CDC Crisis Response Cooperative Agreement:

COVID-19 Public Health Workforce Supplemental Funding Guidance

May 14, 2021

Summary

On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). The Act provides additional relief to address the continued impact of the Coronavirus Disease 2019 (COVID-19) pandemic on the economy; public health; state, tribal, local, and territorial (STLT) governments; individuals; and businesses. To support the governmental public health response to COVID-19, the Centers for Disease Control and Prevention (CDC) is activating CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response. CDC is awarding funding, totaling $2,000,000,000, to eligible jurisdictions on the approved but unfunded (ABU) list for CDC-RFA-TP18-1802 to establish, expand, and sustain a public health workforce. These funds are in addition to, and separate from, funds CDC previously awarded to select jurisdictions for COVID-19 response activities through CDC-RFA-TP18-1802 in the spring of 2020.

Availability of Funds

A total of $2,000,000,000 is available to the 65 current recipients of CDC's COVID-19 Crisis Response Cooperative Agreement. A funding table is available in Appendix 1.

Terms of Funding

Funds will be made available during the two-year budget period and period of performance to conduct activities necessary to expand, train, and sustain a response-ready public health workforce at STLT levels. Recipients will operate under a two-year budget and performance period. Efforts are underway, subject to availability of funds, to develop solutions that allow for a more sustained workforce. Details will be provided when available.

Period of Performance

The two-year period of performance for this funding is July 1, 2021, through June 30, 2023. With prior approval from CDC, reimbursement may be allowed for pre-award costs incurred on or after May 14, 2021, for certain expenses related to jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including public health workforce development needs and school-based health programs.

Terms and Conditions of COVID-19 Funds

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 (P.L. 117-2) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, the recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting must be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient must provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, the recipient must apply these terms to any subaward, to the extent applicable to activities set out in such subaward.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, the recipient must distribute and administer vaccine without discriminating on non-public-health grounds within a prioritized group.
- Submission of this application assumes concurrence among the state health official and the jurisdiction's preparedness, epidemiology, and laboratory programs.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372. CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

Goal of the Funds

This funding is intended to establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. CDC expects public health agencies to use available funding to recruit, hire, and train personnel to address projected jurisdictional COVID-19 response needs over the performance period, including hiring personnel (see Allowable Costs section) to build capacity to address STLT public health priorities deriving from COVID-19. CDC recommends that recipients use CDC's Social Vulnerability Index data and tools to inform jurisdiction COVID-19 planning, response, and hiring strategies.

CDC expects that at least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel as outlined below. Of the remaining 75% (or less, depending on the amount invested in school nurses), CDC expects that at least 40% will support local hiring through local health departments or community-based organizations.

Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:

- Permanent full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period)
- Temporary or term-limited staff
- Fellows
- Interns
- Contractors or contracted employees

Allowable Costs

Following is a list of allowable and potential employment positions that may be considered, as well as supportive services that may be provided. This list is not exhaustive; CDC encourages recipients to think broadly and target hiring to meet their individual jurisdictional and local needs, as applicable.

1. The costs, including wages and benefits, related to recruiting, hiring, and training of individuals to serve as:

- Professional or clinical staff, including public health physicians and nurses (other than school-based staff); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators; or laboratory scientists or technicians;
- Disease investigation staff, including epidemiologists; case investigators; contact tracers; or disease intervention specialists;
- School nurses and school-based health services personnel, including hiring school-based nurses, converting current nurses from part-time to full-time work, increasing hours, increasing nursing salaries or otherwise supporting retention efforts;
- Program staff, including program managers; communications and policy staff; logisticians; planning and exercise specialists; program evaluators; pandemic preparedness and response coordinators to support the current pandemic response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams; data managers, including informaticians, data scientists, or data entry personnel; translation services; trainers or health educators; or other community health workers;
- Administrative staff, including human resources personnel; fiscal or grant managers; clerical staff; staff to track and report on hiring under this cooperative agreement; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple federal funding streams for the COVID-19 response; and
- Any other positions as may be required to prevent, prepare for, and respond to COVID–19.

These individuals may be employed by:

- STLT public health governments or their fiscal agents;
- Schools, school boards, school districts, or appropriate entities for providing school-based health care;
- Nonprofit private or public organizations or community-based organizations with demonstrated expertise in implementing public health programs and established relationships with STLT public health departments, particularly in medically underserved areas; or
- Employment agencies, contracted vendors, or other temporary staffing agencies.

2. Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).

3. Administrative support services necessary to implement activities funded under this section, including travel and training (to the extent these are not included in recipient indirect costs).

Allowable Activities

Following is a list of allowable activities that can be conducted to support the hiring, recruiting, and training of a public health workforce, as well as activities that can be completed by the public health workforce supported with this funding. This list is not exhaustive; CDC encourages recipients to meet their individual jurisdictional and local needs, as applicable.

- Using a variety of mechanisms to expand the public health workforce, including, but not limited to:
  - Using the General Services Administration (GSA) COVID-19 Related Support Services (CRSS) contract mechanism available at Acquisition Gateway to obtain contract staff or services;
  - Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines;
  - Establishing partnerships with schools of public health, technical and administrative schools, and social services and social science programs; and
  - Using temporary staffing or employment agencies.

- Using recent gap assessments to inform work plan activities and hiring goals. If a gap assessment is not readily available, funds can be used to conduct this activity.
- Using funds to conduct a workforce analysis to determine whether health departments were organized to maximum benefit for the COVID-19 response and how they may want to be reconstituted to prepare for future emergencies.
- Addressing community recovery and resilience needs to respond effectively to the COVID-19 pandemic and other biologic threats, including vaccine-related education.
- Making subawards or contracts to local schools or school districts to support school nurses and school-based health services.
- Awarding funds to schools of public health or private or public organizations with demonstrated expertise in implementing public health programs in medically underserved communities.
- Training and education for new and existing staff on topics such as incident management training, especially from a public health perspective and integration with emergency management; health equity issues and working with underserved populations; cultural competency; disease investigations; informatics or data management; or other needs identified by the jurisdiction.
    - This can also include training on incident management or emergency management roles for existing staff in other program areas who may be called upon to support the response.
- Developing, training, and equipping response-ready "strike force" teams capable of deploying rapidly to meet emergent needs, including through the Emergency Management Assistance Compact.
- Ensuring a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse work force across all levels who are representative of, and have language competence for, the local communities they serve. CDC's Social Vulnerability Index should be used to inform jurisdictional activities, strategies, and hiring.
- Ensuring the systematic collection of information about the activities, characteristics, and outcomes of programs, including COVID-19 pandemic response efforts, to inform current program decisions, improve program effectiveness, and make decisions about future program development.

Deliverables

- Work Plan: Within 60 days of the start of the performance period, recipients must submit work plans that describe their two-year approach for addressing the allowable activities, including procuring sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic, prioritizing hard-to-reach communities, focusing efforts on diversity, equity, and inclusion in hiring and recruiting workers from the local communities they serve. Recipients do not have to submit a needs assessment but must describe their approach to identifying workforce needs and the necessary skillsets at the state and local levels. CDC will provide a suggested work plan template. Recipients are not required to use the CDC template but will be required to submit all information included in the CDC work plan template. The work plan page limit is 10 pages, not including attachments that may be needed.
- Two-year Hiring Goals: As part of their work plans, recipients must project their hiring goals and priorities, including those of subrecipients, for the two-year performance period. The summary of hiring goals should include mitigation plans to address challenges in meeting these goals. Recipients should identify the community-based organizations they or their subrecipients will fund and the specific community(ies) those partners primarily support. This may be an attachment to the work plan and is not included in the page limit. A template will be available using the Research Electronic Data Capture (REDCap) system.
- Budget: Within 60 days of the start of the performance period, recipients must submit a two-year budget. This award will operate on a two-year budget and performance period. CDC will provide a suggested budget template. Recipients are not required to use the CDC template but must submit all information included in the CDC budget template.
- Progress and Fiscal Reports: Recipients must submit progress updates and fiscal reports every six months. Progress reports must include status in meeting hiring goals at recipient and subrecipient levels. Fiscal reports must summarize progress in obligating and spending the allotted funds. Reporting templates will be available using the REDCap system.

Measures and Metrics

- Progress toward meeting hiring goals including types of staff hired and the general roles they hold. Recipients must report these data for all staff, including those hired by subrecipients. CDC will provide a template for hiring projections and reporting via REDCap.
- Recipients should develop approximate goals and metrics regarding diversity of staff hired and equity and inclusion activities, and report on their progress against those measures.

Appendix 1: Available Funding

COVID-19 Crisis Response Cooperative Agreement Workforce Development Supplemental Funding	
Recipient	**Total Award Amount**
Alabama	$29,676,838
Alaska	$5,278,525
American Samoa	$472,791
Arizona	$43,570,409
Arkansas	$18,649,972
California	$173,376,888
Cherokee Nation	$1,256,722
Chicago	$16,756,027
Colorado	$34,680,626
Connecticut	$21,851,989
Delaware	$6,695,170
Florida	$126,615,000
Georgia	$63,097,212
Guam	$1,137,100
Hawaii	$ 9,280,889
Houston	$14,570,353
Idaho	$11,451,854
Illinois	$59,356,567
Indiana	$40,374,153
Iowa	$19,452,788
Kansas	$18,038,850
Kentucky	$27,129,696
Los Angeles County	$59,714,865
Louisiana	$ 28,189,003
Maine	$8,861,778
Marshall Islands	$496,179
Maryland	$36,358,851
Massachusetts	$41,311,592
Michigan	$59,409,275

Recipient	Total Award Amount
Micronesia	$815,660
Minnesota	$33,984,032
Mississippi	$18,406,348
Missouri	$36,895,449
Montana	$7,250,870
N. Mariana Islands	$486,640
Nebraska	$12,313,606
Nevada	$19,014,644
New Hampshire	$8,952,425
New Jersey	$52,948,504
New Mexico	$13,263,544
New York	$66,017,548
New York City	$49,758,827
North Carolina	$ 62,340,758
North Dakota	$5,457,007
Ohio	$69,365,038
Oklahoma	$23,036,076
Oregon	$25,667,917
Palau	$255,826
Pennsylvania	$66,609,317
Philadelphia	$ 10,264,579
Puerto Rico	$19,678,685
Rhode Island	$7,195,794
South Carolina	$31,112,843
South Dakota	$6,174,029
Tennessee	$40,941,205
Texas	$157,015,371
Utah	$19,750,412
Vermont	$4,649,471
Virgin Islands (U.S.)	$760,742
Virginia	$50,920,959
Washington	$45,536,572
Washington, D.C.	$5,127,654
West Virginia	$11,481,577
Wisconsin	$35,053,171
Wyoming	$4,384,938
Total	**$2,000,000,000**