



May 11, 2009

Dear Colleagues:

The Department of Health and Human Services' (HHS) Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year 2009 (FY 09) funding for a twelve-month cost extension of the Centers for Public Health Preparedness (CPHP). Funds are intended only for grantees previously awarded under CDC Funding Opportunity Announcement (FOA) TP04-209.

This letter solicits your proposed budget and activities for the period August 9, 2009 - August 8, 2010.

FY 09 will be the final funding for FOA TP04-209. As a result, grantees may not propose or conduct any new activities with the FY 09 funding. CPHPs are to use funding in this closeout year to maintain and complete their previously-approved activities.

Background

The key priorities for the CPHP program continue to be:

- 1) collaborate with health and public health agencies across the nation to help them meet preparedness education and learning needs to include development of national curriculum;
- 2) maximize distribution of existing preparedness materials; and
- 3) enhance the evidence base for effective preparedness education by ensuring program evaluation.

FY 09 Funding

Based on the President's budget proposal, the CDC expects to award approximately \$13,500,000 in federal public health emergency preparedness funds to distribute among CPHP grantees.

Individual continuation awards will be based on the availability of funding to CDC, the grantee's progress in meeting goals and objectives, and the feasibility of completing proposed activities. Please refer to the original CDC FOA TP04-209 for consistency regarding core requirements and continuation funding for CPHP activities.

Prepare your FY 09 non-competing, 12-month extension budget based on an amount of \$500,000. Note that this estimate may change after the release of this guidance and before funds are awarded. Since this is a close-out period, grantees are instructed to obligate all awarded funds by August 8, 2010.

Submission Instructions and Requirements

One complete original and two copies of the submission are due to PGO by June 22, 2009.
Please send to:

Kaleema Muhammad
Grants Management Specialist
Procurement and Grants Office
Centers for Disease Control and Prevention (E-09)
2920 Brandywine Road, Room 3728
Atlanta, GA 30341

Also, please send one hard copy as well as an electronic copy of the entire application on a CD-Rom addressed to your CPHP Project Officer at 1600 Clifton Road, NE, Mailstop D-44, Atlanta, GA 30333. Both the Principal Investigator and the Business Office Official at your institution must sign your application.

Applications must be submitted on time, as late or incomplete submissions may result in a delay in the award and/or reduction in funds. CDC will only accept requests for a deadline extension on rare occasions, after adequate justification has been provided.

Your submission must include the following:

1. FY 09 CPHP Proposed Program Activities and Outcomes

Describe proposed activities and anticipated outcomes by completing the program templates. Examples of these are provided in Attachment x. These templates can be accessed in their locked form on the ASPH/CDC Intranet site. An individual CPHP username and password will be required to login. Please check with Laura Biesiadecki (lbiesiadecki@asph.org, (202) 296-1099, ext. 152) at ASPH if this login information is not known. Submit the templates as described above to CDC in locked form only.

2. FY 09 Detailed Line Item Budget and Justification

A detailed line item budget and justification of the funding amount requested to support the proposed activities for FY 09 is required on Form 424A and as a narrative.

Submit an estimated Financial Status Report (FSR) to report your projected financial obligations through August 9, 2009. Funds that will not be obligated in the current budget period should be reported as estimated unobligated funds. Provide detailed actions to be taken to spend estimated unobligated funds. If you anticipate insufficient funds, provide detailed justification of the shortfall and list the actions taken to bring the obligations in line with the authorized funding level.

The Procurement and Grants Office (PGO) and the CDC CPHP Program will review the application for completeness. PGO will analyze the financial/business documentation. CPHP staff will analyze the technical and programmatic documentation.

Any programmatic questions should be directed to your CPHP Project Officer:

Gregg Leeman	404-639-7944	GLEeman@cdc.gov
Liane Hostler	404-639-2262	LHostler@cdc.gov
Alyson Richmond	404-639-7497	ARichmond@cdc.gov

Should you have any grants management questions, including questions related to your budget, please contact the Grants Management Specialist, Kaleema Muhammad, at 770-488-2742 or e-mail at fya3@cdc.gov

Sincerely,

Nealean Austin
Grants Team Lead
Acquisition and Assistance Branch Six
Procurement and Grants Office

Appendix 1: Instructions for preparing the continuation application
Appendix 2: Templates
Appendix 3: Preparedness Goals

Appendix 1

FY 09 CPHP Proposed Program Activities and Outcomes

- Prepare the narrative portion of the application using the appropriate blank templates (Appendix 2).
- Prepare and submit your application using only the provided templates so that data will be compatible with the CPHP database at CDC. Please do not submit the templates as PDF files.
- Title your completed program narrative template as follows: *abbreviated CPHP name; underscore; appBPext; underscore; narrative*. Examples: Emory_appBPext_narrative or UCLA_appBPext_narrative.

Templates will again be used to collect data on proposed program activities and outcomes for FY 09.

Program Expectations

Although this is a close-out period, each proposed activity is expected to continue to support the intent of the original program announcement and must include at least one outcome evaluation measure.

All CPHP program activities should be planned in collaboration with state, local, tribal, and territorial health agencies to assist in meeting the CDC Preparedness Goals related to community preparedness (Appendix 3). Submit letters of support from each partner, documenting the relationship. Please note that these letters should provide specific pledges of programmatic support to the CPHP, including anticipated activities.

Each proposed activity should include plans to both solicit participation and promote the activity among selected audiences; in addition, information about your activities should be shared through the CPHP Resource Center. Examples include: disseminating fact sheets via a list serve, submitting announcements to professional journals or newsletters, and listing with state and local learning management systems or the Public Health Foundation's TrainingFinder Real-time Affiliate Integrated Network (TRAIN).

For FY 09, CPHP program activities and efforts should be divided into these activity types:

1) Program Activities

The primary focus of CPHP program activities is the delivery of education and training and the delivery and dissemination of unduplicated information that enhances public health emergency preparedness and response.

A) Education & Training

CPHPs should provide consultation to partners to prioritize identified needs and determine if education and training are the solution.

All proposed education and training should address a need or performance gap identified in collaboration with partners. All activities involving an academic program for public health emergency preparedness and response, and collaborative work with partners should address long-term community needs and national workforce shortages to improve the nation's ability to respond to public health emergencies and disasters.

All educational programs and courses are expected to be evaluated or field tested with members of the identified audience and key findings reported. At a minimum, all educational activities should be evaluated for: 1) instructional effectiveness in meeting participants' achievement of stated learning objectives or immediate gains in knowledge, skills, and attitudes are measured through written pre- and post-tests, behavior and skill demonstrations (e.g., performance-based tests), and/or self-report learner competency assessments; and 2) progress toward meeting identified needs and gaps.

B) Partner-Requested Activities

Partners may request that CPHPs assist with activities other than education or training. Tribal and state and local public health agency partners and the CPHP should mutually identify needs that can be met based on CPHP qualifications, expertise, and resources available to commit to the specific activity. The scope of work, timeline, and implementation plan should be developed collaboratively with the partner agencies and with the intent that the activity will be completed within this budget period.

Each partner-requested activity must include an evaluation component or measure that assesses impact or improvement toward achieving a preparedness goal. This assessment may take a variety of forms such as measures of process, measures of change, measures of products or other appropriate indicators.

Examples of partner-requested activities include:

- exercises or drills to demonstrate participants' knowledge, skills, and abilities to respond to pandemic influenza and all other hazards threats (additional information on the Homeland Security Exercise and Evaluation Program (HSEEP) can be found at <http://www.ojp.usdoj.gov/odp/docs/hseep.htm>);
- assistance with measuring key performance indicators of public health preparedness;
- assessment of workforce education and training needs that will be completed this budget period; and
- internships, fellowships, and scholarships designed to address identified shortages in the public health preparedness workforce while bridging academia and practice, but only if core activities are adequately addressed.

C) Supportive Activities

Supportive activities, determined by your CPHP, are activities needed for general support of public health preparedness education activities, outreach, partnerships, and CPHP program evaluation. Activities involving state and local partners should be planned collaboratively with those agencies.

Examples of supportive activities include:

- enhancement of resources for education or information dissemination
- developing publications
- promoting public health preparedness education programs or activity promotion
- presenting and/or exhibiting at appropriate conferences
- convening state and local preparedness partners for planning
- maintaining learning management systems

2) Network Activities

Although this is a closeout budget period, each CPHP is required to participate in activities that enhance the public health emergency preparedness network, maximize opportunities for sharing resources, market the courses developed, and contribute to the national public health preparedness strategy.

To ensure ongoing communication between CDC, the Association of Schools of Public Health (ASPH), and the CPHPs, all Principal Investigators and their designated Program Directors and/or Coordinators must participate in required teleconferences and travel to the annual CPHP all-hands meeting.

Resource Center and Educational Calendar

It is required that a shared resource will result from each distinct education program activity supported by this cooperative agreement. Each CPHP must provide to the internet-based Resource Center a description of each preparedness education course or program and identify the target audience. CPHPs will provide ongoing updates by promptly replacing any outdated or revised materials with the correct and current versions. The web address for the CPHP Resource Center is <http://www.asph.org/acphp/phprc.cfm>.

Ongoing updates will include:

- course/program title
- abstract /description that includes topics covered, intended audience, teaching methods
- learning objectives and/or competencies
- URL links to specific program or course available via your website
- comprehensive course outline, slides and speaker notes or URL links/contact person for information
- evaluation tools
- evaluation reports on key findings

Information regarding your educational offerings, courses, or programs that are open to enrollment must be posted on the CPHP Educational Calendar. Efforts will be made to link to other relevant similar course calendars, minimizing duplication of effort.

FY 09 Detailed Line Item Budget and Justification

A detailed line item budget and justification of the funding amount requested to support the proposed activities for FY 09 are required on Form 424A and as a narrative.

Form 424A may be downloaded at www.Grants.gov.

In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds.

For FY 09, CPHPs are not required to separate Program and Network activities in the detailed line item budget.

Indirect Costs

Indirect costs will be reimbursed at eight percent of total allowable direct costs, exclusive of tuition and related fees and equipment, or at the actual indirect cost rate, whichever results in a lesser dollar amount. See your local program administrator for further clarification.

Contracts

The following information must be submitted for all newly-requested contracts as well as for revisions to any existing contract:

- name(s) of contractor(s)
- scope of work
- method of selection (competitive or sole source); procurement by noncompetitive proposals may be used only when the award of a contract is infeasible under small purchase procedures, sealed bids or competitive proposals and is justified under criteria in 45 CFR Part 92.36
- period of performance
- method of accountability
- itemized budget with narrative justification

For your convenience, sample budget guidance is provided on CDC's Internet page at: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For additional budget resources refer to <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

Additional Requirements (Closeout)

Due to implementation of the Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA), the project period end date for the Centers for Public Health Preparedness awards (Program Announcement 04209) is August 9, 2009 with a 1-year cost extension through August 9, 2010. All carryover requests must be submitted on or before **May 1, 2009** for Budget Years 1-4. *This will be the final budget period under this Announcement; therefore, requests for carryover and/or extensions will not be allowed after this date.*

Assistance Award Closeout Requirements

Submit the following required reports to CDC within 90 days after the project completion date as specified in terms and conditions of the award/agreement and 45 CFR Part 74 and 92:

a. **Final Performance/Progress Report** – the narrative of the final report should include information to fulfill any specific reporting requirements in the Notice of Award, a summary statement of progress toward the achievement of the originally stated goals, and a list of the results considered significant (whether positive or negative).

b. **Final Financial Status Report (SF 269 or 269A)** – the final report should not show any unliquidated obligations and must indicate the exact balance of the unobligated funds. The final FSR should agree with the final expenditures reported to HHS, PMS. If not, the recipient will be required to update the reports (SF 272 and FSR 269) so they agree.

Link: www.whitehouse.gov/omb/grants/grants_forms.html

c. **Equipment Inventory List** – An inventory list should include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. When equipment acquired with CDC funds is no longer needed on the grant, the equipment may be used for other activities in accordance with the following standards: Equipment with a fair market value of \$5,000 or more may be retained for other uses provided compensation is made to CDC. These requirements do not apply to equipment which was purchased with non-federal funds. Equipment no longer need shall be disposed following instructions requested from and provided by CDC/PGO. If no equipment was acquired under this grant/cooperative agreement a negative report is required.

d. **Final Invention Statement** – A final Invention Statement is required. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.