CDC-RFA-TP22-2201
Cooperative Agreement for Emergency Response: Public Health Crisis Response
Mpox Crisis Response Cooperative Agreement – Round 2
February 1, 2023

I. Summary

CDC provided 21 jurisdictions with supplemental funding via the CDC-RFA-TP22-2201 Cooperative Agreement for Emergency Response: Public Health Crisis Response in December 2022 to initiate immediate mpox response activities. This first round (Round 1) of funding was provided to jurisdictions experiencing the highest burden of disease as of October 2022. Round 2 funding will provide additional funding to Round 1 jurisdictions, assist remaining states not funded in Round 1, the District of Columbia, and Puerto Rico in responding to remaining cases of mpox, and preventing future infections and outbreaks of mpox by increasing vaccine accessibility, demand, and uptake, among recommended populations, and to strengthen capabilities to prepare for, and respond to, the potential reintroduction of cases of mpox.

To support the governmental public health response to mpox (monkeypox), the Centers for Disease Control and Prevention (CDC) is supplementing CDC-RFA-TP22-2201 Public Health Crisis Response Cooperative Agreement. CDC is awarding funding, totaling $41,104,220, to eligible jurisdictions on the approved but unfunded (ABU) list for CDC-RFA-TP22-2201 to expand vaccination and quickly implement other response activities for mpox.

These funds will provide urgently needed resources to jurisdictions to immediately initiate or continue response activities such as vaccination, community engagement, case, and cluster investigation, increasing timeliness and completeness of data reporting on cases and vaccination, and other mpox response-related activities. It will allow jurisdictions to maintain or expand activities for up to a 24-month period to support outbreak response and integrate activities into sustainable programs to prevent future outbreaks. Mpox response activities can include activities to support other syndemic conditions affecting the populations most disproportionately affected by mpox.

II. Availability of Funds: Amount Available

A total amount up to $41,104,220 will be awarded to 62 jurisdictions through CDC's Public Health Crisis Response Cooperative Agreement. Subject to the jurisdictions' letters of intent (LOIs) to accept or decline the funding. Funding table is available in Appendix 1.

- **Eligible Applicants**
  Round 2 funding eligibility is based on jurisdictions that received Round 1/Tier 1 funding as well as states and territories that reported a case of mpox during the current outbreak and

received approved but unfunded status for CDC's Public Health Crisis Response Cooperative Agreement. Jurisdictions meeting Round 2 criteria are eligible for immediate funding. Eligible states not funded in Round 1, and the District of Columbia and Puerto Rico will receive 1) base funding plus 2) additional funding based on the size of the population eligible for mpox vaccination. Jurisdictions funded in Round 1 will not receive base funding in Round 2. For states with directly funded localities, the population size used to calculate the funding level for the state will be the total estimated population eligible for mpox vaccination in the state minus the estimated population eligible for vaccination residing in any directly funded localities.

III. Terms of Funding

Funding is made available by section 311(c)(1) of the Public Health Service Act (42 USC 243(c)(1)). CDC has identified $41,104,220 from the mpox response efforts. CDC-RFA-TP22-2201: Public Health Crisis Response Cooperative Agreement is CDC's emergency mechanism to rapidly distribute funding to accelerate response activities. Jurisdictions can select their principal investigators to oversee management of this award.

Funds will be made available to conduct activities necessary to immediately implement response activities, including vaccination, community engagement, case and cluster investigation, increasing timeliness and completeness of data reporting on cases and vaccination, and other mpox response-related activities. Recipients will operate under a 24-month budget and performance period.

- **Anticipated award date**
  January 31, 2023
- **Length of award/performance period**
  The 24-month budget period/period of performance for this funding for new Round 2 recipients is February 1, 2023, through January 31, 2025. Round 1 recipient's budget period/period of performance will be extended to January 31, 2025.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Pre-award costs beginning December 1, 2022, are authorized for allowable activities within the scope of this project. These costs and activities must be included in the budget revision that is due in accordance with the note below.

Recipients will be required to provide a workplan and budget by March 06, 2023 and provide biannual financial reporting. Work plan must include recipient's planned activities and performance measures. As recipients develop their work plans, recipients are encouraged to prioritize their activities to address their most urgent public health needs within the first year of the performance period.

Performance measures will be submitted to CDC within 15 business days after the end of the reporting period. Budget narratives must propose funding by budget category. Progress reports will be submitted following submission of the completed workplan and budget. Recipients are expected to participate in an initial call with CDC.

Performance Progress and Monitoring:

- Quarterly progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans.
- Performance measure data will be required. Proposed measures are included in the guidance, but CDC will work with jurisdictions to finalize the required measures upon review of the submitted workplans.

IV. 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.

V. Goal of Funding

To provide urgently needed resources to jurisdictions to implement mpox response activities, such as case and cluster investigation, vaccination, increasing timeliness and completeness of data reporting on cases and vaccination, community engagement, activities to increase demand for and access to vaccines, as well as other response-related activities for mpox, using a syndemic approach. Jurisdictions must create a work group to manage these activities that includes at least one person each from immunization, sexually transmitted diseases (STD), HIV, and communicable disease programs, as well as other relevant programs that address mpox control in disproportionately impacted communities. This workgroup will coordinate activities, and recommend the distribution of funds to relevant programs, as appropriate, to implement prioritized activities.

VI. Allowable Activities

Required Activities for Round 2 Funding

- Creating a work group to manage these activities that includes at least one representative each from immunization, STD, HIV, and communicable disease programs, as well as other relevant programs that address mpox control in disproportionately impacted communities. The work group will coordinate activities, and recommend how to distribute funds to relevant programs, as appropriate, to implement prioritized activities.
- Increasing vaccine accessibility, demand, and uptake, specifically among the populations recommended to receive vaccine. A major focus should be on addressing inequities among racial and ethnic groups disproportionately affected by mpox.
    - Ensuring the vaccine locator for mpox vaccine (https://mpoxvaxmap.org/) is updated and maintained to reflect active mpox vaccination sites in the jurisdiction.
    - Ensuring vaccine availability and administration in HIV clinics (including Ryan White HIV/AIDS Program-funded clinics), sexual health clinics (including HIV prevention and pre-exposure prophylaxis providers), health centers, and, if feasible, pharmacies serving populations disproportionately affected by mpox.
    - Implementing focused efforts to increase education and vaccine coverage in populations disproportionately affected by mpox, including by providing vaccine at venues frequented by affected populations through mobile clinics and special vaccine events and through collaboration with community-based organizations.
    - Implementing communications strategies to create demand for and increase uptake of vaccination, including use of social media and websites.

    - Timely collection, entry, and reporting of all mpox vaccine administration data through jurisdictional immunization information systems to CDC's Immunization Data Lake (required for all states, New York City, and Philadelphia only).
- Sustaining or expanding ongoing engagement of community members affected by the current mpox outbreak to inform priorities and collaborate in response activities.
- Timely, effective case and cluster investigation, including outreach to contacts and social networks of people with mpox and collaboration with disease intervention specialists (DIS) as appropriate, to bring vaccination and care services to affected networks and communities.
- Timely collection, entry, and reporting of all mpox case surveillance data to CDC, including data on race/ethnicity, gender identity, vaccination status, date, and route of administration, and exposure risks (required for all states and New York City only).
    - Where possible, jurisdictions are highly encouraged to develop automated linkages or regularly scheduled linking processes between their mpox case surveillance system and IIS systems to include the most accurate information on mpox vaccination status and dates on mpox case surveillance databases.

Other Allowable Activities to be Prioritized Depending on Local Response Needs

- Implementing creative approaches to saturate networks experiencing mpox transmission with vaccination and other relevant services, including but not limited to incentivized, network-based recruiting. Recipients are encouraged to engage (and possibly fund) community based organizations to conduct vaccine events and outreach among those most at risk (for example, within bath houses and sex venues, circuit parties, the house and ball community events)
- Gathering qualitative and quantitative information from people with mpox to understand gaps in services that need to be addressed to interrupt transmission.
- Increasing accessibility of, timeliness of, and equitable access to mpox testing and, when needed, treatment, including through education of providers who are well-positioned to deliver testing and treatment to those who need them the most.
    - Ensure testing and treatment capacity is available at appropriate clinical sites (either at the facility or through linkage with commercial or public health laboratories), and through administrative and logistics support for testing and treatment.
- Initiating planning to transition mpox vaccination, testing, and treatment activities to become a routine component of sexual health and HIV clinical care with public health monitoring.
- Collecting and shipping specimens to facilitate monitoring for changes in the virus and for evidence of resistance to available therapeutics.
- Other mpox response-related activities not stated above.

VII. Allowable Costs

CDC has determined that jurisdictions may use this funding for their greatest response needs, which can include the following categories.

- Activities listed in Allowable Activities section
- Incentives
- Direct service for testing, vaccine administration and outreach

Unallowable costs

- Other unallowable costs as specified in TP22-2201

Appendix 1. Round 1 and Round 2 Funding Tables

Round 1 – Funding Awarded December 16, 2022

Jurisdiction	Base Funding	Population based funding	Total Funding
Arizona	$150,000	$311,040	$461,040
California--Los Angeles County	$150,000	$881,213	$1,031,213
California—Other	$150,000	$1,325,775	$1,475,775
Florida	$150,000	$1,499,655	$1,649,655
Georgia--Fulton County	$150,000	$208,643	$358,643
Georgia—Other	$150,000	$420,518	$570,518
Illinois—Chicago	$150,000	$453,368	$603,368
Illinois—Other	$150,000	$179,468	$329,468
Michigan	$150,000	$323,520	$473,520
New York--New York City	$150,000	$831,728	$981,728
New York—Other	$150,000	$305,768	$455,768
North Carolina	$150,000	$418,703	$568,703
Pennsylvania—Philadelphia	$150,000	$140,715	$290,715
Pennsylvania—Other	$150,000	$283,335	$433,335
Tennessee	$150,000	$269,948	$419,948
Texas—Houston	$150,000	$-	$150,000
Texas--Harris County	$150,000	$-	$150,000
Texas--Bexar County	$150,000	$134,730	$284,730
Texas--Travis County	$150,000	$121,628	$271,628
Texas--Dallas County	$150,000	$338,933	$488,933
Texas—Other	$150,000	$915,893	$1,065,893
TOTAL			**$12,514,581**

Round 2 – Estimated Funding Available

Jurisdiction	Base Funding	2023 Funding Population Based funding	2023 Total
Alabama	$150,000.00	$373,695.00	$523,695.00
Alaska	$150,000.00	$40,110.00	$190,110.00
Arizona		$725,760.00	$725,760.00
Arkansas	$150,000.00	$174,772.50	$324,772.50
California--Los Angeles		$2,056,162.50	$2,056,162.50
California—Other		$3,093,475.00	$3,093,475.00
Colorado	$150,000.00	$651,017.50	$801,017.50
Connecticut	$150,000.00	$250,810.00	$400,810.00
Delaware	$150,000.00	$109,970.00	$259,970.00
District of Columbia	$150,000.00	$390,687.50	$540,687.50
Florida		$3,499,195.00	$3,499,195.00
Georgia--Fulton Co		$486,832.50	$486,832.50
Georgia—Other		$981,207.50	$981,207.50
Hawaii	$150,000.00	$115,622.50	$265,622.50
Idaho	$150,000.00	$100,117.50	$250,117.50
Illinois—Chicago		$1,057,857.50	$1,057,857.50
Illinois—Other		$418,757.50	$418,757.50
Indiana	$150,000.00	$540,190.00	$690,190.00
Iowa	$150,000.00	$121,957.50	$271,957.50
Kansas	$150,000.00	$137,620.00	$287,620.00
Kentucky	$150,000.00	$338,520.00	$488,520.00
Louisiana	$150,000.00	$510,877.50	$660,877.50

Maine	$150,000.00	$90,300.00	$240,300.00
Maryland	$150,000.00	$779,117.50	$929,117.50
Massachusetts	$150,000.00	$649,407.50	$799,407.50
Michigan		$754,880.00	$754,880.00
Minnesota	$150,000.00	$491,890.00	$641,890.00
Mississippi	$150,000.00	$197,540.00	$347,540.00
Missouri	$150,000.00	$513,852.50	$663,852.50
Montana	$150,000.00	$49,945.00	$199,945.00
Nebraska	$150,000.00	$69,930.00	$219,930.00
Nevada	$150,000.00	$375,690.00	$525,690.00
New Hampshire	$150,000.00	$68,950.00	$218,950.00
New Jersey	$150,000.00	$763,752.50	$913,752.50
New Mexico	$150,000.00	$181,632.50	$331,632.50
New York--New York City		$1,940,697.50	$1,940,697.50
New York—Other		$713,457.50	$713,457.50
North Carolina		$976,972.50	$976,972.50
North Dakota	$150,000.00	$31,780.00	$181,780.00
Ohio *(Declined Tier 1)*	$150,000.00	$1,031,712.50	$1,181,712.50
Oklahoma	$150,000.00	$287,892.50	$437,892.50
Oregon	$150,000.00	$459,462.50	$609,462.50
Pennsylvania—Philadelphia		$328,335.00	$328,335.00
Pennsylvania—Other		$661,115.00	$661,115.00
Puerto Rico	$150,000.00	$286,492.50	$436,492.50
Rhode Island	$150,000.00	$96,705.00	$246,705.00
South Carolina	$150,000.00	$395,272.50	$545,272.50
South Dakota	$150,000.00	$23,100.00	$173,100.00
Tennessee		$629,877.50	$629,877.50
Texas—Houston		$531,405.00	$531,405.00

Texas--Harris Co other than Houston		$531,405.00	$531,405.00
Texas--Bexar Co		$314,370.00	$314,370.00
Texas--Travis Co		$283,797.50	$283,797.50
Texas--Dallas Co		$790,842.50	$790,842.50
Texas—Other		$1,062,810.00	$1,062,810.00
Utah	$150,000.00	$169,610.00	$319,610.00
Vermont	$150,000.00	$28,665.00	$178,665.00
Virginia	$150,000.00	$848,925.00	$998,925.00
Washington	$150,000.00	$911,820.00	$1,061,820.00
West Virginia	$150,000.00	$115,745.00	$265,745.00
Wisconsin	$150,000.00	$319,410.00	$469,410.00
Wyoming	$150,000.00	$20,440.00	$170,440.00
	$6,150,000.00	**$34,954,220.00**	**$41,104,220.00**

*Updated table to reflect actual funding amounts will be posted after all awards are issued. Subject to the jurisdictions' letters of intent (LOIs) to accept or decline the funding.

Appendix 2. Mpox Round 2 Performance Measures and Funding Activities

CDC Evaluation and Performance Measurement Strategy

CDC's Division of STD Prevention (DSTDP) approach to monitoring, evaluation, accountability, and quality assurance for CDC-RFA-TP22-2201 includes the following components: CDC evaluation and performance measurement will use data to (a) monitor and evaluate the CDC-RFA-TP22-2201 project, overall; (b) determine if strategies and activities are being implemented as expected; (c) drive continuous program and system improvement; and (d) improve overall project performance. CDC will use multiple methods for this approach, such as collection and analysis of quantitative and qualitative data on program implementation and performance submitted by recipients to DSTDP; tracking of key, standardized performance measures; review of Progress Reports; and conference calls with recipients.

Recipients will collect the required quantitative and qualitative data using CDC-approved applications (software) and submit to CDC, according to an established schedule and via CDC-approved systems. These data will be used by CDC to generate reports regarding program accomplishments related to CDC-RFA-TP22-2201.

Recipients will be required to provide a workplan and budget by March 6, 2023 and provide biannual financial reporting. Work plan must include recipient's planned activities and performance measures. Performance measures will be submitted to CDC within 15 business days after the end of the reporting period. Budget narratives must propose funding by budget category. Progress reports will be submitted following submission of the completed workplan and budget. Recipients are expected to participate in an initial call with CDC.

For each of the activities, draft performance measures are listed below. Final performance measures will be provided by CDC after the review of the workplans. Please refer to the table below for draft performance measures and reporting schedule.

Required Activities		
Strategy/Activity	**Performance Measures**	**Reporting**
Vaccination Coverage and Uptake		
1. Creating a work group to manage these activities that includes at least one representative each from immunization, STD, HIV, and communicable disease programs, as well as other relevant programs that address mpox control in disproportionately impacted communities. The work group will coordinate activities, and recommend how to distribute funds to relevant programs, as appropriate, to implement prioritized activities.	**1.1.** Workgroup created (Y/N)	**Data Source:** REDCap **Frequency:** Quarterly
2. Increasing vaccine accessibility, demand, and uptake, specifically among the populations recommended to receive vaccine. A major focus should be on addressing inequities among racial and ethnic groups disproportionately affected by mpox.	*Data reported from jurisdictional immunization information systems to the CDC Immunization Data Lake*	
2A. Ensuring the vaccine locator for mpox vaccine (https://mpoxvaxmap.org/) is updated and maintained to reflect active mpox vaccination sites in the jurisdiction.	**2A.1** Vaccine locator updated (Y/N)	**Data Source:** REDCap **Frequency:** Quarterly

Required Activities		
Strategy/Activity	**Performance Measures**	**Reporting**
2B. Ensuring vaccine availability and administration in HIV clinics (including Ryan White HIV/AIDS Program-funded clinics), sexual health clinics (including HIV pre-exposure prophylaxis providers), health centers, and, if feasible, pharmacies serving populations disproportionately affected by mpox.	**2B.1.** Number of clinics and/or pharmacies providing mpox vaccination. **2B.2**. Number of clients served at each site in past year.	**Data Source:** REDCap **Frequency:** Quarterly
2C. Implementing focused efforts to increase education and vaccine coverage in populations disproportionately affected by mpox, including by providing vaccine at venues frequented by affected populations through mobile clinics and special vaccine events and through collaboration with community-based organizations	**2C.1.** Description of purpose, location, and population reached at each outreach event(s) **2C.2.** Description of equitable approaches to increase education and vaccine coverage in populations disproportionately affected by mpox	**Data Source:** REDCap **Frequency:** Quarterly
2D. Implementing communication strategies to create demand for and increase uptake of vaccination including use of social media and websites	**2D.1** Description of communication strategies used to create demand for and increase uptake of vaccination **2D.2.** List of communication materials developed to create demand for and increase uptake of vaccination	**Data Source:** REDCap **Frequency:** Quarterly
2E. Timely collection, entry, and reporting of all mpox vaccine administration data through jurisdictional immunization information systems to CDC's Immunization Data Lake (required for all states, New York City, and Philadelphia only).	*Data reported from jurisdictional immunization information systems to the CDC Immunization Data Lake*	

Required Activities		
Strategy/Activity	**Performance Measures**	**Reporting**
Community Engagement, Outreach, and Education		
3. Sustaining or expanding ongoing engagement of community members affected by the current mpox outbreak to inform priorities and collaborate in response activities.	**3.1.** Description of existing and ongoing partnerships to ensure equitable approaches to reach community members affected by the current mpox outbreak **3.2.** Description of priorities and collaborative activities with partners to ensure equitable approaches to reach community members affected by the current mpox outbreak	**Data Source:** REDCap **Frequency:** Quarterly
Case and Cluster Investigation and Surveillance		
4. Timely, effective case and cluster investigation, including outreach to contacts and social networks of people with mpox and collaboration with disease intervention specialists (DIS) as appropriate, to bring vaccination and care services to affected networks and communities.	**4.1.** Total number of people with mpox interviewed/partner services offered **4.2.** Description of successes and challenges with case and cluster investigation, including outreach to contacts and social networks of people with mpox and collaboration with disease intervention specialists (DIS)	**Data Source:** REDCap **Frequency:** Quarterly
5. Timely collection, entry, and reporting of all mpox case surveillance data to CDC, including data on race/ethnicity, gender identity, vaccination status, dates, and route of administration, and exposure risks (required for all states and New York City only).	*Data reported to CDC through case notification channels*	

Other Allowable Activities		
Strategy/Activity	**Performance Measures**	**Reporting**
6. Implementing creative approaches to saturate networks experiencing mpox transmission with vaccination and other relevant services, including but not limited to incentivized, network-based recruiting.	**6.1.** Description of creative approaches to reach sexual networks experiencing mpox transmission	**Data Source:** REDCap **Frequency:** Quarterly
7. Gathering qualitative and quantitative information from people with mpox to understand gaps in services that need to be addressed to interrupt transmission.	**7.1.** Description of additional approaches used to gather qualitative or quantitative information from people with mpox and key findings and identified gaps in services	**Data Source:** REDCap **Frequency:** Quarterly
8. Increasing accessibility of, timeliness of, and equitable access to mpox testing and, when needed, treatment, including through education of providers who are well-positioned to deliver testing and treatment to those who need them the most.	**8.1.** Description of access to and availability of mpox testing, access and availability of treatments and vaccines, and provider education efforts	**Data Source:** REDCap **Frequency:** Quarterly
8A. Ensuring testing and treatment capacity is available at appropriate clinical sites (either at the facility or through linkage with commercial or public health laboratories), and through administrative and logistics support for testing and treatment.	*No additional performance measure(s) associated with this sub-strategy*	
9. Initiating planning to transition mpox vaccination, testing, and treatment activities to become a routine component of sexual health and HIV clinical care with public health monitoring.	**9.1.** Description of plans to integrate mpox into routine STI and HIV clinical care **9.2.** Description of routine monitoring, outbreak, and evaluation plan for mpox activities	**Data Source:** REDCap **Frequency:** Quarterly

Other Allowable Activities		
Strategy/Activity	**Performance Measures**	**Reporting**
10. Collecting and shipping specimens to facilitate monitoring for changes in the virus and for evidence of resistance to available therapeutics	*No performance measure(s) associated with this strategy*	