

ELC Enhancing Detection Expansion

Questions & Answers

As of March 15, 2021

All questions are hyperlinked to their respective answers below; click on a question to be brought to its answer. Click on 'ELC Enhancing Detection Expansion' at the bottom of each page to be brought back to the start of the document. Appendices available at the end which include allowable expense comparisons between ELC Enhancing Detection Expansion and Immunization VFC Supplemental Funding.

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14. Am I required to have prior approval (redirection/contract approval) before I can use the funds that were placed in the "Other" cost category of my ELC ED Expansion Notice of Award (NOA) for COVID-19 response activities?
15. The Notice of Award for ELC ED Expansion has a budget period from August 1, 2020, to July 31, 2023; does this mean that contracts and other acquisitions using ELC ED Expansion funds cannot go past July 31, 2021?
16. How does expanded authority work for the supplemental COVID-19 funds?
17. May social services be supported with ED Expansion funds?
18. Can ELC ED Expansion funding be used to purchase vehicles, including mobile testing vans?
19. Can ELC ED Expansion funding be used for renovations and minor construction costs?
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22. Are recipients able to start spending funds, before revised budgets are approved?
23. Now that workplans are being combined into ED Expansion for ELC CARES and Enhancing Detection, will financial reporting be bundled as well?

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24. If the health department has previously reached the personnel/hiring cap in their jurisdiction, should this be addressed or acknowledged in the budget?

ELC Enhancing Detection Expansion Testing & Testing Plan Template:

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26. What level of continued federal support can recipients expect for laboratory testing (e.g., provision of specimen collection and testing kits) as the COVID-19 response evolves?
27. Is the laboratory test order and reporting activity required?

Advance Electronic Data Exchange at Public Health Labs:

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33. Can CDC provide additional clarity on what specific activities under “Improve Surveillance and Reporting of Electronic Health Data” are considered to “enable comprehensive, automated, daily reporting to the CDC and others in a machine-readable format”?

Activities:

34. Could you elaborate on what activities are allowable under contact tracing?
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36. If ED Expansion is a copy of ED in REDCap, do we still report milestones and progress updates for ED?

Coordinate and Engage with Partners:

37. If a jurisdiction is largely de-centralized, to what extent is the State Health Department expected to partner at the local level?
38. What are examples of partners to consider funding when addressing health equity needs?

Other projects:

39. We attended the webinar presented by the United States Digital Service (USDS) and are interested in participating. Can the ELC facilitate this?
40. For ELC COVID performance measures, where are measures E23, E24 and E25 located in the REDCap portal?

Appendices

A: Basic Comparison & Examples of Allowable

B: Costs Allowable Expenses At-A-Glance

ELC Enhancing Detection Expansion Answers

Budget & Expenses:

1. Is there a budget template?
 - Yes, the ELC budget workbook (Excel) was provided in a Grant Note in GrantSolutions (GMM). You can also contact your ELC Project Officer. Recipients must complete the budget revision using the Excel budget workbook and adhere to the CDC guidelines (<https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf>). The revised budget must then be sent back to CDC through a budget revision amendment in GrantSolutions, along with a cover letter signed by the Authorized Organizational Representative (AOR) of record in GrantSolutions.
2. What are examples of some costs not allowed in Enhancing Detection (ED) Expansion?
 - Research, lobbying, and clinical care (except as may be allowed by law) cannot be supported with funds awarded under ELC Enhancing Detection (ED) Expansion. However, all questions should be submitted as a Grant Note in GMM for review by your Grants Management Specialist (GMS) at CDC's Office of Grant Services (OGS) and your ELC Project Officer.
3. Can we use the funds to pay for activities done in months before the grant was awarded?
 - Legislative language was not included in this appropriation to permit retroactive charges; therefore, only costs associated with activities from time of award issuance are allowable.
4. Can funding be used to support providers with Electronic Laboratory Reporting (ELR) or telemedicine technology to enhance testing?
 - Certain costs not associated with the delivery of clinical care may be allowable. Please email your ELC Project Officer for a more individualized consult to discuss the specifics of your situation.
5. Can funding be used to purchase vaccines?
 - Per OGS, the purchase of vaccines is not permissible using ED Expansion funds. However, certain vaccine related costs may be allowable using ED Expansion funds. This includes storage and administration costs (i.e., injection cost if not covered in question #12). Recipients are encouraged to coordinate with PHEP and Immunization partners within the jurisdiction to effectively plan necessary activities and optimize use of resources.
6. When submitting a revised budget as an amendment, do you have to submit other forms?
 - The following must be part of the submission:
 - i. The workplan completed in REDCap (and exported as a PDF);
 - ii. The revised ELC budget workbook, using the Excel workbook provided at the time of award issuance;
 - iii. A cover letter which is on agency/recipient stationary and signed by the Authorizing Official of record in GrantSolutions;
 - iv. The State Testing and Case Investigation & Contact Tracing Plan completed in REDCap (and exported as a PDF); and
 - v. The ELC Governance Team support letter.
7. Can resources be used for quarantine/isolation-related costs?
 - Costs associated with quarantine and isolation may be allowable as they relate to one or more activities in the workplan. For example, resources necessary to support testing and monitoring of individuals traveling from high-risk areas (within or outside of the U.S.) may be allowable and within scope of this project (this includes wrap-around services). Resources necessary for quarantine under a legal order (hotel, wraparound services, etc.) may also be allowable; recipients should simply tie these requests to their ELC workplan. ELC Project Officers should be contacted to discuss the specifics of such a request.
8. When setting up and operating pop-up testing sites, what types of expenses are allowable through ED Expansion?
 - Most costs associated with setting up and operating alternate testing sites are allowable under ED Expansion if the workplan reflects these sites in one or more of the activities. Please see question #12 for additional details pertaining to insurance.

9. If a recipient's partners and community providers meet the testing goal and need to provide additional supplies/resources for expanded testing, what costs are allowable through ELC Enhancing Detection Expansion?
 - Most costs, in particular supplies and resources, are allowable so long as they relate to one or more of the activities in the workplan. However, testing costs, even for the uninsured would not be allowable when any/all of the associated costs are being reimbursed in any fashion. Please see question #12 for additional details pertaining to insurance.
10. Are funds intended to support activities for the duration of the 30-month period? For example, if a jurisdiction liquidates all their funds prior to the end of the 30 months, are they still required to continue activities in the guidance until the end of the 30 months?
 - The expected timeframe for completion of all required activities under ELC ED Expansion is 30 ½ months. It is possible that certain activities may be completed in a shorter period (e.g., 24 months); however, the overall project period is 30 ½ months to allow sufficient time to conduct the range of activities. As this award builds on the ELC ED award, it is important to gauge progress based on the achievement of the required expansion of activities, not the spending of funds. Expenditures that are not aligned with the commensurate level of completion of the approved activities will be scrutinized. Should it be found that resources were not utilized in the manner consistent with grant regulations, the award terms and conditions and/or approved work plans and budget submissions, the jurisdiction may be found to be noncompliant and could be required to reimburse the federal government. Additionally, as indicated in the Guidance associated with this award (<https://www.cdc.gov/ncezid/dpei/elc/resources.html>), if required tasks and activities in the Guidance are not addressed, funds may be restricted in the Payment Management System (PMS). It is highly recommended that recipients continue to engage their ELC Project Officer and the OGS GMS as funds are activities are undertaken and funds are expended to ensure appropriate progress during the ED Expansion project period.
11. If a jurisdiction liquidates most or all funds towards supporting a few activities in the workplan, are they still required to complete the remaining activities?
 - The ELC ED Expansion Guidance sets out the required activities in furtherance of the purpose and use of the funds and the award. Budgets should align to the workplans and are intended to support the breadth of all required activities.
12. Can ELC ED Expansion funds be used to cover the costs of COVID-19 testing?
 - Yes, COVID-19 testing can be covered using ELC Enhancing Detection Expansion funds in the following ways:
 - i. Uninsured: ELC Enhancing Detection Expansion funds can cover costs associated with COVID-19 testing for the uninsured.
 - ii. Unable to bill: ELC Enhancing Detection Expansion funds can cover costs associated with COVID-19 testing when billing is not feasible. While not an exhaustive list, some examples are the following: mobile testing sites; non-traditional testing sites; state/local laboratories not having the authority or ability to bill insurance; etc.
 - iii. Billing serves as a real or perceived barrier to timely test delivery: ELC Enhancing Detection Expansion funds can cover costs associated with COVID-19 testing when establishing billing services (directly or through a contractual agreement) would delay testing and/or reduce the jurisdiction's ability to rapidly increase testing capacity to meet needs.
 - iv. Payor of last resort when billing insurance: In situations where COVID-19 testing is billed to insurance and is either not covered or partially covered by a third-party payor (e.g., private insurance, CMS, etc.), after the claim is rejected or partial reimbursement occurs, the outstanding balance can be covered by ELC Enhancing Detection Expansion funds.
13. When reporting the monthly expenses in the REDCap Financial Reporting page, what are 'unliquidated obligations' and how do they differ from expenses?
 - The funds awarded fall into one of three categories:
 - i. Unobligated: Funds in a budget or spend plan that are available for use, but not yet encumbered or committed.

- ii. Unliquidated obligations (ULOs): Funds that have been encumbered/committed but have not yet been paid out. Examples include: (1) executing a \$100K contract and having to pay 10% upfront would result in \$10K in 'expenditures' and \$90K in 'unliquidated obligations'; (2) using a purchase order to acquire a piece of equipment for \$50K would result in \$50K in 'unliquidated obligations' until the equipment is delivered, the agency is invoiced, and the invoiced is paid.
 - iii. Expenditures: Funds that have been drawn down from the account and paid out.
- Note: It is important to remember that once an unliquidated obligation is paid, the following monthly reporting should transfer the amount paid from 'unliquidated obligations' to 'expenditures' as the obligation has now been liquidated.
14. Am I required to have prior approval (redirection/contract approval) before I can use the funds that were placed in the "Other" cost category of my ELC ED Expansion Notice of Award (NOA) for COVID-19 response activities?
- All awarded funds were placed in the 'Other' cost category as an initial means to obligate and award funding. This action allowed CDC to expedite your award and facilitate your emergency response. Based on the emergency, you have been authorized to use these funds consistent with the issued Guidance and terms of the award set out therein, including entering into contracts as required to address the needs of COVID-19. Please ensure that such funds are expended in accordance with your organization's policies and procedures and are reasonable, allocable, allowable, and necessary as per 2 CFR Part 200 and 45 CFR Part 75. All costs must also be reflected in the budget and workplan you are preparing for submission by March 18, 2021. You are not required to wait until your budget is submitted and approved to execute any needed contracts or other obligations. We do however require that this information is incorporated in the budget and that the contract(s) are in alignment with the issued CDC Guidance, applicable terms and conditions, and your internal procurement policies. This ability to use the funds prior to the budget submission and approval is an exception that applies solely to COVID-19 awards within ELC.
15. The Notice of Award for ELC ED Expansion has a budget period from August 1, 2020, to July 31, 2023; does this mean that contracts and other acquisitions using ELC ED Expansion funds cannot go past July 31, 2021?
- The ELC ED Expansion awards were issued in ELC Budget Period 2. There was specific guidance in the Terms and Conditions of the Notice of Award that provided an extended fiscal period (i.e., extending past the end of the budget period in which funds were awarded) for these special COVID-19 funds. The 30 ½ -month fiscal period for the ELC Enhancing Detection Expansion awards means that contracts can extend past the July 31, 2021, end of Budget Period 2, by exercising option years. Additionally, other costs (e.g., purchasing equipment, supplies, etc.) can also occur after July 31, 2021, in accordance with the terms and conditions of this award.
16. How does expanded authority work for the supplemental COVID-19 funds?
- Unlike funding in ELC (base) core awards, the supplemental ELC ED Expansion COVID-19 awards are issued with an expanded budget period; therefore, expanded authority is not needed to extend use of COVID supplemental funds from one ELC budget period to the next.
 - During the regular ELC budget period closeout (i.e., October 30), when submitting the annual FFRs, one FFR will need to be submitted for each document number that ELC awards were made on. The special COVID-19 document numbers will be reported on separate FFRs from the (base) core ELC award for Budget Periods 1 & 2. For base (core) funding only, whatever funds remain unobligated at time of submitting the annual FFR should be noted in Section #12 along with the intended use of Expanded Authority.
 - Given the ELC ED Expansion award has an extended fiscal period, the account will continue to be active in the Payment Management System (PMS) and can have funds drawn down to cover expenses through the end of the ED Expansion award budget period.
17. May social services be supported with ED Expansion funds?
- Social services that are critical to facilitating the detection, prevention, and control of COVID-19 may be allowable. For example, those services that help facilitate compliance with isolation and quarantine and/or case investigation and contact tracing efforts may be allowable expenses and may be a part of recipient workplans (e.g., health educators, counselors, etc.). ELC Project Officers should be contacted to

discuss the specifics of such a request. Recipients are reminded that funds are to be expended in accordance with your organization's policies and procedures and are reasonable, allocable, allowable, and necessary as per 2 CFR Part 200 and 45 CFR Part 75.

18. Can ELC ED Expansion funding be used to purchase vehicles, including mobile testing vans?
- Yes, but recipients must include three (3) quotes and/or a blanket purchasing agreement along with a justification for leasing/purchasing in the revised budgets that are due by March 18, 2021. For situations where the acquisition needs to occur before the revised NOA is issued, please submit the request and associated quotes in GrantSolutions via Grant Note. This information must also be included in the revised budget once submitted.
 - For redirecting funds to purchase vehicles, including mobile testing vans, that were not in the approved budgets, please work with your ELC Project Officer to submit a redirection request. The request will need to include a cost analysis between lease versus purchase options and quote. For mobile testing vans, due to the nature of having to customize the vehicle, it is understood that a lease versus purchase analysis might not be applicable.
19. Can ELC ED Expansion funding be used for renovations and minor construction costs?
- Yes, but recipients must include the quotes and justification for renovations and/or minor construction in the revised budgets that are due by March 18, 2021. For situations where the alterations need to occur before the revised NOA is issued, please submit the request and associated quotes in GrantSolutions via Grant Note.
 - For redirecting funds to conduct renovations and/or minor construction that were not in the approved budgets, please work with your ELC Project Officer to submit a redirection request. The request will need to include:
 - i. A description of the renovation or minor construction,
 - ii. The justification of how the renovations or minor construction will relate to activities in the approved workplan, and
 - iii. A quote or bid justifying the cost that is being requested in the redirection.
20. Can recipients request more than the recommended "1 program manager, 1 budget staff" in the budget?
- Yes, this is a minimum recommendation for basic management of this project. Recipients may also need to increase overall administrative staff support to accommodate the demands of managing their portfolio.
21. With this new funding opportunity, and the allowance of covering existing core staff's percent of work redirected to COVID-19 activities, what happens to our (base) core ELC funding?
- Recipients' (base) core dollars should be reserved for non-COVID programmatic activities. As numerous health department staff are working on COVID-19 currently, it is understandable if (base) core funding spending is lower than usual. These programmatic activities can be extended into Budget Period 3.
 - ELC staff who are typically supported through (base) core funding but are working all or a portion of their time on the COVID-19 response should have their associated personnel costs charged to the ELC CARES, ELC Enhancing Detection, and/or ELC ED Expansion COVID accounts as appropriate.
22. Are recipients able to start spending funds, before revised budgets are approved?
- Yes, funds are available for use now. In the interim (before revised budgets are accepted), make sure your expenses align with activities described in the ELC Guidance (<https://www.cdc.gov/ncezid/dpei/elc/resources.html>). Also, please see response to #14 above. Also, recipients are reminded that funds are to be expended in accordance with your organization's policies and procedures and are reasonable, allocable, allowable, and necessary as per 2 CFR Part 200 and 45 CFR Part 75.
23. Now that workplans are being combined into ED Expansion for ELC CARES and Enhancing Detection, will financial reporting be bundled as well?
- No, each COVID-19 supplemental award requires its own, monthly financial report due to the nature of being awarded on separate accounts in the Payment Management System (PMS) and the need to track and account for spending by each separate supplemental appropriation.

Workforce Capacity:

24. If the health department has previously reached the personnel/hiring cap in their jurisdiction, should this be addressed or acknowledged in the budget?
- Increased staffing (e.g., contractual, temporary, term staff, etc.) may be essential to achieve the targets and requirements of this award, but we understand expanding human resources in your jurisdictions may not be in your control. If you anticipate insurmountable challenges with hiring or starting new contracts, please let your ELC Project Officer know immediately. Direct assistance and technical assistance can be discussed on a case-by-case basis, and major challenges will also be proactively communicated to the Department of Health and Human Services (HHS).

ELC Enhancing Detection Expansion Testing & Testing Plan Template:

25. Can you confirm that the target coverage for our testing projections is 2% of population each month?
- Yes, and 2% is the minimum threshold as recommended by HHS/Office of the Assistant Secretary for Health (OASH).
26. What level of continued federal support can recipients expect for laboratory testing (e.g., provision of specimen collection and testing kits) as the COVID-19 response evolves?
- The ELC can only speak to the funding that CDC administers. Questions regarding the monthly allocations of Viral Transport Medium (VTM) and swabs should be directed to your regional HHS/OASH representative. Of note: the published Jurisdictional Testing Plans may be found at: <https://www.hhs.gov/coronavirus/testing-plans/index.html>. Any questions should be directed to your HHS/OASH representative.

Advance Electronic Data Exchange at Public Health Labs:

27. Can recipients accelerate previously on-going activities to improve laboratory informatics, for example, more rapid interfacing diagnostic equipment to improve the automation of reporting?
- Yes, ELC expects all funded jurisdictions will make measurable progress in improving the efficiency of laboratory management and operations, as well as improving the analytic capacity within the laboratory settings. This may include improving automation of reporting with increased test volumes to efficiently manage throughput and staffing, or new analytic capacity to better inform the jurisdictional response efforts.
28. Is the laboratory test order and reporting activity required?
- Yes, all activities included in the Guidance document (<https://www.cdc.gov/nceid/dpei/elc/resources.html>) should be considered required with the ELC ED Expansion award.
29. I cannot find the ED Expansion performance measures, where are they located?
- At the time the Guidance was published, the performance measures were not yet finalized. Recipients should anticipate their performance under the ED Expansion award will continue to be measured by and monitored as was done with the ELC Enhancing Detection award. Once changes are finalized for the ELC ED Expansion award, information will be shared via the ELC mailbox and a webinar will be held.
30. What elements are needed in the line level testing data reporting to CDC?
- This includes all RT-PCR, antigen, and antibody tests and results (positives, negatives, and indeterminants), patient demographics, as well as reporting, performing and ordering facilities. For more detailed guidance please refer to standard CSV file, which ELC will share.
 - Critical data elements should be the primary focus for lab data reporting to CDC for COVID-19:
 - i. Test ordered – use harmonized LOINC codes provided by CDC
 - ii. Device Identifier – use if LOINC codes do not indicate device/test kit
 - iii. Test result
 - iv. Test Result date
 - v. Accession #/Specimen ID
 - vi. Age (or DOB)
 - vii. Patient race

- viii. Patient ethnicity
 - ix. Patient gender
 - x. Patient residence zip code
 - xi. Patient residence county
 - xii. Ordering provider name and NPI or CLIA (as applicable)
 - xiii. Ordering provider zip
 - xiv. Performing Lab name and CLIA number, if known
 - xv. Performing Lab zip code
 - xvi. Specimen Source - use appropriate LOINC, SNOMED-CT, SPM4 codes, or equivalently detailed alternative codes
 - xvii. Date test ordered (date format)
 - xviii. Date specimen collected (date format)
 - “Ask On Order” questions that are highly desired are shown below. These are secondary in importance to the critical data elements above:
 - i. First test (Y/N/U)
 - ii. Employed in healthcare? (Y/N/U)
 - iii. Symptomatic? Y/N/U and then Date of Symptom Onset (mm/dd/yy)
 - iv. Hospitalized? (Y/N/U)
 - v. ICU? (Y/N/U)
 - vi. Resident in a long-term care facility (including skilled nursing facilities, nursing homes, long-term care for the developmentally disabled, and assisted living homes): (Y/N/U)
 - vii. Pregnant? (Y/N/U)
31. Will these expectations for lab test reporting affect current reporting feeds from labs to health departments? If the state feed changes, does the originating reporting feed at the lab have to change?
- It is possible reporting fields or feeds will be expanded to accommodate for this reporting, but please defer to your local and state health department guidance. It should result in laboratories collecting and sending more complete data, though laboratories should continue to report the most complete data they have to their jurisdictional health departments. States should include the more complete data they receive to CDC. Any changes with reporting to CDC will be handled and managed through the epidemiology and informatics sections of your health departments.
32. Our jurisdiction is having difficulty with ensuring all laboratories are reporting line-level test data (including negatives); how important is this element to our ELC activities?
- The public health response to COVID-19 depends on having comprehensive laboratory testing data - at scale, in near real-time, and including critical geographic and demographic information, to the fullest extent as feasible and with sufficient granularity. These data will contribute to understanding disease incidence and testing coverage and may contribute to the identification of testing issues and/or supply shortages. Additionally, the ELC has several performance measures that rely on the reporting of these data. The ELC has elected to reduce the burden placed on recipients by utilizing data sources and elements where states/jurisdictions are already reporting. Without the successful line-level test data reported (see: <https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>), the ELC would need to institute a separate reporting process for laboratory data.
33. Can CDC provide additional clarity on what specific activities under “Improve Surveillance and Reporting of Electronic Health Data” are considered to “enable comprehensive, automated, daily reporting to the CDC and others in a machine-readable format”?
- This suite of activities is intended to improve the health department’s access to and interoperability of many relevant data sources for visibility on the spread of disease and to increase the usefulness of all data sources. Health departments should be able to receive all data message types and have the systems, processing ability, and staffing to consume and analyze new feeds alongside existing data, such as: increased testing volumes from new sites, death registry reports, and ADT data feeds from emergency departments and urgent care clinics. Linked data should be accessible to local public health

(and the public, where possible), in a format that can be easily uploaded into commonly used analysis and visualization tools, such as ESRI, Tableau, and PowerBI.

Activities:

34. Could you elaborate on what activities are allowable under contact tracing?
- Activities allowable under contact tracing may include:
 - i. Temporary staff used for incremental tracing
 - ii. Public education/awareness campaign
 - iii. Contracted vendor for contact tracers and monitors
 - iv. Management and supervision of trainers, as well as the conducting of training
 - v. Data and software platforms needed to support the training programs
35. Are we able to obligate subcontracts before our revised budgets are submitted?
- Yes, you are able to grant subawards at this time, so long as the activity is undertaken consistent with the Guidance and the terms of the award. Please see response to #14 above.
36. If ED Expansion is a copy of ED in REDCap, do we still report milestones and progress updates for ED?
- We are in the midst of Quarter 2 workplan milestone progress reporting for ED. Once that ends, we will close the ED workplan monitoring portal. Starting with Quarter 3 reporting, the Community-based Surveillance, ELC CARES, and ELC Enhancing Detection workplan milestone progress reporting will cease. Recipients will only be required to report the workplan milestone progress for ELC ED Expansion as these activities cover the other prior COVID awards.

Coordinate and Engage with Partners:

37. If a jurisdiction is largely de-centralized, to what extent is the State Health Department expected to partner at the local level?
- CDC encourages State Health Departments to continue working collaboratively with city, county, and local health departments, and other partners (e.g., academic, regional organizations) to improve capacity for addressing gaps in addressing COVID-19 within their communities (e.g., testing, outbreak investigation, infection prevention and control (IPC) practices, etc.). Providing financial resources to local health departments is strongly encouraged, where possible, to build local public health capacity.
38. What are examples of partners to consider funding when addressing health equity needs?
- Examples of partners may include but are not limited to:
 - i. Tribal affiliates and community-based organizations colleges and universities
 - ii. Occupational health settings for large employers
 - iii. Churches or religious or faith-based institutions
 - iv. Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
 - v. Pharmacies
 - vi. Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
 - vii. Organizations and businesses that employ critical workforce
 - viii. First responder organizations
 - ix. Non-traditional providers and locations that serve high-risk populations
 - x. Other partners that serve underserved populations

Other Projects:

39. We attended the webinar presented by the United States Digital Service (USDS) and are interested in participating. Can the ELC facilitate this?
- The USDS webinar provided an overview of the three projects which will be piloted in interested jurisdictions to help with better, faster data to public health departments. The ELC is not directly involved with the projects or the decision-making process for pilot selection. It is ELC's understanding that any products developed through the pilots will be open source and available for all jurisdictions to

adopt. While you may utilize ELC resources to support a project, you will need to tie the project back to your workplan and ensure successful completion of all the required ELC Enhancing Detection Expansion activities. If you have any questions about USDS-CDC collaboration or any specific projects, please email USDS@cdc.gov.

40. For ELC COVID performance measures, where are measures E23, E24 and E25 located in the REDCap portal?
 - Measures E23, E24 and E25 are collected by the HAI/AR program via their performance measure REDCap site “HAI/AR Performance Measures 2019 - 2020 (BP1)”. Recipients will be notified directly by the HAI/AR program when these measures are available on REDCap.

Appendices

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ELC Enhancing Detection Expansion & Immunization CoAg COVID-19 Funding Supplementals

A: Basic Comparison & Examples of Allowable Costs

Please ensure that such funds are expended in accordance with your organization’s policies and procedures and are reasonable, allocable, allowable, and necessary as per 2 CFR Part 200 and 45 CFR Part 75.

All costs must alignment to the workplan and the impact to the overall ability to complete required activities.

	ELC Enhancing Detection (ED) Expansion	Immunization & VFC Cooperative Agreement
Purpose	Provide critical resources to state, local, & territorial health departments in support of a broad range of COVID- 19/SARS-CoV-2 testing & epidemiologic surveillance related activities. Activities intended to complement activities covered through other ELC COVID resources and explicitly expand upon those strategies and activities in ELC Enhancing Detection Expansion.	Provide resources to support and strengthen critical COVID-19 immunization planning and implementation requirements and activities to ensure effective and efficient vaccination in phases 1 (a, b, and c), 2, and 3 for state, local, and territorial awardees.
Funding appropriation	Coronavirus Response and Relief Act, 2020 (P.L. 116-260)	Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260)
Key Activities	All Activities are required: 1. Enhance Laboratory, Surveillance, Informatics, and other Workforce Capacity (5 Activities) 2. Strengthen Laboratory Testing (3 Activities) 3. Advance Electronic Data Exchange at Public Health Labs (1 Activity) 4. Improve Surveillance and Reporting of Electronic Health Data (6 Activities) 5. Use Laboratory Data to Enhance Investigation, Response, and Prevention (3 Activities) 6. Coordinate and Engage with Partners (2 Activities)	1. Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations 2. Ensure high-quality and safe administration of COVID-19 vaccines 3. Ensure equitable distribution and administration of COVID-19 vaccines 4. Increase vaccine confidence through education, outreach, and partnerships 5. Develop and implement community engagement strategies to promote COVID-19 vaccination efforts 6. Support high vaccination uptake in tribal nations 7. Use immunization information systems to support efficient COVID-19 vaccination
Amount	\$19.11 billion	\$3 billion
Previous COVID funding	Over \$11 billion and 15 projects represented. Of this, \$10.25 billion was for ELC Enhancing Detection—the guidance upon which ED Expansion builds	This is the 3rd IP19-1901 COVID supplement during budget year 2 (July 2020 - June 2021) and the 4th total IP19-1901 COVID supplement. In total between all the supplements, approximately \$3.48 billion in COVID funding has been awarded to the 64 immunization jurisdictions.
Funding period	1/15/2021 - 7/31/2023	7/1/2020 - 6/30/2024
Number of recipients	64	64
Funding strategy	PHEP formula (per legislation)	PHEP formula (per legislation)
Project director	Project Directors largely from Epi and Lab	Immunization and VFC CoAg Principal Investigator which is largely the immunization program manager

	ELC Enhancing Detection (ED) Expansion	Immunization & VFC Cooperative Agreement
Engagement with local health departments	While no formula exists for the advisable level of funding to local health departments (LHD), LHD needs should be reflected within budgets. Workplans should indicate how LHD engagement will take place to successfully complete the activities. Recipients should also be able to estimate the resources provided to LHDs for quarterly reporting and highlight any barriers to relaying this support.	Allowable and encouraged. LHD needs should be reflected within budgets. Workplans should indicate how LHD engagement will take place to successfully complete the activities. Recipients should also be able to estimate the resources provided to LHDs for quarterly reporting and highlight any barriers to relaying this support.
Mandate to support local health departments at a specified level	No, however, budgets and workplans should reflect how LHD needs will be addressed through these resources. Recipients should also be able to estimate the resources provided to LHDs for quarterly reporting and highlight any barriers to relaying this support.	No, however, LHD and partners work plans must include activities and deliverables to meet vaccination needs of their community.
Financial reporting	Monthly reporting via REDCap & GrantSolutions	Monthly reporting via REDCap & GrantSolutions
Progress on activities reporting	Quarterly reporting via REDCap. Includes updates to Jurisdictional Testing and Contact Tracing/Case Investigation plans	Quarterly through REDCap
Performance measure reporting	Quarterly, through REDCap, but reporting frequency may be adjusted	Quarterly, through REDCap, but reporting frequency may be adjusted
Reimbursement of allowable costs	Officially allowable but activities supported would largely fall upon award/post-award. Prior incurred costs would need to be associated with activities in the workplan. Charges not related to the workplan activities may result in the health department having to pay the money back.	Allowable
Restrictions	Research as defined by CDC, clinical care (except as may be allowed by law), purchasing vaccines, and major construction (e.g., new building, modification of more than 50% of structure, etc.) are not allowed. Renovations and minor construction (e.g., modification of less than 50% of structure, concrete slabs for modular labs/generators, etc.) are allowable.	Research as defined by CDC, clinical care (except as may be allowed by law), purchasing vaccines, and major construction (e.g., new building, modification of more than 50% of structure, etc.) are not allowed. Renovations and minor construction (e.g., modification of less than 50% of structure, concrete slabs for modular labs/generators, etc.) are allowable.
Vaccination Support	Resources to complement, but not duplicate, other CDC vaccine delivery efforts (e.g., those activities covered under CK19-1904). Costs can include infrastructure needs (e.g. staff, contractors, call centers, storage, space, etc.) that support testing as well as vaccination operations.	Resources to complement, but not duplicate, other CDC vaccine delivery efforts (e.g., those activities covered under IP19-1901). Costs can include infrastructure needs (e.g., staff, contractors, call centers, storage, space, etc.) that support testing as well as vaccination operations.

ELC Enhancing Detection Expansion & Immunization CoAg COVID-19 Funding Supplementals

B: Allowable Expenses At-A-Glance

Category	Expense	ELC Enhancing Detection Expansion	Immunization & VFC Cooperative Agreement
Personnel (term, temporary, students, overtime, contract staff, etc.)	Laboratorians	Yes	No
	Informaticians	Yes	Yes
	Epidemiologists	Yes	Yes
	Data Entry Clerks, managers/analysts	Yes	Yes
	Data Visualization Specialists	Yes	Yes
	Vaccine registry data manager	Case-by-case only. May be allowable if support is not available through the Immunization CoAg (IP19-1901)	Yes
	Health Communicators (including those specializing in risk comms.)	Yes	Yes
	Health Educators	Yes	Yes
	Management, budget, & administrative support	Yes	Yes
	Infection Prevention & control staff	Yes	Yes, may be allowable if the position is responsible for vaccine-related work
	Community Health Workers & organizations working with populations at higher risk for COVID-19	Yes	Yes
	Security staff (for personnel and clinic settings)	Yes	Yes
	Nurses or other staff used to administer vaccine	Case-by-case only. May be allowable if support is not available through the Immunization CoAg (IP19-1901)	Yes
	Equipment	Laboratory equipment & necessary maintenance contracts at PHL (includes state PHLs that are affiliated with clinical or academic institutions)	Yes

Category	Expense	ELC Enhancing Detection Expansion	Immunization & VFC Cooperative Agreement
Equipment	Laboratory equipment & necessary maintenance contracts at local or regional PHLs	Yes, to the extent that equipment is necessary to successfully complete the Activities listed in the guidance, resources (e.g. equipment) may be purchased. Disposition of these items, including any reporting on their location/condition, is the responsibility of the prime recipient of funds & must be in accordance with grant regulations and OGS policies.	Yes, to the extent that equipment is necessary to successfully complete the Activities listed in the guidance, resources (e.g. equipment) may be purchased. Disposition of these items, including any reporting on their location/condition, is the responsibility of the prime recipient of funds and must be in accordance with grant regulations and OGS policies. Equipment may include items such as vaccine storage units.
	General equipment (generators, freezers, computers)	Yes	Yes, may be allowable as they support COVID- 19 vaccine administration & reporting
	Vaccine storage equipment & necessary maintenance contracts	Case-by-case only. May be allowable if support is not available through the Immunization CoAg (IP19-1901)	Yes
	Hardware/software necessary for robust implementation of electronic laboratory & surveillance data exchange between recipient & other entities (e.g. healthcare entities, jurisdictional public health, & CDC)	Yes	Yes
	Hardware/software that may be used to assist with case investigation & contact tracing	Yes	No
	Equipment necessary to ensure safety of laboratory workers (e.g. BSCs, HVAC, etc.)	Yes	No
Supplies	Collection supplies, test kits, reagents, consumables & other necessary supplies for existing testing or onboarding new platforms	Yes	May be allowable if support is not available through the ELC CoAg.
	Collection supplies, test kits, reagents, consumables & other testing or onboarding new platforms at regional or local health departments	Yes	May be allowable if support is not available through the ELC CoAg.
	Ancillary supplies & consumables necessary to perform testing for SARS-CoV-2 within or outside of traditional PHL setting	Yes	May be allowable if support is not available through the ELC CoAg.
	PPE for laboratorians or other staff conducting sample collection or	Yes	May be allowable if support is not available through the ELC CoAg.

Category	Expense	ELC Enhancing Detection Expansion	Immunization & VFC Cooperative Agreement
Supplies	processing. Also includes PPE for general staff as needed & deemed necessary by the work conditions		
	PPE for use during vaccine	Case-by-case only. May be allowable if support is not available through the Immunization CoAg (IP19-1901)	Yes
Software	Software or systems to assist with laboratory resource management (e.g. software for inventory management, temperature notifications, etc.), quality management, biosafety, or training needs	Yes	Yes, as it applies to vaccine management and Immunization Information Systems
	Software/hardware necessary for robust implementation of electronic laboratory and surveillance data exchange between recipients and other entities, jurisdictional public health & CDC	Yes	Yes, as it applies to vaccine management and Immunization Information Systems
	Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, & evaluation of control measures to reduce the spread of disease (e.g. GIS software, visualization dashboards, cloud services, etc.)	Yes	Yes, as it applies to vaccine management and Immunization Information Systems
	Software or applications that allow for more efficient case investigation & contact tracing	Yes	No
	Software associated with vaccine registries or tracking of vaccine	Case-by-case only. May be allowable if support is not available through the Immunization CoAg (IP19-1901)	Yes
	Vaccine Registry enhancements	Enhancements to registries already initiated with ELC resources may be completed if it does not interfere with the successful completion of all required activities; however, these should be considered one-time system improvements. The ELC will not be able to maintain the costs of these systems or upgrades.	Yes
Construction & Renovation	Renovations & minor construction (e.g. alteration of less than 50% total square footage of an existing structure, installation of a concrete	Yes, may be considered for unique cases where conditions do not currently allow for safe or effective testing and/or delivery of effective public health services.	Yes, on a case by case basis and as it relates to vaccines or vaccination activities.

Category	Expense	ELC Enhancing Detection Expansion	Immunization & VFC Cooperative Agreement
	slab for modular laboratory units, etc.)		
Vehicles	Leasing/purchasing vehicles (e.g. mobile testing, providing public health services in underserved areas, etc.)	Yes, recipients will need to submit quotes with their revised budgets that are due within 60 days of award issuance and receive prior approval from OGS. After the revised NOA is issued, any further request for leasing/purchasing must be made through GrantSolutions and include the necessary quotes. Vehicles already purchased or leased for the purpose of testing may also be utilized for vaccine delivery	Leasing and rentals allowable, however, purchase is not
Quarantine & Isolation	Quarantine & isolation support necessary for preventing the spread of COVID-19 (including wraparound services such as hoteling, food, laundry, mental health services, etc.)	Yes, and may include wraparound services but not medical costs associated with treatment.	No
	Medication & patient treatment	No	No
Outreach & Education	Expenses associated with outreach & assistance (e.g. support provided through community-based organizations) for those at higher risk of COVID-19	Yes, these may include but are not limited to organizations that work with tribes, individuals experiencing homelessness, and racial and ethnic minority populations.	Yes, these may include but are not limited to organizations that work with tribes, individuals experiencing homelessness, and racial and ethnic minority populations.
	Health communications materials & health education services to inform & protect communities	Yes, health communications materials & health education services to inform & protect communities are allowable, if they do not duplicate activities covered by other CDC funding mechanisms (e.g., IP21-2106, IP21-2107). Recipients are reminded to be cognizant of the statutory & policy requirements for acknowledging the HHS/CDC funding when issuing statements, press releases, publications, requests for proposal, bid solicitations & other documents. In accordance with CDC General Terms & Conditions for Non-research Awards - Acknowledgement of Federal Funding, in your base award.	Yes, health communications materials & health education services to inform & protect communities are allowable, if they do not duplicate activities covered by other CDC funding mechanisms (e.g., IP21-2106, IP21-2107). Recipients are reminded to be cognizant of the statutory & policy requirements for acknowledging the HHS/CDC funding when issuing statements, press releases, publications, requests for proposal, bid solicitations & other documents. In accordance with CDC General Terms & Conditions for Non-research Awards - Acknowledgement of Federal Funding, in your base award.
	Support for social services & health education efforts that will facilitate compliance with isolation & quarantine and/or case investigation & contact tracing efforts	Yes	Yes, as it relates to vaccination activities
	Mass vaccination campaigns	Aspects of this activity may be supported if not already covered by another source.	Yes

Category	Expense	ELC Enhancing Detection Expansion	Immunization & VFC Cooperative Agreement
Stipends & Incentives	Incentives to encourage participation by individuals (e.g., have testing done) or by a facility (e.g., onboard ELR for timely reporting of results)	Stipends/incentives may be considered to encourage participation in testing and/or vaccination coverage for those put at higher risk for COVID-19 (individual level) or for facilities/agencies to enroll and/or report data to the health department (institutional level). Recipients interested in exploring this option (individual and/or institutional) must submit a plan that covers all of the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount, (d) qualifications for issuance, & (e) method of tracking. When submitting the revised budget within 60 days of award issuance, stipend/incentive plans must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support stipends/incentives must be made in GrantSolutions, including the stipend/incentive plan, and receive CDC approval before implementation.	No, but please also speak with your POB Project Officer.
Contracts	Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities	Yes	Yes, as it relates to vaccines or vaccination activities
	Contracts (or mini grants) with local or regional health departments	Yes	Yes
	Courier service (new or expansion of existing agreements)	Yes	Yes
	Contracts to support testing at non-traditional testing sites or POC tests	Yes	No
	Contracts to support testing at clinical, private, or academic institutions	Yes	No
Social Services	Support for social services and health education efforts that will facilitate compliance with isolation & quarantine and/or case investigation & contact tracing efforts	Support for social services & health education efforts that will facilitate compliance with isolation & quarantine and/or case investigation & contact tracing efforts.	Support for social services & education efforts that support vaccination activities.