U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

"Public Health and Social Services Emergency Fund"

Centers for Disease Control and Prevention (CDC)

Public Health Emergency Response (PHER)

I. AUTHORIZATION AND INTENT

Announcement Type: New – Type 1

Funding Opportunity Number: CDC-RFA-TP09-902-2009-H1N1

Catalog of Federal Domestic Assistance Number: 93.069

Application Deadline: July 24, 2009

Authority: Section 317(a)(e) of the Public Health Service Act [42 U.S.C. 247b(a) and (e)]

Background

On April 26, 2009, the Acting Secretary of Health and Human Services declared a public health emergency as a result of the detection of 20 known cases of individuals infected by a swine-origin influenza A virus, now known as novel Influenza A (H1N1), in the United States. On June 11, 2009, the World Health Organization declared the first pandemic in over 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 for the "Public Health and Social Services Emergency Fund" to prepare for and respond to an influenza pandemic. This funding provides the Department of Health and Human Services (HHS) and other federal and state agencies with resources to respond to ongoing and emerging outbreaks of novel Influenza A (H1N1) virus in the United States, protect the public health, accelerate efforts in responding to the current global influenza pandemic, and prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human influenza viruses. Within the total funding provided, CDC will administer $260 million to upgrade state and local preparedness and response capacity. The funds provided through the 2009 Supplemental Appropriations Act are intended to bolster the nation's preparedness and response capabilities in order to decrease morbidity and mortality associated with an influenza pandemic.

While the United States has made significant progress since 2005 in preparing for a potential influenza pandemic, gaps still exist in the country's preparedness and ability to respond to repeated waves of an influenza pandemic. In a pandemic, time is a critical factor in the production, delivery, and administration of vaccines, antiviral drugs, and other medical countermeasures required to mitigate the effects of a pandemic. Lessons learned from past influenza pandemics indicate that influenza can strike a community, affect many individuals, and then appear to go away, only to come back to strike the community months later, possibly in a more severe manner.

The January 2009 *Assessment of States' Operating Plans to Combat Pandemic Influenza: Report to the Homeland Security Council* (http://www.pandemicflu.gov/plan/states/state_assessment.html), developed collaboratively by HHS and other federal agencies, identified significant pandemic planning gaps at state and local levels. These gaps include: ensuring continuity of public health functions, particularly in the event of staff shortages due to illness and disruptions in support services; developing effective and efficient community mitigation strategies; accommodating surge in healthcare demand and fatalities; and integrating emergency medical services systems into pandemic preparedness plans. Furthermore, according to reports from state and local public health officials, the public health infrastructure for epidemiologic, laboratory, and response activities at state and local levels has been challenged by the economic downturn with public health job losses over the past year due to state revenue shortfalls.

Purpose

The purpose of the PHER grant is to support and enhance the state and local public health infrastructure that is critical to public health preparedness and response, such as strengthening and sustaining the public health workforce; increasing laboratory capacity and capability; strengthening disease surveillance activities; planning and implementing possible large scale mass vaccination activities; developing effective public and risk communication guidance; developing effective community mitigation guidance; purchasing and procuring personal protective equipment, antivirals, and other pandemic related purchases for protecting the public health workforce; training and education of the public health workforce; community and personal preparedness activities; and addressing gaps and other public health preparedness challenges related to public health preparedness and response to an influenza pandemic. Implementation of a vaccination program will be assessed in early September; therefore, flexibility should be built into the planning and mobilization process.

II. PROGRAM IMPLEMENTATION

Awardees are expected to utilize this funding to assess their current capabilities in pandemic influenza response and address remaining gaps in the following two areas:

- **Focus Area 1: Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities.** The purpose of Focus Area 1 is to conduct accelerated planning activities to identify and address gaps in existing plans and to initiate implementation of activities in preparation for a possible mass vaccination campaign. In the event of a possible pandemic, reducing transmission could be accomplished by increasing immunity to the virus through vaccination and reducing exposure to the virus. Community mitigation measures could also reduce people's exposure to the virus throughout all phases of the vaccine campaign. States should plan for both vaccination and community mitigation activities, which can be complemented by use of antiviral drugs. Costs for training and education of the public health workforce to support these activities will be approved if they are within the scope of the grant.

- **Focus Area 2: Laboratory, Epidemiology, Surveillance, and Other Associated Pandemic Preparedness and Response Activities.** The purpose of Focus Area 2 is to ensure a robust capacity to detect and monitor influenza illness and viruses through laboratory testing, epidemiology, surveillance, public health investigations, and other associated pandemic response activities. Costs of equipment (such as molecular diagnostics, specimen storage freezers and information technology equipment for laboratory personnel), consumables (such as swabs, transport media, pipet tips, and personal protective equipment), equipment maintenance (including equipment maintenance contracts), and training and education of the public health workforce will be approved if they are within the scope of the grant.

A. Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities

All awardees must have a comprehensive plan in place no later than September 15, 2009 for a potential mass vaccination campaign.

Activities listed below are *suggested* activities.

- Finalize vaccination planning for public health-organized clinics: planners need to identify possible locations and staffing requirements for public health-organized clinics, estimate the population to be targeted (taking into account expected private sector delivery), identify the need for contracting staff for potential vaccination settings, and finalize agreements regarding vaccination venues. Contracts should allow for termination for convenience and de-obligation of funds remaining if a decision is made not to conduct a full-scale vaccination campaign.

- Identify and engage private sector partners for potential vaccine administration: based on the scenarios for planning that have been provided by CDC, planners need to work with the appropriate partners to devise plans for reaching providers (e.g., primary care providers, hospitals, pharmacists) for each of the key subpopulations for whom vaccine could be provided; estimate the amount of vaccine providers could store and administer; and develop methods to monitor vaccine handling and administration by providers in terms of doses administered, monitoring, storage and handling procedures, and mechanisms for resupply. Private sector partners are defined broadly and include retail-based providers, occupational settings, community organizations and provider offices.

- Define potential vaccine receiving sites: planners need to compile a list of vaccine receiving sites and their relative allocation of vaccine to serve as the basis for directing distribution of a possible vaccine. Vaccine receiving sites may largely parallel vaccine administration sites, but in some situations vaccine received at a central site, (e.g., local health departments, large chain pharmacies, or multi-site healthcare systems), could be distributed among multiple sites.

- Enhance cold chain capacity where needed: planners need to determine storage capacity at designated vaccine receiving sites. For public sites, they may consider enhancing

capacity if necessary. For private sites, it may not be feasible to enhance storage capacity, but it will be important to assess capacity to determine and define delivery quantities. This assessment is especially important given that influenza vaccine will require storage during the same period, and for pediatric and obstetric practices space requirements of single dose vials must be taken into account.

- Safety monitoring: planners need to ensure provider awareness of the Vaccine Adverse Events Reporting System (VAERS) and ensure that personnel are identified and in place to respond to public inquiries. In addition, staff need to be identified and in place to conduct routine investigations of unexpected adverse events and to participate in investigations of unusual adverse events that would prompt special attention.

- Tracking of vaccine and vaccine supplies: Planners should ensure that they have an inventory management system in place to track the receipt, storage, and reordering of a possible vaccine. The system does not have to be automated and can be managed via an Excel spreadsheet. A provider vaccine ordering plan should keep the identified immunization providers stocked with sufficient vaccine to meet their needs, but not over-supplied.

- Monitoring and reporting of doses administered of a potential vaccine: Planners should ensure structure and staffing are in place to monitor doses administered, meet monitoring requirements as defined by CDC as well as state/local requirements, and ensure private providers who engage in vaccination during the initial phase comply with data reporting requirements for doses administered.

- Initiating contracts with community vaccinators and others for early implementation activities: planners need to estimate staffing needs for public health clinics, and determine gaps that exist when what is needed is measured against existing resources. Identify entities (community vaccinators etc…) with whom contracts can be established to supply personnel. These contracts must include language that allows for termination for convenience and de-obligation of funds remaining if a decision is made to no conduct a full scall immunization campaign.

- Communications: Planners should ensure that communication and education staff and systems are in place to develop and disseminate information related to a potential influenza vaccination campaign through multiple channels, including call centers and hotlines, to diverse audiences, and to coordinate messaging at state and local levels. Planners should ensure that a communication lead has been identified; communication campaign plans are in place to create, translate and disseminate messages and materials tailored to the local situation; clinical education takes place, and media spokespeople are trained. Communication strategies (including multilingual) should address public service messaging and other mass marketing to promote appropriate influenza-related behaviors (e.g., hand hygiene, cough etiquette, staying home when sick) and to educate the public about school dismissal and childcare closure policies, as well as resources for parents, businesses, and others to minimize the secondary consequences of such actions.

- Finalize planning for potential antiviral distribution/dispensing and administration: Planners need to assure availability of antivirals to individuals at greatest risk of morbidity and mortality from pandemic influenza health care delivery.

- Finalize community mitigation planning and strategies: In finalizing community mitigation strategies, planners should consider increasing individuals' appropriate behaviors, improving the environment to reduce exposures, and reducing social density. Effective community mitigation includes multi-sectoral planning (e.g., educational community, private sector) to identify and target prevention and treatment programs to reduce morbidity and mortality from H1N1 and consider ways to minimize the second and third order effects of community mitigation strategies. Community mitigation strategies include providing staffing to schools and other settings to screen students, employees, and visitors for symptoms to identify persons who should be excluded from participation and purchasing masks for health care personnel. Planners should consider providing health department staffing to monitor the implementation of community mitigation measures, including establishing a plan with local education agencies to report school dismissals to state agencies and CDC on a timely basis.

- Community planning and exercising: Planners should convene local public health, education, business, community organizations, parents, and public leaders to jointly review and revise existing plans for community measures, including school dismissals and childcare closures. These organizations and individuals should also jointly exercise or drill their plans, particularly the mechanisms for implementing mitigation measures such as school dismissals, business closings, or strategies for minimizing the secondary effects of those measures.

B. Focus Area 2: Awardee Activities for Laboratory, Epidemiology, Surveillance, and Other Associated Pandemic Preparedness and Response Activities

Activities listed below are *suggested* activities.

1) Awardee Activities for Influenza Diagnostic Laboratory Testing

- Collaborate with other laboratories (including the Laboratory Response Network), the Early Warning Infectious Disease Surveillance program, and rapid influenza testing sites in the state to acquire virologic testing results, data, and specimens for further virologic testing.

- Collaborate with the clinical community and diagnostic laboratory community to facilitate timely and appropriate use of influenza diagnostics.

- Expand and sustain laboratory capacity to accession specimens, perform virus identification and characterizations studies (including PCR, isolation, typing and sub-typing, and other characterization studies including tests for antiviral resistance), and report results in a timely fashion year-round.

- Expand and sustain laboratory capacity to expeditiously manage a surge of testing, reporting, and client services activities anticipated during an influenza pandemic.

- Collaborate with clinical and epidemiological community to implement testing algorithms to assure efficient use of laboratory resources during periods of surge of testing demand.

- Maintain specimen submission for national virologic surveillance by laboratories in your jurisdiction that participate in the U.S. national virologic surveillance system.

2) Awardee Activities for Influenza Epidemiology and Surveillance

- Recruit and retain sentinel providers for the Influenza Sentinel Provider Surveillance Network.

- Facilitate influenza specimen submission from the Influenza Sentinel Provider Surveillance Network to the state public health laboratory as needed.

- Sustain surveillance for novel H1N1 influenza as indicated in CDC guidance for case-based or aggregate reporting as appropriate. Report surveillance information at intervals established in CDC guidance during influenza season.

- Collect year-round influenza surveillance data in the Influenza Sentinel Provider Surveillance System.

- Improve monitoring of 1) influenza-like illness, 2) hospitalizations for respiratory infection, and 3) influenza and pneumonia mortality by using electronic data sources that currently exist or that have capability to be rapidly modified for reporting.

- Report influenza-related pediatric deaths through the National Notifiable Diseases Surveillance System.

- Investigate reports of novel influenza A virus infection as appropriate for identifying changes in epidemiology or virulence of influenza.

- Develop a collaborative relationship between Epidemiology and Laboratory Capacity (ELC) staff and Emerging Infectious Program (EIP) staff in those states with an EIP influenza project.

- Implement improvements in influenza surveillance as recommended based on guidance from CDC.

- Develop data standards compatible with national standards for reporting of influenza associated hospitalizations, electronic influenza laboratory reports and electronic influenza death reports.

- Act as a CDC point-of-contact for influenza surveillance.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Grant, Non research

Award Mechanism: H75 Health Investigations and Assessments of Control and Prevention Methods

Fiscal Year Funds: 2009

Approximate Current Fiscal Year Funding: $260 million (This includes both direct and/or indirect costs.)

Approximate Number of Awards: 62

Funding Distribution Table: See Appendix 1

Anticipated Award Date: July 31, 2009

Budget Period Length: 12 months

Project Period Length: 3 years

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should have been established within less than 12 months. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

Future funding is subject to availability of funds.

Direct Assistance (DA)
In recognition of the need for additional personnel at the state and local levels to assist in H1N1 planning and response, DA is authorized in this grant to be used to assist PHER awardees; For example, the hiring of epidemiologists, microbiologists, health communicators, and public health advisors. If requested, federal personnel will be assigned in lieu of a portion of your financial assistance.

Awardees that plan to request DA will not request this in the initial budget submission. DA can be requested via a Budget Revision described in the Content and Form Submission, Section 4.

Eligible Applicants
Assistance will be provided only to the health departments of states or their bona fide agents, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia,

the Republic of the Marshall Islands, the Republic of Palau, and the official public health agencies of New York City, New York; Los Angeles County, California; and Chicago, Illinois.

A bona fide agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

Competition is limited based on Title VIII of the 2009 Supplemental Appropriations Act. CDC will administer $260 million to support domestic disease surveillance, laboratory capacity, laboratory diagnostics, risk communication, rapid response, vaccination planning, and quarantine related to pandemic H1N1 influenza virus preparedness and response.

Cost Sharing and Matching
Not applicable

Intergovernmental Review of Applications
The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the state's process. Visit the following website to get the current SPOC list: http://www.whitehouse.gov/omb/grants/spoc.html

Application Submission and Time
Electronic applications are due on July 24, 2009 2pm EDT and are to be in electronically submitted in Grants.gov (www.grants.gov). **Note:** Grants.gov does not provide templates for developing applications. Awardees should develop their applications in Word/Excel and upload them into Grants.gov.

IV. CONTENT AND FORM SUBMISSION

Budget Requirements

1. Funds may be used for the following costs related to accelerated efforts to prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human influenza viruses and enhancing infrastructure and to reimburse for activities already conducted relating to the H1N1 response **including the following**:

- **Hiring of staff** to conduct accelerated vaccine planning, preparation and implementation activities.

- **Direct Assistance for hiring of temporary CDC staff that will be assigned to the awardee.** Jurisdictions that have had difficulty in hiring may wish to consider this mechanism for augmenting the public health workforce.

- **Initiating contracts** for in-state vaccine transportation and distribution, temporary staff and/or local organizations (e.g., visiting nurses, community vaccinators) to ensure personnel will be available to vaccinate (or for antiviral distribution) when vaccine clinics begin, and adequate storage space for sufficient quantities of vaccine. These contracts should only be executed following a decision by the federal government to initiate a mass vaccination campaign. Contracts should allow for termination for convenience and de-obligation of funds remaining if a decision is made to not conduct a full-scale vaccination campaign.

- **Purchasing supplies** that will be needed during the event (e.g., storage space, cold chain supplies, ancillary supplies for vaccination, lab testing supplies, general supplies, personal protective equipment and antivirals for public health response workers in accordance with CDC National Institute for Occupational Safety and Health guidelines, and non-pharmaceutical supplies)

- **Pre-award costs** may be incurred up to 90 days prior to the issuance of the notice of award related to 2009 H1N1 response activities.

- **Travel** for planning, conferences and training related to pandemic preparedness activities.

2. Detailed Line Item Budget and Justification

Awardees should develop separate budgets for the two Focus Areas:

a) Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities

b) Laboratory, Epidemiology, Surveillance, and Other Associated Pandemic Preparedness and Response Activities

Provide a detailed line item budget (include form 424A) and justification of the funding amount requested to support program activities for the upcoming budget period. Awardees should submit a budget reflective of a 12-month budget period. Awardees should address how these funds will supplement and not supplant existing resources.

The following six elements must be submitted for all newly requested contracts as well as for revisions in scope or budget for any existing contract:

- Name(s) of contractor(s);
- Method of selection (competitive or sole source; less than full and open competition must be justified);
- Period of performance;
- Description of activities;
- Method of accountability; and
- Itemized budget with narrative justification.

Additional budget preparation guidance can be downloaded from
http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

3. Supporting Documentation

An application must contain the following documents:

- A brief project narrative (5-7 pages) describing current gaps in laboratory, epidemiology, surveillance, mass vaccination preparedness, antiviral distribution/dispensing and administration plans, community mitigation plans and/or other pandemic preparedness gaps and how those gaps will be addressed with this funding. Please also clearly describe your current resources to conduct surveillance, epidemiology, laboratory diagnostic testing, mass vaccination, antiviral distribution/dispensing and administration, and community mitigation. Awardees will be required to submit a gap analysis, work plans and a revised budget (if necessary) to CDC within 30 days of award in PERFORMS. Again, this is NOT due at time of application and is described in detail below "Additional Requirements Due within 30 Days of Award."

- General budget with a budget justification. This budget will be for Year One activities. The budget narrative should describe how funds would be used to supplement, not supplant existing resources. Awardees should develop separate budgets for the two Focus Areas: Focus Area 1: Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities; and Focus Area 2: Laboratory, Epidemiology, Surveillance, and Other Associated Pandemic Preparedness and Response Activities. Note: Awardees that plan to request Direct Assistance will not request this in the initial budget submission. Direct assistance can be requested via a Budget Revision described in Section 4.

- Form SF-424A, which can be obtained at the following website: http://www.whitehouse.gov/omb/grants/grants_forms.html

4. Additional Requirements Due within 30 Days of Award: Restrictions will be removed at the awardees request when the following additional information is provided. A more detailed Gap Analysis, Work Plans and Revised Budgets are due by August 31, 2009 11:59 PM EDT into PERFORMS.

All documents outlined in this section will be submitted into PERFORMS.

- **Gap Analysis:** A gap analysis tool (provided by CDC to all awardees in PERFORMS) is intended to be used by awardees to identify remaining gaps in state/local, territorial, and/or tribal pandemic preparedness in the two Focus Areas in order to address those gaps with this funding. The tool is intended to assist awardees in identifying priority areas for improvement and is intended to be used for determining how funds are to be directed. It should also assist in identifying those areas that need further infrastructure development. CDC recognizes that awardees will have previously developed a budget

with their application submission. This budget will need to be revised and resubmitted based on the gap analysis into PERFORMS.

- **Work Plans**: Awardees will be required to prioritize remaining gaps, determine which gaps are most critical/highest priority areas and develop work plans to describe how these gaps will be addressed. The work plan should reflect priority projects that will address the gaps identified in the gap analysis. Awardees are expected to develop work plans for activities that will be accomplished in Year One and submit Year One work plans within 30 days of award. CDC will provide a work plan template to all awardees within 15 days of the award.

- **Budget Revision:** Awardees may choose to revise their budgets to reflect how funding will be directed to those gaps identified as Year One priorities and to support the work identified in the Year One work plans. Additionally, awardees that are planning to request Direct Assistance (DA) are required to submit a DA form and revise the budget to reflect a DA request. Awardees will need to enter their detailed line item budgets and justifications into PERFORMS. There is no provision in place to transfer the budget information submitted with the initial application into PERFORMS.

- **Funds to Local Public Health and Tribes:** It is expected that a significant portion of the funds will be distributed to and utilized at the local level. Because of the urgent nature of this funding announcement and the shortened submission deadlines, CDC will not require states to obtain concurrence from their local health departments. However, CDC recognizes that a significant portion of the activities related to antiviral distribution/dispensing, community mitigation and mass vaccination are operationalized at the local level. Therefore, CDC strongly encourages states to work closely with local and tribal entities and governments to assure preparedness at all levels of government and access to the funding necessary to achieve this goal. Additionally, where the state health department serves as the provider of local public health services in areas not covered by a local health department, funds should be dispersed commensurate with that effort. CDC expects the states to engage American Indian/Alaska Native tribal governments, tribal organizations representing those governments, tribal epidemiologic centers, and/or Alaska Native Villages and Corporations located within their boundaries.

Recommendations

To assist in assessing gaps, CDC recommends that awardees review any H1N1 After Action Reports (AAR's) conducted by their jurisdictions. If one has not been completed, CDC recommends that jurisdictions complete an After Action Report prior to finalizing their gap analysis.

CDC also encourages awardees to develop strong collaborations with the Preparedness, Immunization, Laboratory, Epidemiology, and Surveillance programs within their jurisdictions and with tribal governments. Development of the gap analysis, work plans and budget is to be considered a collaborative effort between all the programs and agencies involved in successful pandemic preparedness and response.

Applications that are incomplete will not be processed for an award.

Other Pandemic Preparedness and Response Activities
Funding may also be used to address other remaining pandemic preparedness and response gaps subject to approval by CDC.

Submission Dates and Times
This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: Applications for funding are **due to CDC no later than July 24, 2009 2 PM EDT** in Grants.gov.

V. APPLICATION REVIEW INFORMATION

Application Review Process
Since this is a streamlined application process, CDC will issue the Notice of Award upon submission of acceptable application materials as described in the Content and Form Submission section of this document.

Funding Conditions
Conditions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for construction.
- Recipients may not use funds for clinical care.
- Recipients may not use funds for interest on loans for the acquisition and/or modernization of an existing building.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- No equipment or maintenance agreements will be supported through DA.

Commingling of funds between the Public Health Emergency Preparedness (PHEP) and PHER programs is not allowed.

VI. AWARD ADMINISTRATION INFORMATION

Award Notices
The conditional award shall be made in an amount not to exceed 50% with the remaining 50% being released upon receipt of an acceptable gap analysis, work plan, and budget.

Administrative and National Policy Requirements
Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-8 Public Health System Reporting Requirements

- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements

Awardees shall include language in all contractual obligations that allow for termination for convenience and de-obligation of funds remaining.

Additional information on the requirements can be found on the CDC website: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following website: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

CDC Assurances and Certifications can be found on the CDC website: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Data collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number (0920-0004), "National Disease Surveillance Program II. Disease Summaries," 05/31/2010. Any change to the existing data collection will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Reporting Requirements

1. Mid-Year Reporting: Each funded applicant must provide CDC with a progress report via PERFORMS, including any changes in the work plan. An estimated Financial Status Report will also be required at mid-year. CDC will provide this template, which will request an updated gap analysis.

2. End of Year Reporting: Each funded applicant must provide CDC with an annual Progress Report submitted via PERFORMS. CDC will provide this template, which will ask for an updated gap analysis.

3. Continuation Application: If funding for a continuation application is available, an interim Progress Report is due no less than 90 days before the end of the budget period. This Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:

a. Standard Form ("SF") 424S Form.
b. SF-424A Budget Information-Non-Construction Programs.
c. Budget Narrative.
d. Indirect Cost Rate Agreement.

4. Annual Financial Status Reports (FSR): Due to separate accounting requirements please submit a consolidated FSR with a breakdown of the two focus areas. An original and two copies must be submitted in hard copy to PGO and are due 90 days after the budget period.

VII. 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 DSLR Project Officer in **Appendix 2.**

For financial, grants management, or budget assistance, contact the PGO Grants Management Specialist in **Appendix 3.**

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

Appendix 1
PHER Funding Distribution Table

Awardee	Focus Area 1	Focus Area 2	FY 2009 PHER Funding Total
Alabama	$2,950,665	$983,555	$3,934,220
Alaska	$429,895	$143,298	$573,193
American Samoa	$37,080	$12,361	$49,441
Arizona	$3,956,212	$1,318,737	$5,274,949
Arkansas	$1,803,411	$601,137	$2,404,548
California	$17,008,056	$5,669,352	$22,677,408
Chicago	$1,817,814	$605,938	$2,423,752
Colorado	$3,049,692	$1,016,564	$4,066,256
Connecticut	$2,248,630	$749,543	$2,998,173
Delaware	$547,577	$182,526	$730,103
District of Columbia	$373,100	$124,367	$497,467
Florida	$11,606,185	$3,868,729	$15,474,914
Georgia	$6,007,756	$2,002,585	$8,010,341
Guam	$109,723	$36,574	$146,297
Hawaii	$824,755	$274,918	$1,099,673
Idaho	$940,861	$313,620	$1,254,481
Illinois	$6,414,975	$2,138,325	$8,553,300
Indiana	$4,050,655	$1,350,218	$5,400,873
Iowa	$1,913,259	$637,753	$2,551,012
Kansas	$1,773,387	$591,129	$2,364,516
Kentucky	$2,698,551	$899,517	$3,598,068
Los Angeles County	$6,382,531	$2,127,510	$8,510,041
Louisiana	$2,750,964	$916,988	$3,667,952
Maine	$847,901	$282,634	$1,130,535

Awardee	Focus Area 1	Focus Area 2	FY 2009 PHER Funding Total
Marshall Islands	$38,784	$12,929	$51,713
Maryland	$3,602,962	$1,200,987	$4,803,949
Massachusetts	$4,130,001	$1,376,667	$5,506,668
Michigan	$6,477,205	$2,159,068	$8,636,273
Micronesia	$69,294	$23,098	$92,392
Minnesota	$3,315,130	$1,105,043	$4,420,173
Mississippi	$1,867,356	$622,452	$2,489,808
Missouri	$3,748,592	$1,249,531	$4,998,123
Montana	$606,061	$202,020	$808,081
Nebraska	$1,134,533	$378,178	$1,512,711
Nevada	$1,601,092	$533,697	$2,134,789
New Hampshire	$843,616	$281,205	$1,124,821
New Jersey	$5,597,540	$1,865,847	$7,463,387
New Mexico	$1,254,040	$418,013	$1,672,053
New York	$7,116,296	$2,372,099	$9,488,395
New York City	$5,270,246	$1,756,749	$7,026,995
North Carolina	$5,682,194	$1,894,065	$7,576,259
North Dakota	$407,962	$135,987	$543,949
Northern Marianas Islands	$52,904	$17,635	$70,539
Ohio	$7,364,106	$2,454,702	$9,818,808
Oklahoma	$2,296,366	$765,455	$3,061,821
Oregon	$2,374,348	$791,449	$3,165,797
Palau	$13,203	$4,402	$17,605
Pennsylvania	$7,981,706	$2,660,569	$10,642,275
Puerto Rico	$2,519,999	$840,000	$3,359,999
Rhode Island	$684,962	$228,321	$913,283

Awardee	Focus Area 1	Focus Area 2	FY 2009 PHER Funding Total
South Carolina	$2,772,445	$924,148	$3,696,593
South Dakota	$501,667	$167,222	$668,889
Tennessee	$3,874,401	$1,291,467	$5,165,868
Texas	$15,082,222	$5,027,407	$20,109,629
Utah	$1,636,080	$545,360	$2,181,440
Vermont	$400,290	$133,430	$533,720
Virgin Islands (US)	$69,679	$23,226	$92,905
Virginia	$4,903,554	$1,634,518	$6,538,072
Washington	$4,103,443	$1,367,814	$5,471,257
West Virginia	$1,166,702	$388,901	$1,555,603
Wisconsin	$3,564,966	$1,188,322	$4,753,288
Wyoming	$330,418	$110,139	$440,557
TOTAL FY 2009 PHER FUNDING	**$195,000,000**	**$65,000,000**	**$260,000,000**

Appendix 2
Division of State and Local Readiness Project Officers

HHS Region	Awardee	Project Officer	Telephone	Email
4	Alabama	Mark Green	404-639-7268	mlg5@cdc.gov
10	Alaska	Andrea Davis,	404-639-7177	goa9@cdc.gov
9	Arizona	Janice McMichael	404-639-7943	jrm6@cdc.gov
6	Arkansas	Andrea Davis	404-639-7177	goa9@cdc.gov
9	California	Janice McMichael	404-639-7943	jrm6@cdc.gov
5	Chicago	Terrance Jones	404-639-7047	tcj9@cdc.gov
8	Colorado	Terence Sutphin	404-639-7441	tus9@cdc.gov
1	Connecticut	Pete Hoffman	404-639-7305	zvp3@cdc.gov
3	Delaware	Trevia Brooks	404-639-7613	tnb9@cdc.gov
3	District of Columbia	Trevia Brooks	404-639-7613	tnb9@cdc.gov
4	Florida	Mark Green	404-639-7268	mlg5@cdc.gov
4	Georgia	Mark Green	404-639-7268	mlg5@cdc.gov
10	Idaho	Andrea Davis,	404-639-7177	goa9@cdc.gov
5	Illinois	Terrance Jones	404-639-7047	tcj9@cdc.gov
5	Indiana	Terrance Jones	404-639-7047	tcj9@cdc.gov
7	Iowa	Terence Sutphin	404-639-7441	tus9@cdc.gov
7	Kansas	Terence Sutphin	404-639-7441	tus9@cdc.gov
4	Kentucky	Mark Green	404-639-7268	mlg5@cdc.gov
9	Los Angeles	Janice McMichael	404-639-7943	jrm6@cdc.gov
6	Louisiana	Andrea Davis	404-639-7177	goa9@cdc.gov
1	Maine	Pete Hoffman	404-639-7305	zvp3@cdc.gov
3	Maryland	Trevia Brooks	404-639-7613	tnb9@cdc.gov
1	Massachusetts	Pete Hoffman	404-639-7305	zvp3@cdc.gov
5	Michigan	Terrance Jones	404-639-7047	tcj9@cdc.gov
5	Minnesota	Terrance Jones	404-639-7047	tcj9@cdc.gov
4	Mississippi	Mark Green	404-639-7268	mlg5@cdc.gov
7	Missouri	Terence Sutphin	404-639-7441	tus9@cdc.gov
8	Montana	Greg Smith	404-639-7703	gqs0@cdc.gov
7	Nebraska	Terence Sutphin	404-639-7441	tus9@cdc.gov
9	Nevada	Janice McMichael	404-639-7943	jrm6@cdc.gov
1	New Hampshire	Pete Hoffman	404-639-7305	zvp3@cdc.gov
2	New Jersey	Keesler King	404-639-7423	knk8@cdc.gov
6	New Mexico	Andrea Davis	404-639-7177	goa9@cdc.gov
2	New York City	Keesler King	404-639-7423	knk8@cdc.gov
2	New York State	Keesler King	404-639-7423	knk8@cdc.gov
4	North Carolina	Mark Green	404-639-7268	mlg5@cdc.gov
8	North Dakota	Greg Smith	404-639-7703	gqs0@cdc.gov
5	Ohio	Terrance Jones	404-639-7047	tcj9@cdc.gov
6	Oklahoma	Andrea Davis	404-639-7177	goa9@cdc.gov
10	Oregon	Andrea Davis,	404-639-7177	goa9@cdc.gov
3	Pennsylvania	Trevia Brooks	404-639-7613	tnb9@cdc.gov
2	Puerto Rico	Keesler King	404-639-7423	knk8@cdc.gov

HHS Region	Awardee	Project Officer	Telephone	Email
1	Rhode Island	Pete Hoffman	404-639-7305	zvp3@cdc.gov
4	South Carolina	Mark Green	404-639-7268	mlg5@cdc.gov
8	South Dakota	Greg Smith	404-639-7703	gqs0@cdc.gov
4	Tennessee	Mark Green	404-639-7268	mlg5@cdc.gov
6	Texas	Andrea Davis	404-639-7177	ecq5@cdc.gov
8	Utah	Greg Smith	404-639-7703	gqs0@cdc.gov
1	Vermont	Pete Hoffman	404-639-7305	zvp3@cdc.gov
2	Virgin Islands	Keesler King	404-639-7423	knk8@cdc.gov
3	Virginia	Trevia Brooks	404-639-7613	tnb9@cdc.gov
10	Washington	Andrea Davis,	404-639-7177	goa9@cdc.gov
3	West Virginia	Trevia Brooks	404-639-7613	tnb9@cdc.gov
5	Wisconsin	Terrance Jones	404-639-7047	tcj9@cdc.gov
8	Wyoming	Greg Smith	404-639-7703	gqs0@cdc.gov
	Pacific Islands			
9	Palau	Janice McMichael	404-639-7943	jrm6@cdc.gov
9	CNMI	Janice McMichael	404-639-7943	jrm6@cdc.gov
9	FSM	Janice McMichael	404-639-7943	jrm6@cdc.gov
9	Guam	Janice McMichael	404-639-7943	jrm6@cdc.gov
9	Hawaii	Janice McMichael	404-639-7943	jrm6@cdc.gov
9	Marshall Islands	Janice McMichael	404-639-7943	jrm6@cdc.gov
9	American Samoa	Janice McMichael	404-639-7943	jrm6@cdc.gov

Appendix 3
Procurement and Grants Office Grants Management Specialists

Specialist
Angela Webb
Phone: (770) 488-2784
Email: aqw6@cdc.gov

Grant #	State
516966	Illinois
516983	Ohio
517008	Chicago
517018	Michigan
517024	Indiana
617001	Texas
617005	Louisiana
916012	Los Angeles
916969	Hawaii
917016	California

Specialist
Glynnis Taylor
Phone: (770) 488-2752
Email: gld1@cdc.gov

Grant #	State
016977	Alaska
017007	Oregon
017010	Washington
020290	Idaho
416976	South Carolina
416978	Alabama
417015	Kentucky
416986	Mississippi
716833	Iowa
716971	Missouri
716975	Nebraska
716985	Kansas
816827	Colorado
816832	Montana
816965	Utah
816984	Wyoming
816973	South Dakota
817000	North Dakota
916964	Nevada
916987	Arizona
917003	Guam
921818	Commonwealth of the Northern Mariana Islands
921819	Marshall Islands

921820	Palau
921821	Federated States of Micronesia
921822	American Samoa

Specialist
Kaleema McLean
Phone: (770) 488-2742
Email: fya3@cdc.gov

Grant #	**State**
117009	Rhode Island
316980	Delaware
416968	Tennessee
516981	Minnesota

Specialist
Pamela Baker
Phone: (770) 488-2689
Email: fxz7@cdc.gov

Grant #	**State**
116970	Vermont
116972	Maine
117011	New Hampshire
217004	New Jersey
316998	West Virginia
317014	Virginia
317023	Maryland
517002	Wisconsin
616974	Arkansas
616982	Oklahoma
616999	New Mexico

Specialist
Sharon Robertson
Phone: (770) 488-2748
Email: sqr2@cdc.gov

Grant #	**State**
116996	Connecticut
116997	Massachusetts
216988	New York State
221298	New York City
221823	Virgin Islands
221876	Puerto Rico
316831	District of Columbia
316967	Pennsylvania
416979	North Carolina
417006	Florida
417013	Georgia