

**An amendment was made to this Funding Opportunity**

**Announcement on 02.01.2010 to the following sections:**

- 1) I. Authorization and Intent, “Application Deadline”
- 2) IV. Content and Form Submission, “Application Requirements”
- 3) V. Award Administration Information, “Award Notices” and “Restricted Funds”
- 4) Appendix 2, “Spend Plan”
- 5) Appendix 3, “Work Plan”

**All Amendments are noted in RED TYPE.**

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) Grant Phase IV Funding**

**Completion of the Pandemic (H1N1) 2009-2010 Influenza Vaccination Campaign**

**I. Authorization and Intent**

Announcement Type: Supplemental – Type 3

Funding Opportunity Number: CDC-RFA-TP09-90203-H1N109

Catalog of Federal Domestic Assistance Number: 93.069

**Application Deadline: January 28, 2010, or February 11, 2010**

Authority: Sections 317(a) and (e) of the Public Health Service Act, as amended, [42

U.S.C. §§ 247b(a), (e)]

**Purpose**

The purpose of the Public Health Emergency Response (PHER) Phase IV grant is to provide the funding needed to support the 2009-2010 H1N1 vaccination campaign (referred to in this document as “vaccination campaign or campaign”). These funds are to be used exclusively to continue the H1N1 vaccination campaign focusing on the following groups:

- Underserved and vulnerable populations;
- Advisory Committee on Immunization Practices (ACIP) priority groups;
- Racial and ethnic minorities;
- Hard-to-reach populations;
- Population groups that consistently have lower than average seasonal influenza vaccination coverage rates;

- Population groups disproportionately affected by H1N1 morbidity and mortality, e.g. American Indians/Alaska Natives; and
- Adults with chronic conditions.

PHER Phase IV funds should also be used to continue the vaccination of the general public through collaboration with employers, retail businesses, and pharmacies to assure the private sector's capacity for vaccinating the general public. Allowable activities include:

- Logistical and administrative costs associated with vaccine administration sites (e.g., space rental, refrigeration, and transportation) related to distribution of vaccine from central receiving sites to vaccine administration sites;
- Maintaining cold-chain capacity where needed;
- Vaccine safety monitoring and reporting;
- Tracking vaccine and vaccine ancillary supplies;
- Reimbursement to providers providing vaccination to patients unable to pay administration fees;
- Assuring adequate security at central receiving sites and/or vaccine administration sites; and
- Establishing or maintaining IT systems to enable tracking information regarding H1N1 personnel, contractors, contracts, inventory, and funding.

The activities of PHER Phase IV are limited to vaccination efforts and activities that support vaccination efforts (e.g. communication campaigns, vaccination dose tracking/monitoring). These funds may not be used for epidemiology, surveillance, laboratory support, or community mitigation activities. Phase IV recipients may not use these funds for:

- Research,
- Construction,
- Clinical care, or
- Interest on loans for the acquisition and/or modernization of an existing building.

The 2009 H1N1 influenza virus may continue to cause additional waves of disease during the winter and spring of 2010 and beyond. PHER Phase IV funds are intended to support and sustain vaccination activities through spring 2010 to vaccinate all persons who wish to be vaccinated. Applicants must document (1) how current PHER funding is inadequate to sustain vaccination activities through the *spring of 2010*, (2) those activities that are required to support the ongoing H1N1 response and vaccination efforts, and (3) how successful completion of vaccination objectives, including increasing vaccine coverage rates, will be assured.

### **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

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, or human pandemic influenza viruses.

CDC released the PHER Phase I funding opportunity announcement (FOA) July 9, 2009. Phase I provided a total of \$260 million to 62 awardees for vaccination planning, antiviral distribution/dispensing and administration, community mitigation, 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. PHER Phase III was announced on August 27, 2009, and provided \$846 million for implementation of the vaccination campaign.

## **II. Program Implementation**

The following assumptions and assurances are intended to guide applicants in the development of PHER IV funding requests.

### **Recipient Activities**

CDC expects that funds will be used to assure vaccination services are available through the spring of 2010 for all who wish to be vaccinated. To accomplish this, CDC expects that funds will be used to develop and implement strategies, including communications strategies, to address gaps in vaccine coverage for high-risk populations and to develop and implement strategies for transition of vaccine administration to the private sector (e.g., OB/GYNs, pediatricians, and other private health-care providers; retail pharmacies; "big box" retailers; and employers).

Priority activities for PHER Phase IV funding could include:

- Increasing collaboration with private-sector partners and health-care providers that serve high-risk populations, including obstetricians/gynecologists and pulmonologists, around vaccine administration;
- Reimbursing providers for vaccination of persons unable to pay vaccine administration fees;

- Conducting outreach and communication strategies to stimulate demand for vaccination services, especially among vulnerable populations;
- Administering vaccine to high-risk populations or second doses to children under age 10 through school-located vaccination clinics or other public venues; and
- Working with Federally Qualified Health Centers (FQHC) and other safety net providers to assure access to vaccination services regardless of the ability to pay.

CDC recognizes that not all jurisdictions have the infrastructure to transition the vaccination of all populations to the private sector and that some jurisdictions or areas will need to continue to provide public vaccination services for high-risk groups as well as the general public. As with previous PHER awards, CDC expects that a significant portion of the funds will be distributed and utilized at the local and tribal level.

Additionally, the following vaccine campaign-related activities may be supported with Phase IV funds:

- Conducting H1N1 programmatic assessments, evaluations, and response after-action reports;
- Supporting logistical and administrative costs associated with vaccine administration sites;
- Maintaining cold-chain capacity where needed;
- Vaccine safety monitoring and reporting;
- Tracking vaccine and vaccine ancillary supplies;
- Assessing vaccine distribution and coverage rates;
- Assuring adequate security at central receiving sites and/or vaccine administration sites;
- Establishing or maintaining IT systems to enable tracking information regarding H1N1 personnel, contractors, contracts, inventory, funding; and
- Supporting logistical needs (e.g., space rental, refrigeration, and transportation) related to distribution of vaccine from central receiving sites to vaccine administration sites.

### **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 up to \$500 million being available for PHER Phase IV. A pro-rata formula, based on population estimates using U.S. Census data, will provide the basis for allocation of funds (**See Appendix 1**). *Applicants must only apply for funds that can be justified as necessary for supporting the vaccination campaign. This amount may be less than 100% of the pro-rata allocation.*

CDC will review the funding applications to determine the award of PHER Phase IV funds. In addition to submitting a budget, budget justification, financial status report (FSR) and contracts, applicants must submit a spend plan. Using the template provided (**See Appendix 2**), the spend plan will identify the proposed activities and provide sufficient detail and justification for the need for additional funds to complete the vaccination campaign. Section IV provides specific details on the content of the spend plan.

Funding requests will be evaluated using the following approach:

- Review of submitted documentation (spend plan, budget, budget justification, FSR, and contracts) to assure consistency.
- Review of the spend plan and proposed work plan to assure that activities are within scope, are feasible, and are consistent with the funding request and proposed budget.
- Documentation of current unfunded mass vaccination campaign needs.

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

### **Application Requirements**

The PHER Phase IV applications, to be submitted to CDC via [www.grants.gov](http://www.grants.gov), must include the following elements:

**A.** Submission of a detailed spend plan (**See Appendix 2**). The spend plan will outline the jurisdiction's plan or strategy for continuing the H1N1 vaccine campaign. The spend plan components include the following:

1. Executive summary of the proposed activities to be completed with PHER Phase IV funds. The activities of PHER Phase IV are limited to vaccination efforts and activities that support vaccination efforts (e.g. communication campaigns, vaccination dose tracking/monitoring).
2. Summary of PHER Phase III activities completed or in process, activity outcome(s), and a summary of the impact or effectiveness of these PHER Phase III activities. This summary should include *all* funds previously awarded in Phase III to support mass vaccination planning and implementation, antiviral distribution/dispensing and administration, and community mitigation activities.
3. List of the activities that cannot be continued or completed without additional funding, including a justification describing the need for additional funding to conduct the vaccination campaign through spring 2010.
4. Work plan for improving H1N1 vaccination coverage rates (**See Appendix 3**). The work plan will include an estimate of the current vaccine coverage rate for each selected group, the strategies and activities proposed for improving

vaccination coverage rates, and expected coverage rates once the interventions are completed.

5. Project a date on or before July 30, 2010, when PHER Phase III funds will be 100% obligated and 100% expended.

**B.** Budget and budget justification that is linked to the proposed activities outlined in the spend plan. This funding must be tracked separately from previous PHER funding. The budget and justification must clearly identify those items needed to complete the vaccination campaign efforts and expand coverage rates.

**C.** For state applicants, a summary document that calculates, in aggregate, the total amount of PHER Phases I, II, and III funds awarded, obligated, and spent by local, county, and tribal health departments within their jurisdictions as of January 1, 2010.

**D.** A list of any continuing contracts utilizing PHER Phases I, II, and III funding with direct impact on the H1N1 vaccination campaign, with expected contract fulfillment dates.

**Delete:**

~~**E.** Letters of support from local, county, or tribal public health agencies that received PHER I, II, or III funds that reflect the need for additional funds as evidenced by received, spent, obligated, and unobligated PHER Phases I, II, and III funds by those entities as of January 1, 2010. (This does not apply to applicants that are cities, territories, or freely associated states or state applicants that have a centralized funding model for public health.)~~

**E.** FSR for the period August 1, 2009, through December 31, 2009. The spend plan must be based on the figures included in the FSR. Awardees of PHER Phase IV may be required to submit updated FSRs when requesting that funds be unrestricted.

**F.** Budget Form 424A.

**Application Deadlines**

Applications are due to CDC by 2 p.m. ET on **January 28, 2010**, or February 11, 2010, and are to be submitted electronically via [www.grants.gov](http://www.grants.gov).

**V. Award Administration Information**

**Award Notices**

Applications submitted by **January 28, 2010**, will be awarded on or before February 22, 2010; applications submitted by February 11, 2010 are expected to be awarded on or before and March 15, 2010.

## Restricted Funds

All PHER Phase IV funds may be subject to restriction up to 100% of the awarded funds. Awardees will be required to submit a written plan justifying how the funds will be used before restrictions can be lifted and funds are released. The funding justification should relate to the spend plan submitted with the funding application.

Additionally, awardees must:

- Demonstrate that previously awarded PHER **Phase III** funds have been expended or obligated before additional funds can be drawn down. CDC intends to release only that portion of funds required to complete the planned activities described in the funding justification. CDC may not release funds if the justification does not provide enough details as to the need for funding and the planned activities.

### **Delete:**

- ~~Commit to ordering their weekly vaccine allocation. Those jurisdictions that do not order their allocation and do not submit a request to CDC related to adjustment of their allocation may have their funds restricted until there is a sufficient plan for improving vaccine ordering and vaccine administration rates.~~

## Additional Requirements

Awardees must submit the following:

- Monthly Progress Reports. These monthly reports will summarize PHER grant expenditures from the past 30 days and must be submitted via PERFORMS.
- H1N1 Mass Vaccination After-Action Reports (AARs), Improvement Plans (IPs), and Corrective Action Programs (CAPs). These documents are required for awardee H1N1 response activities including but not limited to vaccination clinics. These AARs must follow the format of the Homeland Security Exercise and Evaluation Program (HSEEP); **A minimum of one AAR/Improvement Plan/Corrective Action Program is required of all PHER awardees. AAR submissions must follow the format of the Homeland Security Exercise and Evaluation Program (HSEEP).** Awardees have the following options for the subject of their H1N1 AAR:
  - **Mass Vaccination:**
    - **If a mass vaccination clinic occurred during the time period October 1, 2009, to December 31, 2009, and the awardee wishes to submit one or more AAR/IP for its mass vaccination event(s), the due date to DSLR via the DSLR channel on [www.llis.gov](http://www.llis.gov) is March 31, 2010.**
    - **If mass vaccination clinic activity did not begin until the period January 1, 2010, through April 30, 2010, and the awardee wishes to submit one or more AARs/IP for that mass vaccination activity, the due date to DSLR via the DSLR channel on [www.llis.gov](http://www.llis.gov) is July 31, 2010**
  - **Overall H1N1 Response:**
    - **Awardees also have the option to submit a single AAR/IP encompassing their fall 2009 – spring 2010 H1N1 response activities, including but not limited to mass vaccination activities. Awardees selecting this option have**

until July 31, 2010, to submit that AAR to DSLR via the DSLR channel on [www.llis.gov](http://www.llis.gov).

## **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 4**. For financial, grants management, or budget assistance, contact the appropriate Procurement and Grants Office grants management specialist in **Appendix 5**.

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

Awardee	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4 Phase IV	Total PHER Phase IV
Alabama	\$0	\$0	\$0	\$7,565,809	\$7,565,809
Alaska	\$0	\$0	\$0	\$1,102,296	\$1,102,296
American Samoa	\$0	\$0	\$0	\$95,076	\$95,076
Arizona	\$0	\$0	\$0	\$10,144,134	\$10,144,134
Arkansas	\$0	\$0	\$0	\$4,624,131	\$4,624,131
California	\$0	\$0	\$0	\$43,610,399	\$43,610,399
Chicago	\$0	\$0	\$0	\$4,661,061	\$4,661,061
Colorado	\$0	\$0	\$0	\$7,819,722	\$7,819,722
Connecticut	\$0	\$0	\$0	\$5,765,718	\$5,765,718
Delaware	\$0	\$0	\$0	\$1,404,043	\$1,404,043
District of Columbia	\$0	\$0	\$0	\$956,668	\$956,668
Florida	\$0	\$0	\$0	\$29,759,452	\$29,759,452
Georgia	\$0	\$0	\$0	\$15,404,504	\$15,404,504
Guam	\$0	\$0	\$0	\$281,341	\$281,341
Hawaii	\$0	\$0	\$0	\$2,114,757	\$2,114,757
Idaho	\$0	\$0	\$0	\$2,412,463	\$2,412,463
Illinois	\$0	\$0	\$0	\$16,448,654	\$16,448,654
Indiana	\$0	\$0	\$0	\$10,386,294	\$10,386,294
Iowa	\$0	\$0	\$0	\$4,905,791	\$4,905,791
Kansas	\$0	\$0	\$0	\$4,547,146	\$4,547,146
Kentucky	\$0	\$0	\$0	\$6,919,360	\$6,919,360
Los Angeles	\$0	\$0	\$0	\$16,365,465	\$16,365,465
Louisiana	\$0	\$0	\$0	\$7,053,754	\$7,053,754
Maine	\$0	\$0	\$0	\$2,174,105	\$2,174,105
Marshall Islands	\$0	\$0	\$0	\$99,447	\$99,447
Maryland	\$0	\$0	\$0	\$9,238,363	\$9,238,363
Massachusetts	\$0	\$0	\$0	\$10,589,747	\$10,589,747
Michigan	\$0	\$0	\$0	\$16,608,218	\$16,608,218
Micronesia	\$0	\$0	\$0	\$177,676	\$177,676
Minnesota	\$0	\$0	\$0	\$8,500,334	\$8,500,334
Mississippi	\$0	\$0	\$0	\$4,788,093	\$4,788,093
Missouri	\$0	\$0	\$0	\$9,611,775	\$9,611,775
Montana	\$0	\$0	\$0	\$1,554,002	\$1,554,002
Nebraska	\$0	\$0	\$0	\$2,909,060	\$2,909,060
Nevada	\$0	\$0	\$0	\$4,105,364	\$4,105,364
New Hampshire	\$0	\$0	\$0	\$2,163,118	\$2,163,118
New Jersey	\$0	\$0	\$0	\$14,352,666	\$14,352,666
New Mexico	\$0	\$0	\$0	\$3,215,487	\$3,215,487

Awardee	Focus Area 1	Focus Area 2	Focus Area 3	Focus Area 4 Phase IV	Total PHER Phase IV
<b>New York</b>	\$0	\$0	\$0	\$18,246,913	\$18,246,913
<i>New York City</i>	\$0	\$0	\$0	\$13,513,451	\$13,513,451
<b>North Carolina</b>	\$0	\$0	\$0	\$14,569,727	\$14,569,727
<b>North Dakota</b>	\$0	\$0	\$0	\$1,046,057	\$1,046,057
<b>N. Mariana Islands</b>	\$0	\$0	\$0	\$135,652	\$135,652
<b>Ohio</b>	\$0	\$0	\$0	\$18,882,326	\$18,882,326
<b>Oklahoma</b>	\$0	\$0	\$0	\$5,888,118	\$5,888,118
<b>Oregon</b>	\$0	\$0	\$0	\$6,088,071	\$6,088,071
<b>Palau</b>	\$0	\$0	\$0	\$33,854	\$33,854
<b>Pennsylvania</b>	\$0	\$0	\$0	\$20,465,912	\$20,465,912
<b>Puerto Rico</b>	\$0	\$0	\$0	\$6,461,536	\$6,461,536
<b>Rhode Island</b>	\$0	\$0	\$0	\$1,756,312	\$1,756,312
<b>South Carolina</b>	\$0	\$0	\$0	\$7,108,833	\$7,108,833
<b>South Dakota</b>	\$0	\$0	\$0	\$1,286,325	\$1,286,325
<b>Tennessee</b>	\$0	\$0	\$0	\$9,934,360	\$9,934,360
<b>Texas</b>	\$0	\$0	\$0	\$38,672,364	\$38,672,364
<b>Utah</b>	\$0	\$0	\$0	\$4,195,077	\$4,195,077
<b>Vermont</b>	\$0	\$0	\$0	\$1,026,383	\$1,026,383
<b>Virgin Islands (U.S.)</b>	\$0	\$0	\$0	\$178,665	\$178,665
<b>Virginia</b>	\$0	\$0	\$0	\$12,573,214	\$12,573,214
<b>Washington</b>	\$0	\$0	\$0	\$10,521,648	\$10,521,648
<b>West Virginia</b>	\$0	\$0	\$0	\$2,991,543	\$2,991,543
<b>Wisconsin</b>	\$0	\$0	\$0	\$9,140,939	\$9,140,939
<b>Wyoming</b>	\$0	\$0	\$0	\$847,227	\$847,227
TOTAL FY 2009 PHER Phase IV Funding	\$0	\$0	\$0	\$500,000,000	\$500,000,000

## **Appendix 2**

### **Spend Plan Template**

The following template is used for collection of the data required for the Spend Plan section of the Public Health Emergency Response (PHER) Grant Phase IV Funding Application module.

#### **IMPORTANT NOTES:**

1. You will need to enter the data from the completed template into PERFORMS to submit the Public Health Emergency Response (PHER) Grant Phase IV Funding Application module.
2. If copy or pasting text into the text entry fields, line breaks, and simple bullets (i.e., dashes and dots) will be preserved. However, other formatting (e.g., bold, italics, underlines, etc.) will not be preserved.
3. The template is locked to function as a form. However, if necessary (e.g., to copy text from the form into PERFORMS), you may unlock the form by click on the Lock icon in the Forms Toolbar in MS Word. (We suggest you not do this unless necessary to prevent changes to the form that may limit its usefulness.)

=====

*(Spend Plan Template begins on next page.)*

## Spend Plan

**Instructions:** The following spend plan will outline the jurisdiction's plan or strategy for continuing the H1N1 vaccine campaign through spring 2010.

All answers are required. Depending on your answers to certain questions, other questions may or may not be displayed and numbering may not appear.

### 1. Executive Summary

Please provide a high-level overview of the proposed activities using PHER Phase IV funds, including:

- The groups you will be targeting (see page 1 of the funding announcement for a listing of the proposed groups);
- The need for targeting these groups;
- The proposed interventions; and
- How the proposed interventions will lead to improvements in vaccination coverage rates for the selected group.

**IMPORTANT NOTE:** Jurisdictions are not required to select all the priority groups listed on page 1 of the PHER Phase IV funding announcement. PHER Phase IV funds are to be used specifically to target those priority groups selected by the jurisdiction and are not to be used for other activities not related to improving vaccination coverage levels in the selected targeted priority groups.

*(Text Area; Character Limit: 3,500 including spaces.)*

## 2. PHER Phase III Progress Report

Summary of PHER Phases III activities completed or in process, activity outcome(s), and a summary of the impact or effectiveness of these PHER Phases III activities. This summary should include ALL funds previously awarded in Phase III to support mass vaccination planning and implementation, antiviral distribution/dispensing and administration, and community mitigation activities.

Instructions: For PHER Phase III activities (completed or in process), please provide the following information. (Please complete one template for each activity.)

<b>Activity #:</b>											
<b>Activity Description</b>											
<p><b>a. Activity Name:</b> A brief name to identify the activity. (Text Area; Character Limit: 250 including spaces.)</p>											
<p><b>b. PHER Capability: Capabilities this project serves to support pandemic influenza response. (Select all that apply)</b></p> <p><b>Instructions: The following PHER capabilities are no longer applicable per the new supplemental guidance and should NOT be selected:</b></p> <p style="padding-left: 40px;">Section 8 - Influenza Diagnostic Laboratory Testing Section 9 - Influenza Epidemiology and Surveillance</p> <p>(Dropdown List; Multi-select)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Section 1 - Mass Vaccination Planning  <input type="checkbox"/> Section 2 - Vaccine Distribution  <input type="checkbox"/> Section 3 - Vaccine Administration  <input type="checkbox"/> Section 4 - Doses Administered and Safety Monitoring  <input type="checkbox"/> Section 5 - Countermeasure Delivery         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Section 6 - Community Mitigation Measures  <input type="checkbox"/> Section 7 - Emergency and Risk Communication  <input type="checkbox"/> Section 8 - Influenza Diagnostic Laboratory Testing  <input type="checkbox"/> Section 9 - Influenza Epidemiology and Surveillance  <input type="checkbox"/> Other H1N1 Preparedness Activities         </td> </tr> </table>		<input type="checkbox"/> Section 1 - Mass Vaccination Planning <input type="checkbox"/> Section 2 - Vaccine Distribution <input type="checkbox"/> Section 3 - Vaccine Administration <input type="checkbox"/> Section 4 - Doses Administered and Safety Monitoring <input type="checkbox"/> Section 5 - Countermeasure Delivery	<input type="checkbox"/> Section 6 - Community Mitigation Measures <input type="checkbox"/> Section 7 - Emergency and Risk Communication <input type="checkbox"/> Section 8 - Influenza Diagnostic Laboratory Testing <input type="checkbox"/> Section 9 - Influenza Epidemiology and Surveillance <input type="checkbox"/> Other H1N1 Preparedness Activities								
<input type="checkbox"/> Section 1 - Mass Vaccination Planning <input type="checkbox"/> Section 2 - Vaccine Distribution <input type="checkbox"/> Section 3 - Vaccine Administration <input type="checkbox"/> Section 4 - Doses Administered and Safety Monitoring <input type="checkbox"/> Section 5 - Countermeasure Delivery	<input type="checkbox"/> Section 6 - Community Mitigation Measures <input type="checkbox"/> Section 7 - Emergency and Risk Communication <input type="checkbox"/> Section 8 - Influenza Diagnostic Laboratory Testing <input type="checkbox"/> Section 9 - Influenza Epidemiology and Surveillance <input type="checkbox"/> Other H1N1 Preparedness Activities										
<p><b>c. Description of Activity: A brief description of the activity.</b> (Text Area; Character Limit: 3,500 including spaces.)</p>											
<p><b>d. Funding Allocated: The amount of funding allocated to the activity</b> (Numerical fields; range between 0 – 999,999,999,999, whole numbers only.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">d.i. Total Funding Allocated for this Activity at State Level To Date:</td> <td style="width: 30%;"></td> </tr> <tr> <td>d.ii. Total Funding Allocated for this Activity at Local Level To Date:</td> <td></td> </tr> <tr> <td>d.iii. Total Funding Allocated for this Activity To Date: (Click to Calculate)</td> <td></td> </tr> <tr> <td>d.iv. Total Funding Obligated for this Activity at State Level To Date:</td> <td></td> </tr> <tr> <td>d.v. Total Funding Obligated for this Activity at Local Level To Date:</td> <td></td> </tr> </table>		d.i. Total Funding Allocated for this Activity at State Level To Date:		d.ii. Total Funding Allocated for this Activity at Local Level To Date:		d.iii. Total Funding Allocated for this Activity To Date: (Click to Calculate)		d.iv. Total Funding Obligated for this Activity at State Level To Date:		d.v. Total Funding Obligated for this Activity at Local Level To Date:	
d.i. Total Funding Allocated for this Activity at State Level To Date:											
d.ii. Total Funding Allocated for this Activity at Local Level To Date:											
d.iii. Total Funding Allocated for this Activity To Date: (Click to Calculate)											
d.iv. Total Funding Obligated for this Activity at State Level To Date:											
d.v. Total Funding Obligated for this Activity at Local Level To Date:											

d.vi. Total Funding Obligated for this Activity To Date: (Click to Calculate)	
d.vii. Total Funding Expended/Liquidated for this Activity at State Level To Date:	
d.viii. Total Funding Expended/Liquidated for this Activity at Local Level To Date:	
d.ix. Total Funding Expended/Liquidated for this Activity To Date: (Click to Calculate)	
d.x. Additional funding Needed at State Level:	
d.xi. Additional funding Needed at Local Level:	
d.xii. Total Additional Funding Needed: (Click to Calculate)	
<b>Progress Update</b>	
To choose "Cannot be Completed With Existing Funding (Each of these activities should be included in the Justification of Need for PHER Phase IV Funds section below.)" below, you must ensure that 2.d.xii above is greater than 0.	
<b>e. Status of Activity:</b> (Dropdown List; Single-select)	
<input type="checkbox"/> Completed <input type="checkbox"/> To Be Completed <input type="checkbox"/> Cannot Be Completed With Existing Funding (Each of these activities should be included in the Justification of Need for PHER Phase IV Funds section below.) <input type="checkbox"/> Discontinued	
<b>f. Update: Describe your progress to date, making sure to include the expected completion date, expected date that funding will be expended/liquidated, as well as quantifiable accomplishments and impacts.</b> (Text Area; Character Limit: 3,500 including spaces.)	
<b>g. Barriers: Describe barriers you have overcome and/or those yet to be addressed and request assistance where needed.</b> (Text Area; Character Limit: 3,500 including spaces.)	

<b>3. Activity Outcomes</b>	
<ul style="list-style-type: none"> <li>• Number of persons vaccinated or to be vaccinated by category during PHER Phase III</li> <li>• Number of persons to be vaccinated during PHER Phase IV</li> </ul>	
<b>Instructions: Report each person only once.</b>	
(Numerical fields; range between 0 - 99,999,999, whole numbers only.)	
<b>a. ACIP group - Pregnant women</b>	
a.i. PHER Phase III: Number vaccinated:	
a.ii. PHER Phase III: Number remaining to be vaccinated:	
a.iii. PHER Phase IV: Number to be vaccinated:	

a.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>b. ACIP group – Household contacts and caregivers for children younger than 6 months of age</b>	
b.i. PHER Phase III: Number vaccinated:	
b.ii. PHER Phase III: Number remaining to be vaccinated:	
b.iii. PHER Phase IV: Number to be vaccinated:	
b.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>c. ACIP group – Health-care and emergency medical services personnel</b>	
c.i. PHER Phase III: Number vaccinated:	
c.ii. PHER Phases III: Number remaining to be vaccinated:	
c.iii. PHER Phase IV: Number to be vaccinated:	
c.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>d. ACIP group - All people from 6 months through 24 years of age</b>	
d.i. PHER Phase III: Number vaccinated:	
d.ii. PHER Phase III: Number remaining to be vaccinated:	
d.iii. PHER Phase IV: Number to be vaccinated:	
d.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>e. ACIP group - Persons ages 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza</b>	
e.i. PHER Phase III: Number vaccinated:	
e.ii. PHER Phase III: Number remaining to be vaccinated:	
e.iii. PHER Phase IV: Number to be vaccinated:	
e.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>f. Racial and ethnic minority populations - American Indian and Alaska Native</b>	
f.i. PHER Phase III: Number vaccinated:	
f.ii. PHER Phase III: Number remaining to be vaccinated:	
f.iii. PHER Phase IV: Number to be vaccinated:	
f.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>g. Racial and ethnic minority populations - Asian</b>	
g.i. PHER Phase III: Number vaccinated:	
g.ii. PHER Phase III: Number remaining to be vaccinated:	

g.iii. PHER Phase IV: Number to be vaccinated:	
g.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>h. Racial and ethnic minority populations - black or African American</b>	
h.i. PHER Phase III: Number vaccinated:	
h.ii. PHER Phase III: Number remaining to be vaccinated:	
h.iii. PHER Phase IV: Number to be vaccinated:	
h.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>i. Racial and ethnic minority populations - Hispanic or Latino</b>	
i.i. PHER Phase III: Number vaccinated:	
i.ii. PHER Phase III: Number remaining to be vaccinated:	
i.iii. PHER Phase IV: Number to be vaccinated:	
i.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>j. Racial and ethnic minority populations - Native Hawaiian and Other Pacific Islander</b>	
j.i. PHER Phase III: Number vaccinated:	
j.ii. PHER Phase III: Number remaining to be vaccinated:	
j.iii. PHER Phase IV: Number to be vaccinated:	
j.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>k. Hard-to-reach populations</b>	
k.i. PHER Phase III: Number vaccinated:	
k.ii. PHER Phase III: Number remaining to be vaccinated:	
k.iii. PHER Phase IV: Number to be vaccinated:	
k.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>l. Groups that may be disproportionately impacted by the H1N1 population</b>	
l.i. PHER Phase III: Number vaccinated:	
l.ii. PHER Phase III: Number remaining to be vaccinated:	
l.iii. PHER Phase IV: Number to be vaccinated:	
l.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>m. Groups at high risk for lower vaccination rates</b>	
m.i. PHER Phases III: Number vaccinated:	
m.ii. PHER Phase III: Number remaining to be vaccinated:	

m.iii. PHER Phase IV: Number to be vaccinated:	
m.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>n. Vulnerable/special populations</b>	
n.i. PHER Phase III: Number vaccinated:	
n.ii. PHER Phase III: Number remaining to be vaccinated:	
n.iii. PHER Phase IV: Number to be vaccinated:	
n.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>o. Adults with chronic conditions</b>	
o.i. PHER Phase III: Number vaccinated:	
o.ii. PHER Phase III: Number remaining to be vaccinated:	
o.iii. PHER Phase IV: Number to be vaccinated:	
o.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>p. General population not included in the groups listed above</b>	
p.i. PHER Phase III: Number vaccinated:	
p.ii. PHER Phase III: Number remaining to be vaccinated:	
p.iii. PHER Phase IV: Number to be vaccinated:	
p.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	
<b>q. Totals</b>	
q.i. Total number vaccinated with PHER Phase III: (Calculate)	
q.ii. Total number remaining to be vaccinated with PHER Phase III: (Calculate)	
q.iii. Total PHER Phase IV number to be vaccinated: (Calculate)	
q.iv. Total number to be vaccinated with PHER Phases III and IV: (Calculate)	

**4. Estimated date when PHER Phase III funds will be 100% obligated and 100% expended/liquidated as defined in the supplemental guidance.**

*(Calendar/Date field)*

a. 100% obligated: (MM/DD/YYYY)	
b. 100% expended/liquidated: (MM/DD/YYYY)	

**5. Justification of Need for PHER Phase IV Funds**

List of additional vaccination-related activities that cannot be continued or completed without additional funding, including a justification describing the need for additional funding to conduct the vaccination campaign through spring 2010.

**Instructions: For each continued or new activity, provide the following information. (Please complete one template for each proposed activity.)**

<b>Activity #:</b>	
<b>a. Type of Activity:</b> (Single select)	
<input type="checkbox"/> Continued <input type="checkbox"/> New	
<b>b. Activity Name: A brief name to identify the activity.</b> (Text Area; Character Limit: 250 including spaces.)	
<b>c. PHER Capability: Capabilities this project serves to support pandemic influenza response. (Select all that apply)</b>	
<b>Instructions: The following PHER capability is no longer applicable per the new supplemental guidance and should NOT be selected:</b>	
Section 5 – Countermeasure Delivery	
<i>(Dropdown List; Multi-select)</i>	
<input type="checkbox"/> Section 1 - Mass Vaccination Planning	<input type="checkbox"/> Section 4 - Doses Administered and Safety Monitoring
<input type="checkbox"/> Section 2 - Vaccine Distribution	<input type="checkbox"/> Section 5 - Countermeasure Delivery
<input type="checkbox"/> Section 3 - Vaccine Administration	<input type="checkbox"/> Section 7 - Emergency and Risk Communication
<b>d. Description of Activity: A brief description of the activity.</b> (Text Area; Character Limit: 3,500 including spaces.)	
<b>e. Amount of Additional Funding Needed: proposed funding should be reflected in Budget template.</b> (Numerical fields; range between 0 – 999,999,999,999, whole numbers only.)	
e.i. Needed at State Level:	
e.ii. Needed at Local Level:	
e.iii. Total Needed: (Calculate)	
<b>f. Justification for the need for additional funding to conduct the activity through spring 2010. Please include the expected date of completion, expected date that funding will be expended/liquidated and quantifiable outputs expected from this activity.</b> (Text Area; Character Limit: 3,500 including spaces.)	

### Appendix 3 Work Plan

The following template can be used for collection of the data required for the work plan section of the Public Health Emergency Response (PHER) Grant Phase IV Funding Application module.

<b>Themes:</b> Cross-cutting areas that this project serves. <i>(Dropdown List; Multi-select)</i>	
<i>(Select up to 3 items that apply)</i>	
<input type="checkbox"/> At-risk Populations/Vulnerable Populations <input type="checkbox"/> Emergency Operation Centers <input type="checkbox"/> Evaluation <input type="checkbox"/> IT: Enhancement/Development <input type="checkbox"/> IT: Steady State/Maintenance	<input type="checkbox"/> <b>Surveillance</b> <input type="checkbox"/> Tribal <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Other, please specify:
<b>Themes (Other):</b> Specify themes not listed in the dropdown list. <i>(Text Area; Character Limit: 750 including spaces.)</i>	
<b>PHER Capability:</b> Capabilities that this project serves to support pandemic influenza response <i>(Dropdown List; Multi-select)</i>	

Appendix 4  
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>
9	Arizona	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
6	Arkansas	Clint Matthews	404-639-7638	<a href="mailto:div8@cdc.gov">div8@cdc.gov</a>
9	California	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
5	Chicago	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
8	Colorado	Terence Sutphin	404-639-7441	<a href="mailto:tus9@cdc.gov">tus9@cdc.gov</a>
1	Connecticut	Thelma Williams	404-639-7305	<a href="mailto:tdw6@cdc.gov">tdw6@cdc.gov</a>
3	Delaware	Trevia Brooks	404-639-7613	<a href="mailto:tnb9@cdc.gov">tnb9@cdc.gov</a>
3	District of Columbia	Trevia Brooks	404-639-7613	<a href="mailto:tnb9@cdc.gov">tnb9@cdc.gov</a>
4	Florida	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
4	Georgia	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
10	Idaho	Andrea Davis,	404-639-7177	<a href="mailto:goa9@cdc.gov">goa9@cdc.gov</a>
5	Illinois	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
5	Indiana	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
7	Iowa	Terence Sutphin	404-639-7441	<a href="mailto:tus9@cdc.gov">tus9@cdc.gov</a>
7	Kansas	Terence Sutphin	404-639-7441	<a href="mailto:tus9@cdc.gov">tus9@cdc.gov</a>
4	Kentucky	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
9	Los Angeles	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
6	Louisiana	Clint Matthews	404-639-7638	<a href="mailto:div8@cdc.gov">div8@cdc.gov</a>
1	Maine	Thelma Williams	404-639-7305	<a href="mailto:tdw6@cdc.gov">tdw6@cdc.gov</a>
3	Maryland	Trevia Brooks	404-639-7613	<a href="mailto:tnb9@cdc.gov">tnb9@cdc.gov</a>
1	Massachusetts	Thelma Williams	404-639-7305	<a href="mailto:tdw6@cdc.gov">tdw6@cdc.gov</a>
5	Michigan	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
5	Minnesota	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
4	Mississippi	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
7	Missouri	Terence Sutphin	404-639-7441	<a href="mailto:tus9@cdc.gov">tus9@cdc.gov</a>
8	Montana	Greg Smith	404-639-7703	<a href="mailto:gqs0@cdc.gov">gqs0@cdc.gov</a>
7	Nebraska	Terence Sutphin	404-639-7441	<a href="mailto:tus9@cdc.gov">tus9@cdc.gov</a>
9	Nevada	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
1	New Hampshire	Thelma Williams	404-639-7305	<a href="mailto:tdw6@cdc.gov">tdw6@cdc.gov</a>
2	New Jersey	Keesler King	404-639-7423	<a href="mailto:knk8@cdc.gov">knk8@cdc.gov</a>
6	New Mexico	Clint Matthews	404-639-7638	<a href="mailto:div8@cdc.gov">div8@cdc.gov</a>
2	New York City	Keesler King	404-639-7423	<a href="mailto:knk8@cdc.gov">knk8@cdc.gov</a>
2	New York State	Keesler King	404-639-7423	<a href="mailto:knk8@cdc.gov">knk8@cdc.gov</a>
4	North Carolina	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
8	North Dakota	Greg Smith	404-639-7703	<a href="mailto:gqs0@cdc.gov">gqs0@cdc.gov</a>
5	Ohio	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
6	Oklahoma	Clint Matthews	404-639-7638	<a href="mailto:div8@cdc.gov">div8@cdc.gov</a>
10	Oregon	Andrea Davis,	404-639-7177	<a href="mailto:goa9@cdc.gov">goa9@cdc.gov</a>
3	Pennsylvania	Trevia Brooks	404-639-7613	<a href="mailto:tnb9@cdc.gov">tnb9@cdc.gov</a>

<b>HHS Region</b>	<b>Awardee</b>	<b>Project Officer</b>	<b>Telephone</b>	<b>Email</b>
2	Puerto Rico	Keesler King	404-639-7423	<a href="mailto:knk8@cdc.gov">knk8@cdc.gov</a>
1	Rhode Island	Thelma Williams	404-639-7305	<a href="mailto:tdw6@cdc.gov">tdw6@cdc.gov</a>
4	South Carolina	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
8	South Dakota	Greg Smith	404-639-7703	<a href="mailto:gqs0@cdc.gov">gqs0@cdc.gov</a>
4	Tennessee	Mark Green	404-639-7268	<a href="mailto:mlg5@cdc.gov">mlg5@cdc.gov</a>
6	Texas	Clint Matthews	404-639-7638	<a href="mailto:div8@cdc.gov">div8@cdc.gov</a>
8	Utah	Greg Smith	404-639-7703	<a href="mailto:gqs0@cdc.gov">gqs0@cdc.gov</a>
1	Vermont	Thelma Williams	404-639-7305	<a href="mailto:tdw6@cdc.gov">tdw6@cdc.gov</a>
2	Virgin Islands	Keesler King	404-639-7423	<a href="mailto:knk8@cdc.gov">knk8@cdc.gov</a>
3	Virginia	Trevia Brooks	404-639-7613	<a href="mailto:tnb9@cdc.gov">tnb9@cdc.gov</a>
10	Washington	Andrea Davis,	404-639-7177	<a href="mailto:goa9@cdc.gov">goa9@cdc.gov</a>
3	West Virginia	Trevia Brooks	404-639-7613	<a href="mailto:tnb9@cdc.gov">tnb9@cdc.gov</a>
5	Wisconsin	Terrance Jones	404-639-7047	<a href="mailto:tcj9@cdc.gov">tcj9@cdc.gov</a>
8	Wyoming	Greg Smith	404-639-7703	<a href="mailto:gqs0@cdc.gov">gqs0@cdc.gov</a>
	<b>Pacific Islands</b>			
9	Palau	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
9	CNMI	Janice McMichael	404-639-7943	<a href="mailto:jrm6@cdc.gov">jrm6@cdc.gov</a>
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 5  
Procurement and Grants Office Grants Management Specialists

<b>Grant #</b>	<b>Awardee</b>	<b>Specialist</b>
000325	Illinois	Angela Webb
000376	Ohio	Phone: (770) 488-2784
000379	Chicago	Email: <a href="mailto:aqw6@cdc.gov">aqw6@cdc.gov</a>
000353	Michigan	
000339	Indiana	
000362	Texas	
000368	Louisiana	
000350	Los Angeles	
000330	Hawaii	
000332	California	
000328	Alaska	Glynnis Taylor
000345	Oregon	Phone: (770) 488-2752
000369	Washington	Email: <a href="mailto:gld1@cdc.gov">gld1@cdc.gov</a>
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	

000382	Rhode Island	Kaleema McLean
000340	Delaware	Phone: (770) 488-2742
000349	Tennessee	Email: <a href="mailto:fya3@cdc.gov">fya3@cdc.gov</a>
000348	Minnesota	
000343	Vermont	Pamela Baker
000341	Maine	Phone: (770) 488-2689
000375	New Hampshire	Email: <a href="mailto:fxz7@cdc.gov">fxz7@cdc.gov</a>
000372	New Jersey	
000356	West Virginia	
000359	Virginia	
000327	Maryland	
000363	Wisconsin	
000335	Arkansas	
000329	Oklahoma	
000364	New Mexico	
000367	Connecticut	Sharon Robertson
000378	Massachusetts	Phone: (770) 488-2748
000347	New York State	Email: <a href="mailto:sqr2@cdc.gov">sqr2@cdc.gov</a>
000385	New York City	
000371	Virgin Islands	
000370	Puerto Rico	
000373	District of Columbia	
000361	Pennsylvania	
000357	North Carolina	
000351	Florida	
000384	Georgia	