,000
Illinois	\$ 57,956	Pennsylvania	\$ 231,592
Indiana	\$ 60,764	Puerto Rico	\$ 50,000
Iowa	\$ 58,424	Rhode Island	\$ 66,849
Kansas	\$ 52,808	South Carolina	\$ 62,169
Kentucky	\$ 55,616	South Dakota	\$ 50,936
Los Angeles County	\$ 64,977	Tennessee	\$ 58,424
Louisiana	\$ 56,552	Texas	\$ 131,436
Maine	\$ 51,404	Utah	\$ 55,148
Marshall Islands	\$ 25,000	Vermont	\$ 52,808
Maryland	\$ 277,458	Virgin Islands (US)	\$ 25,000
Massachusetts	\$ 97,738	Virginia	\$ 164,665
Michigan	\$ 69,189	Washington	\$ 66,381
Micronesia	\$ 25,000	West Virginia	\$ 51,872
Minnesota	\$ 122,543	Wisconsin	\$ 63,105
Mississippi	\$ 50,936	Wyoming	\$ 50,468
		Total	\$ 4,726,415.00