

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention (CDC)  
“Public Health and Social Services Emergency Fund”  
Public Health Emergency Response (PHER) Phase III  
Funding for Implementation of the Pandemic (H1N1) 2009 Influenza  
Vaccination Campaign

**I. Authorization and Intent**

Announcement Type: Supplemental – Type 3

Funding Opportunity Number: CDC-RFA-TP09-90202-H1N109

Catalog of Federal Domestic Assistance Number: 93.069

Application Deadline: September 15, 2009

Authority: Sections 317(a) and (e) of the Public Health Service Act, as amended, [42 U.S.C. §§ 247b(a), (e)]

**Purpose**

In anticipation of the receipt of additional funds, CDC plans to award a total of \$846 million (**see Appendix 1**) to Public Health Emergency Response (PHER) awardees for *implementation* of the 2009 H1N1 influenza mass vaccination campaign (referred to in this document as “mass vaccination”). This campaign is expected to begin mid-October 2009. PHER Phase III funding is intended to provide financial resources for implementing a mass vaccination campaign at the state, local, tribal, and territorial levels and to address any remaining mass vaccination-related implementation gaps identified during PHER Phase I and Phase II planning.

PHER Phase III is intended to supplement PHER Phases I and II released previously. CDC released the PHER Phase I funding opportunity announcement (FOA) July 9, 2009. Phase I provided a total of \$260 million to 62 awardees through the Public Health Emergency Response grant (PHER Phase I) for vaccination planning, laboratory testing, epidemiology, surveillance, and other associated pandemic preparedness and response activities. An additional \$248 million in PHER Phase II funding was announced on August 6, 2009, to further accelerate mass vaccination planning for a national vaccination campaign for H1N1 influenza in the fall of 2009.

**Background**

On April 26, 2009, the Acting Secretary of Health and Human Services declared a public health emergency as a result of the detection of 20 known cases of individuals infected by

a swine-origin influenza A virus in the United States, now known as pandemic (H1N1) 2009 virus. On June 11, 2009, the World Health Organization declared the first pandemic in more than 40 years in recognition of widespread, sustained human-to-human transmission of the virus in multiple regions around the globe. In light of the threat the pandemic poses to the nation's public health and security, Congress appropriated funding, through the 2009 Supplemental Appropriations Act, for the Public Health and Social Services Emergency Fund to prepare for and respond to an influenza pandemic. This funding provides the U.S. Department of Health and Human Services (HHS) and other federal and state agencies with resources to respond to ongoing and emerging outbreaks of pandemic (H1N1) 2009 virus in the United States, protect the public health, accelerate efforts in responding to the current global influenza pandemic, and prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human pandemic influenza viruses.

## **II. Program Implementation**

### **Planning Assumptions**

The following planning assumptions are intended to guide awardees in the development of mass vaccination plans. Planning assumptions are subject to change.

- Up to 45 million doses of influenza A (H1N1) 2009 monovalent vaccine are expected to be available by mid-October 2009
- Thereafter, each week approximately 20 million doses of vaccine are expected to be produced and delivered
- Vaccine will be distributed to awardees proportionally and free of charge. Vaccine administration supplies, such as syringes, needles, sharps containers, and alcohol wipes, will also be provided free of charge
- The distribution process for the influenza A (H1N1) 2009 monovalent vaccine will build on the existing centralized distribution mechanism for shipping vaccine to Vaccines for Children (VFC) providers. Awardees and designated vaccine Points of Contacts will determine the appropriate allocation of vaccine to public and private sites
- Some portion of the vaccine will be administered through the private sector, thereby reducing the demand and the cost burden on public health

### **Recipient Activities**

As part of PHER Phase I and Phase II planning, awardees are expected to assess mass vaccination readiness through a variety of methods, including but not limited to the following:

- Reviewing after-action reports (AARs) of previous exercises/real events including an analysis of H1N1 response from spring of 2009 to present
- Identifying preparedness gaps and current capabilities by completing the CDC PHER gap assessment (distributed to PHER awardees August 12, 2009)
- Reviewing CDC's September 2008 analysis of pandemic influenza operational plans submitted by awardees

Awardees are expected to use PHER Phase III funds to address gaps in capabilities for mass vaccination implementation and to support activities related to implementation of a mass vaccination campaign at the state, local, territorial, and tribal levels. Specifically, PHER Phase III is intended to fund awardees for vaccine administration at the state, local, tribal, and territorial levels as well as to enhance the capabilities of the private sector to administer vaccine.

It is expected that a significant portion of the funds will be distributed to, and utilized at, the local level. CDC strongly encourages states to work closely with local and tribal entities.

CDC expects that a significant portion of the funds will be used to fund the temporary personnel costs associated with mass vaccination, including funding local/regional public health agencies for vaccination, contracting with vaccinators to vaccinate on behalf of public health agencies, and other models for funding temporary mass vaccination personnel.

Other recipient activities may include the following:

- Administering vaccine at public health-organized clinics or other venues and point-of-dispensing (POD) sites organized on behalf of public health agencies
- Entering into agreements with vaccinators and others for mass vaccination
- Identifying, engaging, and enrolling private-sector partners for potential vaccine administration
- Implementing a public health Incident Command System (ICS)
- Supporting logistical and administrative costs associated with vaccine administration sites
- Maintaining cold-chain capacity where needed
- Assuring vaccine safety monitoring and reporting
- Tracking vaccine and vaccine ancillary supplies
- Monitoring and reporting of vaccine doses administered
- Implementing the vaccine communication strategy outlined in the PHER Phase II guidance
- Implementing communication strategies to reach the public, especially those priority groups included in the Advisory Committee on Immunization Practices (ACIP) recommendations
- Dispensing/distributing antiviral drugs
- Implementing community mitigation activities/measures
- Identifying medically vulnerable populations and providing access to vaccinations through mobile vaccination teams, home-based vaccination, institutional vaccination, outreach teams, or other similar means.
- Assuring adequate security at central receiving sites and/or vaccine administration sites
- Developing information technology (IT) infrastructure for tracking H1N1 personnel, contractors, contracts, inventory, grant funding, and other expenses

- Space rental, refrigeration, and transportation expenses related to distribution of vaccine from central receiving sites to vaccine administration sites
- Assuring appropriate accounting and fiscal oversight
- Purchasing of personal protective equipment (PPE) for the public sector mass vaccination workforce, fit testing costs, and maintenance of a respiratory protection program for public and health care sector workforce (in accordance with CDC guidance)
- Ensuring surge capability within a public health emergency operations center (EOC)
- Assuring medical/public health surge capability through mobilization of a volunteer workforce including Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps (MRC), American Red Cross, community emergency response teams (CERT) and other volunteer agencies
- Registering and credentialing of volunteers
- Assuring interoperable communication systems
- Direct assistance (DA) personnel

### **Additional Conditions and Considerations**

As a condition of receiving these funds, awardees and those working on behalf of public health agencies, are prohibited from turning away persons due to an inability to pay.

CDC encourages awardees to work with the *private sector* to develop strategies, such as establishing referral networks between private and public sectors, to help reduce the number of persons turned away due to their inability to pay. Awardees should encourage private sector providers to bill insurance for the cost of vaccine administration when possible.

The ACIP recommendations identify priority groups for vaccination. This should not be interpreted to mean that those outside of the priority groups should be turned away or refused vaccination. States' plans should include mechanisms to address the prioritization of these priority groups for vaccination to ensure that they receive the vaccine as early as possible. These recommendations can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm>

### **III. Award Information and Requirements**

#### **Eligible Applicants**

Financial assistance is available only to the 62 eligible applicants of PHER Funding Opportunity Announcement CDC-RFA-TP09-902-H1N109.

#### **Funding**

CDC anticipates awarding \$846 million in PHER, Phase III funds. The formula will include base funding plus additional funding based on population estimates.

## **IV. Content and Form Submission**

### **Application Requirements**

To assure that awardees have access to the funds necessary for a mid-October mass vaccination campaign, CDC will again streamline the submission requirements for the PHER Phase III awards. The requirements for the PHER Phase III applications, to be submitted via [www.grants.gov](http://www.grants.gov), include:

- Submission of the awardee's mass vaccination plan. These plans will not be scored or graded but will be used to inform program decision making and technical assistance plans
- A letter, co-signed by the applicant's preparedness program director, immunization program manager, and authorized fiscal officer, requesting the *entire award* be allocated
- Form 424A
- A detailed budget (template will be provided by CDC) for PHER Phase III, including the budget justification describing how the applicant intends to use the PHER Phase III funding. PHER Phase III is for implementation of a mass vaccination campaign and will be referred to as Focus Area III. This funding must be tracked separately from previous PHER funding.

### **Application Deadline**

Applications are due to CDC by 2 p.m. EDT on September 15, 2009, and are to be electronically submitted to [www.grants.gov](http://www.grants.gov).

## **V. Award Administration Information**

### **Award Notices**

Funds are expected to be awarded on or before September 28, 2009.

### **Additional Requirements**

Awardees must submit the following:

- Monthly Progress Reports (submit via PERFORMS)
- These reports will summarize the H1N1 mass vaccination activities conducted in the past 30 days. CDC will develop the reporting template to include questions such as: 1) the number of doses administered; 2) the breakdown of the doses administered by private sector versus public sector (including those working on behalf of public health agencies); 3) the number of provider sites enrolled as ship-to-sites; 4) other relevant mass vaccination data, and; 5) promising practices/lessons learned.

- Beginning November 10, 2009, monthly progress reports will be due for activities conducted during the preceding month.
- H1N1 Mass Vaccination After Action Reports, Improvement Plans, and Corrective Action Programs (submit via DSLR's Channel LLIS.gov)

AARs, IPs, and CAPs are due by March 31, 2010, for the time period October 1, 2009 to December 31, 2009.

## **VI. Agency Contacts**

CDC encourages inquiries concerning this announcement. For general 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

For programmatic technical assistance, contact the appropriate DSLR project officer in **Appendix 2**. For financial, grants management, or budget assistance, contact the appropriate Procurement and Grants Office grants management specialist in **Appendix 3**.

**Appendix 1**  
**Public Health Emergency Response (PHER)**  
**Phase III Funding**

<b>Awardee</b>	<b>Focus Area 1</b>	<b>Focus Area 2</b>	<b>Focus Area 3 Phase III</b>	<b>Total PHER Phase III</b>
Alabama	\$0	\$0	\$13,144,433	\$13,144,433
Alaska	\$0	\$0	\$3,623,681	\$3,623,681
American Samoa	\$0	\$0	\$640,047	\$640,047
Arizona	\$0	\$0	\$16,942,309	\$16,942,309
Arkansas	\$0	\$0	\$8,811,345	\$8,811,345
California	\$0	\$0	\$66,238,117	\$66,238,117
Chicago	\$0	\$0	\$7,865,743	\$7,865,743
Colorado	\$0	\$0	\$13,518,450	\$13,518,450
Connecticut	\$0	\$0	\$10,492,903	\$10,492,903
Delaware	\$0	\$0	\$4,068,155	\$4,068,155
District of Columbia	\$0	\$0	\$2,409,172	\$2,409,172
Florida	\$0	\$0	\$45,835,672	\$45,835,672
Georgia	\$0	\$0	\$24,690,834	\$24,690,834
Guam	\$0	\$0	\$914,416	\$914,416
Hawaii	\$0	\$0	\$5,115,037	\$5,115,037
Idaho	\$0	\$0	\$5,553,559	\$5,553,559
Illinois	\$0	\$0	\$26,228,868	\$26,228,868
Indiana	\$0	\$0	\$17,299,011	\$17,299,011
Iowa	\$0	\$0	\$9,226,230	\$9,226,230
Kansas	\$0	\$0	\$8,697,946	\$8,697,946
Kentucky	\$0	\$0	\$12,192,218	\$12,192,218
Los Angeles	\$0	\$0	\$25,106,330	\$25,106,330
Louisiana	\$0	\$0	\$12,390,180	\$12,390,180
Maine	\$0	\$0	\$5,202,457	\$5,202,457
Marshall Islands	\$0	\$0	\$646,486	\$646,486
Maryland	\$0	\$0	\$15,608,109	\$15,608,109
Massachusetts	\$0	\$0	\$17,598,697	\$17,598,697
Michigan	\$0	\$0	\$26,463,905	\$26,463,905
Micronesia	\$0	\$0	\$761,717	\$761,717
Minnesota	\$0	\$0	\$14,520,992	\$14,520,992
Mississippi	\$0	\$0	\$9,052,862	\$9,052,862
Missouri	\$0	\$0	\$16,158,145	\$16,158,145
Montana	\$0	\$0	\$4,289,046	\$4,289,046
Nebraska	\$0	\$0	\$6,285,045	\$6,285,045
Nevada	\$0	\$0	\$8,047,201	\$8,047,201
New Hampshire	\$0	\$0	\$5,186,272	\$5,186,272

New Jersey	\$0	\$0	\$23,141,477	\$23,141,477
New Mexico	\$0	\$0	\$6,736,412	\$6,736,412
New York	\$0	\$0	\$28,877,702	\$28,877,702
New York City	\$0	\$0	\$20,905,313	\$20,905,313
North Carolina	\$0	\$0	\$23,461,208	\$23,461,208
North Dakota	\$0	\$0	\$3,540,842	\$3,540,842
Northern Mariana Islands	\$0	\$0	\$699,816	\$699,816
Ohio	\$0	\$0	\$29,813,666	\$29,813,666
Oklahoma	\$0	\$0	\$10,673,197	\$10,673,197
Oregon	\$0	\$0	\$10,967,729	\$10,967,729
Palau	\$0	\$0	\$549,867	\$549,867
Pennsylvania	\$0	\$0	\$32,146,289	\$32,146,289
Puerto Rico	\$0	\$0	\$11,517,842	\$11,517,842
Rhode Island	\$0	\$0	\$4,587,048	\$4,587,048
South Carolina	\$0	\$0	\$12,471,312	\$12,471,312
South Dakota	\$0	\$0	\$3,894,757	\$3,894,757
Tennessee	\$0	\$0	\$16,633,313	\$16,633,313
Texas	\$0	\$0	\$58,964,392	\$58,964,392
Utah	\$0	\$0	\$8,179,349	\$8,179,349
Vermont	\$0	\$0	\$3,511,863	\$3,511,863
Virgin Islands (US)	\$0	\$0	\$763,173	\$763,173
Virginia	\$0	\$0	\$20,520,344	\$20,520,344
Washington	\$0	\$0	\$17,498,388	\$17,498,388
West Virginia	\$0	\$0	\$6,406,542	\$6,406,542
Wisconsin	\$0	\$0	\$15,464,604	\$15,464,604
Wyoming	\$0	\$0	\$3,247,965	\$3,247,965
<b>TOTAL FY 2009 PHER Phase III Funding</b>	\$0	\$0	\$846,000,000	\$846,000,000



**Appendix 2**  
**Division of State and Local Readiness Project Officers**

<b>HHS Region</b>	<b>Awardee</b>	<b>Project Officer</b>	<b>Telephone</b>	<b>Email</b>
4	Alabama	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
10	Alaska	Andrea Davis	404-639-7177	<a href="mailto:goa9@cdc.gov">goa9@cdc.gov</a>
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<b>HHS Region</b>	<b>Awardee</b>	<b>Project Officer</b>	<b>Telephone</b>	<b>Email</b>
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10	Washington	Andrea Davis	404-639-7177	<a href="mailto:goa9@cdc.gov">goa9@cdc.gov</a>
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9	FSM	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
9	Guam	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
9	Hawaii	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
9	Marshall Islands	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
9	American Samoa	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>

**Appendix 3**  
**Procurement and Grants Office Grants Management Specialists**

**Specialist**

Angela Webb

Phone: (770) 488-2784

Email: [aqw6@cdc.gov](mailto:aqw6@cdc.gov)

<b>Grant #</b>	<b>Awardee</b>
000325	Illinois
000376	Ohio
000379	Chicago
000353	Michigan
000339	Indiana
000362	Texas
000368	Louisiana
000350	Los Angeles
000330	Hawaii
000332	California

**Specialist**

Glynnis Taylor

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<b>Grant #</b>	<b>Awardee</b>
000328	Alaska
000345	Oregon
000369	Washington
000366	Idaho
000333	South Carolina
000338	Alabama
000355	Kentucky
000134	Mississippi
000342	Iowa
000360	Missouri
000381	Nebraska
000344	Kansas
000352	Colorado
000377	Montana
000346	Utah
000365	Wyoming
000326	South Dakota
000358	North Dakota
000337	Nevada
000334	Arizona
000386	Guam

000354	Commonwealth of the Northern Mariana Islands
000374	Marshall Islands
000331	Palau
000323	Federated States of Micronesia
000383	American Samoa

**Specialist**

Kaleema McLean  
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<b>Grant #</b>	<b>Awardee</b>
000382	Rhode Island
000340	Delaware
000349	Tennessee
000348	Minnesota

**Specialist**

Pamela Baker  
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<b>Grant #</b>	<b>Awardee</b>
000343	Vermont
000341	Maine
000375	New Hampshire
000372	New Jersey
000356	West Virginia
000359	Virginia
000327	Maryland
000363	Wisconsin
000335	Arkansas
000329	Oklahoma
000364	New Mexico

**Specialist**

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<b>Grant #</b>	<b>Awardee</b>
000367	Connecticut
000378	Massachusetts
000347	New York State
000385	New York City
000371	Virgin Islands

000370	Puerto Rico
000373	District of Columbia
000361	Pennsylvania
000357	North Carolina
000351	Florida
000384	Georgia