

CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development Supplemental Funding FAQs

Updated July 30, 2021

CDC has provided the following Frequently Asked Questions document to address questions from the May 27 CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Supplemental Funding webinar, as well as the follow-up webinar held on July 16.

Grants Management and REDCap Submission Questions

1. Where can I access the slides and recording from the May 27 informational call?

The slides are available on the CDC website on the State and Local Readiness web pages at [Cooperative Agreement for Emergency Response: COVID-19 Public Health Crisis Response](#). The recording and transcript should be available shortly.

2. Who is the federal project manager I should contact for grant details?

You can contact your project officer for additional grant details.

3. How do we get access to the Crisis Response Workforce Development project in REDCap?

Send an email to DSLRCrisisCoAg@cdc.gov indicating:

- Which database you need to access: **COVID-19 Crisis Response 2020 Initial Funding or 2021 Public Health Workforce Development**
- Whether SAMS access is needed? **Yes/No**
- Whether REDCap access is needed? **Yes/No**
- Whether the principal investigator or authorizing official has authorized you to access the REDCap database? **Yes/No** *Must be Yes to proceed*
- There is also an [online form](#) that can be completed to gain access.

4. Are work plans and budget narratives due September 1? Should both to be submitted in REDCap and GrantSolutions by that date?

Yes. Work plans and budget narratives must be submitted by the September 1 deadline in REDCap and GrantSolutions.

5. Can work plans be submitted prior to the September 1 deadline? Is it possible to get feedback regarding allowability of budget and work plan items faster if they are submitted prior to September 1?

Yes. CDC encourages early submissions. CDC can review your submitted information and provide feedback on whether the budget costs are allowable. If they are not, you can adjust your work plan and budget before final submission by September 1.

6. How can recipients submit a report by October 21 if it takes 60 days post the September 1 deadline to review?

The budget period began on July 1, 2021 and reimbursement may be allowed for costs incurred on or before May 14, 2021. While updated work plans and budgets are due September 1, your Notice of

Award authorizes you to begin conducting activities that within the scope of the guidance. You do not need to wait until CDC reviews the plans submitted September 1 to begin your activities. If needed, you can direct any requestions to your project officers. The reports due October 21 should reflect funds that have been spent during the first quarter. The first progress reports on the actual work will not be due until January.

7. Is there an off-line budget and work plan template that CDC can provide? Or must these documents be done in REDCap?

REDCap has been built to allow for very simple work plans focused on the number of staff you expect to hire. The REDCap work plan template form is called, "Work Plan: Hiring & Diversity Goals." This template can be downloaded for use off-line if needed to make collaboration within your health department easier. But budget narrative and work plan information should be consolidated and entered directly into the REDCap system (online form) for your final submission. Attachments can also be uploaded to support your work plan entries. While the use of REDCap is strongly encouraged and will help manage the project going forward, official submissions must still be done in GrantSolutions.

8. Is there guidance regarding prior approval? Typically, changes to personnel and contractual agreements require prior approval, but that would be essentially everything in our budgets?

Changes to personnel you plan to hire do not require prior approval. Your REDCap submission should only include substantial changes from your original work plans. If it is not a significant change in scope, it is not necessary to submit that type of information.

9. What are some examples of acceptable supporting documentation that may be uploaded as attachments to support work plan entries?

Since the work plan is primarily a form for hiring and DEI goals, some jurisdictions may have additional narrative information to submit. This or any other jurisdictional requirements for internal work plan approval are examples of documents that may be uploaded in the REDCap work plan form.

10. How long will CDC take to review submissions before we receive approval for requested adjustments?

CDC project officers will have up to 60 days to review plans and provide feedback to recipients. However, CDC encourages jurisdictions to submit specific questions as well as your plans (prior to the deadline), and we will provide a response as soon as possible.

11. As we are required to submit our proposals to CDC by September 1, will we be able to have calls to our project officer soon to discuss ideas?

Yes, contact your project officer as soon as possible. They can also help with REDCap access.

12. Are the COVID-19-related spending restriction 100% due to the statutory language?

Yes, spending must be COVID-19-related according to the statute.

13. Can these funds be used for federal supplanting?

Supplantation, whereby you use new funds to replace existing funded activities, is prohibited, regardless of the source of those funds.

14. Would a request for proposal (RFP) to provide funding to schools be acceptable?

An RFP cannot take the place of a contractual agreement, except as a planning document.

15. Can CDC clarify the financial reporting? Is an annual Federal Financial Report (FFR) due in the Payment Management System (PMS) quarterly or is it the PMS 272 quarterly report? Do we submit the reports only in REDCap?

As this funding is available for a two-year period, CDC requires quarterly fiscal reports on obligation of funds, which can be submitted in REDCap. These reports will meet the intent of the interim FFR, which is to track spending. A final FFR will be submitted in PMS at the end of the performance period.

16. How do local governmental jurisdictions submit applications?

Eligibility for direct local funding is limited to six governmental public health departments. However, CDC encourages local health departments to work with their state partners using your normal channels. If you are in the laboratory program or the epidemiology and surveillance program at the local level, contact your state office for more information.

17. Are state health departments the primary applicants? Could a county medical examiner be the applicant?

Eligibility is limited to jurisdictional health departments. If the jurisdiction has a COVID-19-related need to augment the workforce within the medical examiner's office, that would be allowable.

18. Can funds be provided to health care institutions?

Subawards or contracts with healthcare institutions may be allowable to meet workforce needs of the public health programs, but health care is not the intent of this funding.

19. Is there an available spreadsheet or comparison document of the various CDC workforce funding streams to better understand who recipients can collaborate with to not duplicate the work of our state partners also receiving similar funding?

CDC is developing a document that summarizes this information and will have it available soon.

20. Will additional guidance be provided on the timeframe for using the funding? For instance, will funds set aside for these positions be extended past the 2-year timeline and will there be a carry-over period?

The performance period is two years: July 1, 2021, to June 30, 2023. CDC does not know as yet if there will be any no-cost extensions or carry-over of funds.

21. Given funds are for two years, does this cover COVID-19 response and preparedness for future pandemics, such as changes to plans, protocols, and systems based on COVID-19?

Yes. Continuity of operations related to emergency preparedness is within scope.

If reviewing and adjusting your plans is something that recipients think is important to do because of lessons learned during COVID-19, that would be allowable.

22. Can the funding be used for staff uniforms?

No. Funding cannot be used for staff uniforms for individual employees. You can consider vests that identify your employees for safety or security purposes, but these items must remain under the control of the health department.

23. Can this funding be used for mass fatality needs at local levels, assistance to funeral directors, and cold storage capacity with medical investigators?

Since this funding is targeted to COVID-related workforce activities, mass fatality staff may be an acceptable use of funds. Equipment such as cold-storage would not. However, there would need to be a demonstrated link to COVID. As for funeral directors, only those who provide services contracted for by the county or local jurisdiction would be approved; those paid by private means, such as life insurance, would not.

Hiring and Sustainment of Workforce Activities

24. Is it possible to adjust the hiring goals? Is it possible to adjust the hiring goals if the numbers submitted in the work plan are not obtainable?

Yes. However, if changes involve a redirection of funds, you will need to talk to your project officer.

25. Can recipients use this funding to hire dedicated human resources (HR) staff to expedite, recruit, and implement more rapid hiring processes for public health emergency preparedness?

Yes. CDC encourages recipients to think about hiring dedicated administrative staff, including HR personnel, at both the state and local levels. Recipients of this funding may also want to consider recruiting HR staff with experience integrating Diversity, Equity, and Inclusion principles in their HR efforts.

26. Some jurisdictions have also added a significant number of staff that have been working remotely during the COVID-19 response and have expressed interest in continuing to work remotely at some level. Could this grant help support equipment, furniture, and reconfiguring of office settings to accommodate these changes?

Yes, with prior approval, these funds can be used to pay for office equipment and furniture for staff for the duration of the project period. This could include minor reconfiguration of existing owned or leased space, but not construction. It could not be used to furnish home offices for teleworkers beyond the equipment (computers, etc) that they need to perform their duties. Recipients should develop a proposal for using the funding for this purpose and submit it to your project officer. CDC will review it and inform recipients if it is allowed.

27. Are funds to be used to hire new staff and not for costs of existing staff? Can staff be shifted from another funding source that may be expiring to this funding? In other words, can it support existing disease intervention specialists (DIS) who are cross-trained in COVID-19 investigations but not primarily assigned to COVID-19 activities?

While funding is primarily to hire new staff, if recipients have staff who were hired for COVID-19-specific work supported by other funding streams that is going to expire, then recipients can continue to employ them using this funding. Encouraging retention of existing staff through various incentives or pay increases is also allowable.

28. Will recipients be required to list all newly hired staff by name in the budget?

No. Recipients are not required to list names of vacant positions to be hired in the budget narrative submission. You can also group vacancies by saying XX number of XX staff (e.g., 18 epidemiologists) However, you must include the number of budgeted positions, descriptions of duties, and salary amounts. You should include names of existing personnel whose salaries will be covered, fully or partially, by this workforce development funding, as is the case with other federally funded programs.

29. Is it a requirement to hire staff in all five categories? Will we be required to report number of staff hired by subrecipients by category?

No. Hire the staff that meets your needs, though CDC would reasonably expect that all categories would be used in most circumstances. Yes, as stated in the supplemental guidance, recipients will be asked to report planned and actual hires at the sub-recipient level. You are asked to do this by category.

30. Is it possible to use this funding to cross-train staff hired to work on COVID-19 response for other communicable disease response and future pandemic response activities?

Yes. While the intent of this funding is to focus on COVID-19 response activities, including training, there can be overlapping benefits to other programs that also address pandemic or communicable and infectious diseases. CDC also encourages recipients to consider how your health department is organized and if there are any lessons learned in that regard. For example, are you structured the way you need to be to respond effectively? Spending time and money on strategic planning and cross-training would be allowable with this funding.

31. How flexible is the funding related to training and education for the public health workforce?

Training is an integral component of this funding. It can include core competencies, incident management training, specific job-related skills, formal education related to a position, and so forth. If training advances the skills of the public health workforce, it is generally allowable.

32. Is cross training contact tracers who are members of the local community allowable?

Yes. That is an allowable cost.

33. If a training was organized for multiple local health departments, would facility rental fees and lunch be an allowable cost, in addition to funding trainers if needed?

Rental fees for training would be allowable. Food is not generally an allowable expense. If there are extenuating circumstances, please discuss with your project officer.

34. Clinical staff is listed as an allowable expense, while clinical care is listed as a funding restriction in the Crisis Response notice of funding opportunity (NOFO). What are clinical staff permitted to do under this funding?

CDC recognizes that this may seem like a discrepancy. However, the supplemental funding appropriation specifically listed improving school-based health programs as a goal of this workforce funding. The workforce development guidance speaks specifically to rebuilding and augmenting the school health workforce, and clinical staff are a part of that. Hiring clinical staff that provide COVID-19-related services is an allowable cost. One factor to keep in mind is that CDC would not generally be paying for individual clinical treatment; vaccinating students, for instance, is a component of a public health campaign and isn't considered clinical care within our definitions.

35. It often takes a long time to process full-time equivalent employees and with no guarantee of funding beyond two years, we would anticipate challenges in filling these positions. Any thoughts on how to approach this aside from temporary staff?

Incentives, professional development, promotion potential, sign on bonuses, etc. potentially could be used to assist with the recruitment efforts. Additionally, there are longer-term workforce initiatives being discussed that may provide more sustainable funding.

36. Can this funding provide pay raises to sustain current staff?

Yes. This is an allowable expense within the parameters of your jurisdictional pay scales and policies. CDC encourages recipients to take whatever steps are needed to sustain your workforce, whether that's paying overtime, salary raises, or upgrading part-time staff to full-time employment. Keep in mind, however, that the executive pay schedule has an annual cap of \$200,000 for salaries charged to the grant (other funds can be used to supplement salaries, but the pay cap limits what this program can pay for).

37. Can funds be provided to community-based organizations (CBOs) upfront? It will be difficult for them to hire and pay staff if they are on reimbursement basis.

This is often a challenge. Federal funds are received on a reimbursement basis. If the CBO could not incur the salary costs up-front, the health department may be able to advance funds or otherwise cover costs until federal reimbursement is received.

38. How does this funding work with other CDC public health workforce or public health infrastructure funding yet to come?

While discussions are underway to provide more sustainable solutions to the public health workforce, there are no definite plans we can share at this time.

39. The grant mentions 25% allocation for school-based programs and support for school vaccination. Does funding need to go directly to the school, school district or State Dept. of Education or just used on their behalf to provide school vaccination by PH?

The intent is to support schools; recipients may take different approaches. Funds do not have to go to a particular entity, as long as you can track it back to support of school health programs.

40. As some jurisdictions are working with schools and funding tribes, is the Bureau of Indian Education being funded separately?

CDC encourages jurisdictions to collaborate with other agencies in your jurisdiction to confirm the sources of funding that may be available.

41. How can mental/ behavioral health needs related to COVID-19 be parsed out?

One area is school-based health programs. Consider the mental health impacts of COVID-19 within K-12 schools, not just contact tracing, vaccination, and screening tests. Parental mental health needs should be considered as well. Responder safety and health would also be a consideration, and hiring mental health professionals could be an allowable cost in either situation.

42. What hiring and recruitment incentives are allowable with this funding? Can the funding be used for relocation expenses, student loan repayment, recruitment bonuses, and retention bonuses for existing employees?

- Salaries and Wages are allowable.
- Compensation costs are allowable to the extent that they are reasonable and **conform to the established policies of the recipient organization.**
- Bonuses/Incentive Payments are allowable for employees as part of a total compensation package, provided such payments are reasonable and are made according to a formal policy of the organization that is consistently applied regardless of the source of funds. They should also be consistent with other policies of the organization.

Other allowable costs may be found in the [CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Supplemental Funding Guidance available on the CDC website.](#)

43. Is this funding related to the recently announced Public Health AmeriCorps initiative?

The AmeriCorps initiative is part of the American Recovery Plan, as is funding under this cooperative agreement, but has separate funding and a separate purpose.

44. Given the funding period is short-term, what ideas do you have regarding sustainability of these staff? What happens to the workforce that was hired after the two-year performance period ends?

Incentives can be offered to make short-term employment more appealing. Unfortunately, there is no definite plan yet to provide funding for longer-term positions, though that is the hope and expectation. Perhaps jurisdictions can offer positions under other programs when this funding expires. While we hope that many positions funded under this program can be continued with future funding, when this particular program expires, the positions expire with it.

45. Can you explain the process and timeline "to create a new grant program that will facilitate federal investment in the people and expertise needed at the state and local levelsCDC will work with leaders from across the public health community to design this new grant program" as stated in the guidance?

This is currently under discussion and we will make information available when plans are finalized.

46. Are there additional COVID-19 public health workforce funds that will be available during the two-year performance period in addition to these funds?

The [American Recovery Plan](#) includes several [funding streams](#).

47. Can the school health component include universities and colleges?

The funding is intended to help bolster school health at the kindergarten through grade 12 (K-12) level. If you submit a plan to augment school health services at the university level, CDC may consider it, but that really is not the focus.

48. Do K-12 schools include community or faith-based private schools?

The focus is on K-12 public schools. It is generally intended for community public schools, but resources can be used for private schools at the discretion of recipients. Jurisdictions should consider how they currently support private or parochial schools in determining how or whether to support them with this funding. CDC encourages recipients to meet their individual jurisdictional and local needs, as applicable.

49. Is there separate but overlapping funding from the Department of Education? A crosswalk of funding would be helpful, what is other funding is planned outside of CDC?

There is other federal funding available from the Department of Education and the Department of Interior. CDC would refer you to the Department of Education in your state for answers to questions about their funding.

50. Does this CDC crisis response funding include school-based clinics?

That is within scope to the extent that the services are related to COVID-19 activities.

51. Is there conversation with education departments (federal to state) as it pertains to participation in those supportive collaborations?

Funding from this program can be used to support school health services; if sub-awarding funds to the state department of education will accomplish that goal, it would be allowable. However, there are other funds available for other programs, and care should be taken not to be duplicative nor to supplant existing resources.

52. Do all the positions have to be 100% focused on COVID-19 activities?

This is a COVID-19-focused grant. If positions are going to be doing part of their work on other projects, then they should be funded accordingly. For example, if staff are partially doing other general work in public health then the positions should probably be split funded. You cannot supplant funds or duplicate funding between grants. Ultimately, the position should match the workload of the personnel that you're putting in your budget.

53. What about vaccine clinics for students and staff?

Staff for vaccine clinics would be an appropriate cost. Remember that this funding is for workforce.

54. Can the percentage of distribution be higher for the school-based health personnel and staff at local health departments (LHDs)?

Yes.

55. How is LHD funding counted if a state has no LHDs? Should a full 40% go to community-based organizations (CBOs) in that case? What if the state is involved in performing work at the ground level?

That portion of the funding does not necessarily have to go to a local health department, but it does need to fund work at the local level, depending on how your jurisdiction or state is set up. If you are a centralized state, you may operate differently. Because some of your local health departments are likely overwhelmed, using CBOs is a great way to meet that requirement. However, the full 40% does not necessarily need to go to CBOs. You will need to demonstrate to CDC that the work reaches the local level, which is the intent of the funding.

56. Could these funds be used for LHD strategic planning?

Yes. If you have identified a gap in your plans, with how local health departments are organized, or need assistance identifying those gaps, that is certainly something CDC would support. This could mean hiring a consultant or purchasing a decision-support tool to help you review your strategic vision for the future.

57. Can funds be used by LHDs for overtime?

Yes. If you have a reasonable basis for projecting overtime, you can include that in your budget and in your forecasting. For example, if you currently have staff working an average of 10 hours of overtime a week, CDC would allow that justification for hiring new staff or paying all necessary overtime costs.

58. If jurisdictions have LHDs and CBOs, can both be supported with this grant?

Yes.

59. Can we use this funding to assist local public health agencies with achieving accreditation?

If accreditation assists jurisdictions to build, train and sustain staff, some portion of those costs can be

charged to this grant. However, PHEP and other programs can contribute to these costs as well. Recipients are encouraged to submit your proposal for review and discuss details with your project officer.

60. Can these funds be used for the purchase of equipment, including computers, for current PHEP staff with prior approval?

Yes, these funds can be used to purchase equipment, such as computers and cell phones, for staff working on COVID-19 activities under this funding. Staff hired under dual funding should share costs with the secondary program.

61. Can we use funds to hire a contractor or temporary staff to build an IT platform that can help with COVID-19 response and school health programs? For example, a statewide or regional reporting platform to report data related to COVID-19 response and recovery activities?

Yes, a contractor or temporary employee can be hired to help build a COVID-19 response and recovery platform.

62. The grant mentions 25% allocation for school-based programs and support for school vaccination. Does funding need to go directly to the school, school district or State Dept. of Education or just used on their behalf to provide school vaccination by PH?

The intent is to support schools; different states may take different approaches. Funds do not have to go to a particular entity, as long as you can track it back to support of school health programs.

63. Establishing a coordinated internship program with our college of public health to ensure future school-to-job pipeline would greatly benefit our state-local network capacity. We would be paying to develop the program, not for the actual student's work, and the program would not be specific to COVID-19. Would that type of activity be allowed?

Generally, yes. If those students were working on COVID-19 while in a fellowship, for instance, that would be ideal. It probably would not be allowed, if they were doing STD prevention, for instance. Funding a training program for people who would not be supporting the COVID-19 response is not the intent of this funding. This funding is intended to support workforce needs related primarily to COVID-19 response. If you want to submit specific questions to your project officer, we can discuss them with the grant management office.

Diversity, Equity, and Inclusion Goals

64. Is there separate corresponding funding for tribes? Or can we consider this for them as well? Are any funds specifically directed for tribes?

Yes, to the first two questions. There are other funding opportunities for tribes, but you can consider this funding for them as well if it's appropriate for your jurisdiction. Make sure to include activities that target the tribal partners in your jurisdiction. There is only one tribal entity eligible for direct funding from this crisis response cooperative agreement, and that is the Cherokee Nation. However, other funding from CDC, Indian Health Services, and other departments is available to support tribal response.

65. What are some examples of diversity, equity, and inclusion (DEI) measures?

When identifying metrics to address DEI in hiring, consider collaboration with local champions or trusted voices representative of diverse populations affected by COVID-19. Metrics may include but

not be limited to:

- Number of personnel hired through community-based organizations and other diversity-focused organizations with brief descriptions of populations they serve, such as communities of color, rural populations, people experiencing homelessness, and people living with disabilities.
- Number of employees receiving DEI relevant training, such as cultural competency, working with underserved communities, and health equity.
- Establishment of a health equity team to focus on hiring a workforce that represents the diversity in the communities being served.

Laboratory Support and Staffing Questions

66. Can CDC clarify whether this funding can support laboratories?

This Crisis Response Cooperative Agreement can support laboratorians and other staff, but not the purchase of laboratory equipment. This funding is for workforce development.

67. What types of activities can laboratory staff hired with this funding conduct?

Laboratory staff hired with this funding can provide COVID-focused surge support for laboratory testing and continuity of operations.

68. For states seeking wet lab staff, is cross training for outbreak and pandemic preparedness acceptable?

Yes. The goal is to enhance the workforce, including training and advanced professional development.

69. It is difficult to hire laboratory staff for a short-term period. We need to be able to sustain workforce gains

CDC understands the challenge and remains hopeful that ongoing discussions will lead to more sustainable funding.

70. Can states purchase Naloxone for opioid overdose?

No, this funding is for workforce needs, not for unrelated needs.