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- 1. What are the unallowable costs for the grant (core, CRI and Pan Flu III)? Can we have a list of any unallowable costs?**
Answer: The guidance provides information on allowable costs. The list of unallowable costs would be infinite. Please contact your PSB Project Officer with specific funding questions.
- 2. We have been using state and local assessment tool to monitor progress under Pan Flu grant in 06-07 grant year. We were not asked to submit the Pan Flu II statistics collected. Should we continue using the assessment tool?**
Answer: Grantees are welcome to use the Phase I assessment tool if this is helpful; however, the review tool used for the pandemic influenza operational plan submissions (PERFORMS, March 23, 2007) has more current data points that should be used as a marker for progress.
- 3. What is the status of the competitive Pan Flu grant? When will it be available to the states?**
Answer: The Pandemic Influenza Competitive Demonstration Projects solicitation should be released next week.
- 4. What is the process for a state to submit a carryover request for the funds not spent from BY07 grant?**
Answer: Information concerning the carry-forward of unobligated dollars from BY 7 into BY 8 will be provided as soon as the End of Year Reports/FSRs are received (due November 30, 2007). Since BY 7 is complete, we cannot use estimated figures for carry-forward.
- 5. With cooperative agreement funding continuing to be reduced, how is the cost for a full-scale exercise (e.g., SNS Medical Countermeasures, etc.) supposed to be supported? Is there another agency, such as homeland where funding should come from for this imitative?**
Answer: Funding for exercises can be supported from the PHEP base grant, the pandemic influenza supplement (if pandemic-related), and via Department of Homeland Security funding sources, in addition to other sources (state, municipality, private foundation, businesses, etc.).
- 6. How do we get the NIMS piece to go to 100% (in PERFORMS)?**
Answer: The progress bar for this section will always show at 0% since no action is required in PERFORMS. It will not count against the progress bar for the entire assessment form. (Re: Page 24 of the user guide.)
- 7. Where do we upload the exercise plan to PERFORMS?**
Answer: The exercise plan should not be uploaded into PERFORMS. The exercise plan should be posted to the CDC-secure page at www.llis.gov at a minimum or the NEXS when possible. Instructions on how to register for llis.gov were sent via the State and Local Mailbox on 9/28 and 10/2. If these instructions were not received, please contact your Project Officer for a copy of the instructions.
- 8. (p. 18) Awardees must provide a list of their state exercise evaluation corps. We are having a contractor provide these evaluators. Do we need to provide an actual list of names of the evaluators or is it okay to just list the contractor?**
Answer: We strongly encourage evaluation contractors to select staff who have state and local public health experience. We would prefer to have the contractor list those personnel who meet these criteria.
- 9. On pg. 1 of the guidance, there is language that indicates that PAHPA requires and will provide incentives for regional coordination, however there is no indication anywhere in the guidance re: CDC's requirements for regional coordination. Are we to assume that CDC is not requiring regional coordination activities this year and any decision to do so**

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on our part should be indicated as a priority project? Can you provide any information on the incentives provided by PAHPA for these activities?

Answer: Regional activities are encouraged, but CDC does not have a related requirement in BY 8. Should you determine that an important objective to move preparedness/response/recovery forward in your state is to “act regionally”, then a priority project based on this objective would be appropriate. CDC does not require regional coordination, although we are completely supportive of it. Some grantees may feel that working regionally is very much a “maintenance” activity, while others may want to be the catalyst for a dynamic regional collaboration with significant mutual benefits as a priority project. We are not aware of any incentives for regional activity; however, it would be easy to think that regional activity might make it easier to spend dollars and achieve goals, making it less likely that funds would be withheld in future years for poor performance in either area.

- 10. On pg.1, regarding ESAR-VHP: the guidance references the ASPR Compliance Requirements for participation in the program. I just want to confirm that CDC will follow the ASPR requirements for this activity.**

Answer: We are uncertain what is meant by this question. Would the person who asked this please clarify the meaning via the mailbox? Thank you.

- 11. On pg. 12 of the guidance, item #11: is there any information that we need to include as part of the grant application re: our work with the CPHP in our area if we ALREADY indicated such in our IPR Part 1? Should we copy and paste that information from IPR part 1 into IPR part 2, or do nothing?**

Answer: To be consistent with what we have requested elsewhere, please copy and paste your Part 1 answer.

- 12. On pg. 16 under #2 of the pandemic flu section: please clarify how we are to approach the level 1, 2 and 3 activities. It is my impression that based on CDC feedback from our pandemic influenza operational plan submission, we are to determine which level we fall into (based on no major gaps, many major gaps, etc.) and then conduct exercises/activities associated with the level we begin in.**

Answer: Based upon the CDC feedback, you are to select levels of exercises. If you received an assessment of “many major gaps” or “no or inadequate submission”, you will likely fall into a Level 1 exercise for that area.

- 13. With regard to appendix 9 (pg.34), the listing of selected TCLs and critical tasks: these are the same goals/tasks, etc. from last year’s grant guidance. It is our impression that we DO NOT need to respond to all the activities in appendix 9 in narrative form, as we did last year, but rather we are to reference the goals/TCLs that our priority projects are related to.**

Answer: Correct. You will be guided to do this when you complete the workplans for your priority projects. This Appendix is provided as a reference only. You do not have to address the Target Capabilities in narrative format anywhere in this submission. You will find drop-down menus in the template for your Priority Project workplans that allow you to link your work to the TCs and CTs, as well as the CDC Preparedness Goals, where appropriate.

- 14. Please provide one more time the number and type of exercises that we are required to conduct during BY8? We believe the requirement is 2 HSEEP-compliant preparedness exercises (pg.8, item 6) PLUS 1 CRI operational drill (pg. 9, item 7) for a total of 3 exercises, of which we should include at least 2 of the pandemic influenza thematic areas into one of the three exercises.**

Answer: There is a minimum of two exercises. One of them is to be a mass prophylaxis event involving the CRI jurisdictions (pg. 9), and at least one exercise involving pandemic influenza thematic areas. Multiple thematic areas can be combined into one exercise to address gaps, or grantees may elect to create individual exercise events for the thematic areas. You are required to create HSEEP compliant exercise cycles for two of your stronger and one of your weaker pan

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flu-related domains, as determined from the feedback you've received related to "gaps". This planning will likely lead to the conduct of discussion-based exercises, at a minimum, during the year. We encourage you to thoughtfully plan your exercise schedule so that you can attain numerous goals simultaneously; there is no reason that each domain has to be exercised separately. You are encouraged to coordinate the planning of these exercises with your colleagues in the hospital preparedness and DHS-funded programs whenever possible.

15. **Can the CDC arrange a conference call for directly funded metropolitan areas (Chicago, District of Columbia, Los Angeles County and New York City) regarding the hospital, clinical laboratory, and university partnerships (Section 8, B; page 11) and other directly funded metropolitan areas specific issues?**
Answer: There will be a call for the directly-funded localities to discuss RTDD issues with our CDC SMEs and colleagues from APHL.
16. **Both PI and BO official must sign - Does this mean that we do not have to submit a 424? Without having performs up, we can't determine this and it's important from a time scheduling perspective as we can reduce time required for processing/review at the upper echelons.**
Answer: We are checking with PGO for a definitive answer.
17. **Page 7 - Are we still required to get the letter of certification from our Emergency Management Agency? You had announced in NO as a change that we would not.**
Answer: No, you do not have to submit the letter.
18. **Page 12 - How do you anticipate that we will be working with the CPHPs given the changes in their focus that you described in NO? While we have been working extensively with them, this work was primarily supported by their CPHP grant. Is there an anticipation that their present work will continue, but with support from the state EP grantees? Particularly in light of our reduced funding, use of funds to pick up any of their present activities is not feasible.**
Answer: The CPHPs still have this year in which to work as they always have, so we do expect you to continue those activities.
19. **Page 16 - We do not understand "If you would need to utilize cooperative agreement supplemental funding." Does this mean that additional funds outside of those being awarded through this guidance announcement will be available to states that wish to participate with CDC in the described exercise?**
Answer: No, it means that if you would like to designate some of your pandemic influenza supplement for this purpose, you may do so.
20. **Page 19 - Method of Selection - While we follow our own state requirements for sole source, they differ from what appears for the first time to be described in the guidance. Our sole sourcing policy allows us to sole source with public entities, which includes our health district lead counties as well as academic institutions and other state agencies. Does the description in "Method of Selection" supercede our state policy on this issue? If so, we have some issues.**
Answer: Let us have PGO answer this one as well. Thanks for your patience.

RTDD Questions

Grantees should understand that the intent of Congressional sponsors of this bill was to maximize the contributions of poison control centers (PCCs) to the pursuit of preparedness and response to public health emergencies. Although the title of this component of the PHEP, "real time disease detection", implies a surveillance focus, the sponsors intended these funds to support a broader range of activities, specifically, the engagement of PCCs in emergency response, the expansion of their work into infectious disease-related call management and public

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education, and their service as surge capacity during a public health emergency response – to optimize their value as a resource to the grantees.

21. Exactly how much of these funds have to go to the poison control centers?

Answer: It is acceptable for states to keep back a portion of the funds for uses related to what PCCs produce. That is, states can enhance systems, staff, etc. that will support PCC activities or the state's use of the PCC data or products. No specific amount will be specified, but the amount retained by the grantee must be reasonable and clearly justified. Activities must neither supplant nor duplicate efforts funded by another federal grant. Reviewers will consider whether states are taking advantage of existing systems/capabilities. Where the grantee-retained portion of funding is clearly not related to PCC-related activities or products, funds will be restricted until this issue is resolved.

22. If we have more than one PCC, do we have to fund them all?

IMPORTANT NOTE: THE FOLLOWING INFORMATION IS DIFFERENT THAN WHAT WAS PROVIDED DURING THE 9/27/07-IPR PART 2 CONFERENCE CALLS.

Answer: Yes, it was the intent of the sponsors that all PCCs in the state be funded". It is suggested that funds be distributed based on population served by the individual PCCs. Alternate arrangements for subcontracts will be considered where the intent to engage all PCCs is met.

23. If a grantee already has a good relationship with the PCC, and the PCC agrees, can a state or territory use some of its award to pursue activities related to section B. of the continuation guidance, the section that addresses directly-funded localities to work with hospital/clinical/ university labs to pilot a project to purchase and implement the use of advanced diagnostic medical equipment?

Answer: If a state can demonstrate that all aspects of Part A (surveillance, response, expansion to infectious disease-related activities and surge capacity) have been optimized, and the PCC agrees that this is true, then, yes, the state may initiate Section B activities.

24. What is meant by "purchase and implement the use of advanced diagnostic medical equipment?" Are grantees limited to approved uses of this equipment, or can research be done in this pilot?

Answer: CDC continues to work on an accurate response to this question. Directly-funded cities are being informed as conversations progress.

25. Is there intent to continue funding the PCCs in the future? What about the labs?

Answer: The intent was to provide a bolus of funds to "jump start" the states' optimal engagement of their PCCs. Future funding, whether as part of the PHEP base, a carve-out or a separate funding stream, is largely dependent upon the success/progress of the projects undertaken this year. Strong, productive relationships resulting in value-added activities, products or capacities are more likely to be supported in the future. Given uncertain funding allocations and strategies, however, grantees should approach this as single-year funding.