CDC DIS Workforce Development Funding

The Disease Intervention Specialists (DIS) Workforce Development Funding is part of the American Rescue Plan Act of 2021. This $1 billion investment will be used over a five-year period. The goal of the investment is to support 21st-century outbreak response needs by:

1. Expanding and enhancing frontline public health staff
2. Conducting DIS workforce training and skills building
3. Building organizational capacity for outbreak response
4. Evaluating and improving recruitment, training, and outbreak response efforts

For the first year, the DIS Workforce Funding will be distributed as a supplement to PS19-1901: STD Prevention and Control for Health Departments (STD PCHD). The award amount by jurisdiction and time period is available.

Funding Q & A
Version Date: June 25, 2021

Recipients are encouraged to submit questions to STD_PCHD@cdc.gov.

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Application/Guidance

1. What is the purpose of this supplement?

The purpose of the CDC DIS Workforce Development Supplement is for state, local, and territorial jurisdictions to hire, expand, train, sustain, and support Disease Intervention Specialists (DIS) to strengthen the capacity of state, tribal, local, and territorial (STLT) public health departments to mitigate the spread of COVID-19 and other infections.

2. Will the supplement be a new grant number?

No. This funding will be issued as a supplement to CDC’s RFA-PS19-1901, “Strengthening STD Prevention and Control for Health Departments” (STD PCHD). Funding will be awarded under each jurisdiction’s existing STD PCHD grant number related to this cooperative agreement.

3. Who is eligible for this supplement?

The funding will be available to the 59 current recipients of CDC’s RFA-PS19-1901, “Strengthening STD Prevention and Control for Health Departments” (STD PCHD).

4. When is the application due?

Within 60 days of receipt of funds, recipients must submit workplans, budgets and supporting materials that describe their approaches through 12/31/2021 for procuring sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic and other incident infections, prioritizing hard-to-reach communities, and on how recipients will focus efforts on diversity, equity, and inclusion in hiring and recruiting workers from local communities they serve. Recipients will be expected to provide a brief overview of their programmatic context and capacity to implement workforce development goals, and information on needs assessment, including their current organizational structure, current staffing, staffing and skills gaps, training, training gaps, and outbreak response capacity. Recipients will be expected to include organizational chart(s) and policy and procedure documents at the state and local levels, as applicable.

5. What is the performance period for this supplement?

The performance period begins with the date of award and will end December 31, 2021.

6. What is the budget period for this supplement?

Recipients will operate under the STD PCHD PS19-1901 budget period. The budget period for the supplement begins the date of award and will end December 31, 2021.
7. **Will we have to develop strategies and objectives based on how funding will support DIS and surveillance activities across infectious diseases and integrate into current STD PCHD reporting?**

For this submission, these activities will be separate. Recipients will be asked to submit a separate supplemental work plan outlining their key activities and objectives across four priority areas of this supplemental funding award. The four priority areas are: (1) establish and expand the core public health workforce, (2) conduct workforce training and skills-building, (3) build organizational capacity for outbreak response, and (4) evaluate and continuously improve hiring, training, and outbreak response efforts.

8. **Will there be options to modify our existing [STD PCHD] budgets to accommodate new staffing and positions?**

STD PCHD recipients can submit modifications to their year 3 core budgets as per *Prior Approval Requirements* outlined in their most recent Notice of Award. Recipients are also encouraged to consider how supplemental funding will impact their budget planning and projections for year 4 of STD PCHD, and initiate discussions with relevant fiscal and administrative partners as needed to prepare for the year 4 continuation applications, due August 30, 2021.

9. **Will there be an ability to ask for unobligated funds in expanded authority rather than a carryover request if we cannot spend the entire amount allotted for 2021 by December 31, 2021?**

Funds will remain available for five years to conduct activities necessary to expand, train, and sustain a response-ready DIS workforce. STD PCHD recipients will be able to carryover funding as permissible under [Expanded Authority for Carryover](#).

10. **What documents are required to be submitted for the supplemental funding application?**

Within five business days of receipt of the Notice of Award, the Authorized Official for each respective recipient is required to acknowledge receipt of the guidance as a Grant Note in GrantSolutions. The acknowledgement must be submitted on official letterhead and utilize the “*Acknowledgement Letter for PS19-1901- COVID-19 Supplemental Funds*” attached to the guidance.

Within 60 days of receipt of the Notice of Award, the supplemental funding application package must be received by GrantSolutions and consist of the following documents:

- **Application for Federal Assistance 424**
  - One form for supplemental request – fill out the e-form in GrantSolutions

- **Budget Information 424a**
  - Total funding request- for supplemental project- provide form as an attachment
Workplan and Budget Narrative

1. 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. Also, an application checklist will be distributed to recipients through GrantSolutions.

2. The budget justification should go through 12/31/2021.

For details, refer to the CDC DIS Workforce Development Supplement guidance deliverables section and workplan template.

11. How were the supplement award amounts calculated?

Funding is being allocated to 53 state and territorial health departments based on proportional Community Resilience Estimates (CRE). Six directly funded cities will be funded as a percentage of the state allocation.

The CRE was developed by the Census Bureau to reflect community resilience to recover from a disaster, especially from COVID-19. The CRE combines information from the 2018 American Community Survey (ACS) and Census Bureau’s Population Estimates Program (PEP) (e.g., risk of poverty, crowding and disability in the community) and health conditions. Funding amounts were allocated proportionally based on the percentage of the population with more risk as determined by the CRE, ensuring that no jurisdictions received less than $1,000,000. There is a minimum funding allocation of $1,000,000 per jurisdiction.

12. How much time do I have to spend the supplemental funds?

Funds will remain available for five years to conduct activities necessary to expand, train, and sustain a response-ready DIS workforce. STD PCHD recipients will be able to carryover funding as permissible under Expanded Authority for Carryover.

13. What does the workplan look like, and when will it be shared with recipients?

A workplan template will be provided to recipients via GrantSolutions as soon as it is finalized.

Funding

14. What is the range of funding?

There is a minimum funding allocation of $1,000,000 per jurisdiction. The range of funding is from $1 million to $18.68 million per year.
15. My program is granted spending authority through the state legislature. What support can CDC provide programs which will have to seek spending and or hiring authorization?

DSTDP will be conducting one-on-one planning calls with each jurisdiction through the month of June to discuss program capacity to utilize these supplemental funds, with the objective of learning more about potential facilitators and barriers such as the situation mentioned above. DSTDP will work with STD PCHD recipients and partner CDC programs to maximize the impact of state, tribal, local and territorial (STLT) funding appropriated through the American Rescue Plan.

16. Will there be verbiage that indicates a certain amount of money should be used for rural areas?

This supplement does not require specific funding allocations for rural areas. CDC recommends that recipients utilize CDC’s Social Vulnerability Index (SVI) data and tools or U.S. Census Bureau’s Community Resilience Estimates to inform the jurisdiction’s COVID-19 planning, response and hiring strategy. Recipients are also encouraged to utilize workforce assessments and other program planning data to support strategic expansion of the DIS workforce in areas where existing capacity is limited. We also strongly encourage state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions not directly funded through this supplement.

17. What happens after the 5 years? Should states plan to absorb the cost after 5 years?

Federal support cannot be guaranteed beyond five years. Recipients are encouraged to evaluate and assess the impact of DIS on population-level health outcomes for COVID-19 and other infectious diseases to generate evidence-based recommendations for continued investment in the DIS workforce at federal, state, and local levels.

Progress Reporting Requirements

18. Will this funding require additional variables to be collected for STDs/HIV?

Recipients will be expected to work with DSTDP to develop an evaluation plan to assess the impact of the expanded DIS workforce on hiring, training, and outbreak response efforts in funded health departments. Specific data variables have not yet been determined, but where possible, DSTDP will work to harmonize additional data collection with existing reporting to reduce administrative burden (e.g., via STD PCHD Performance Measures, ELC Enhancing Detection Performance Measures).
19. From a fiscal standpoint, do we need to track spend down and expenditure of these funds separately from our PCHD funds?

At this point, recipients should plan to track expenditures and obligations from this money separately from the core STD PCHD award. Additional information on fiscal reporting and expenditure tracking related to DIS Workforce Development funding will be communicated to recipients when available.

20. COVID is managed external to DIS services in my state — since the onset we’ve not been involved in COVID contact tracing. So other than getting the other program to newly include DIS in COVID activities such as contact tracing, we would be concerned about reporting COVID deliverables through receipt of these funds.

DSTDP recognizes that STD programs have varying levels of involvement and overlap with their COVID-19 response infrastructure. STD PCHD recipients are encouraged to work with health department partners receiving related COVID-19 funds to ensure alignment of staffing and hiring plans, and to share information related to any COVID-19 reporting measures that may be requested as part of the evaluation plan. Where possible, DSTDP will work to harmonize additional data collection with existing reporting to reduce administrative burdens (e.g., via STD PCHD Performance Measures, ELC Enhancing Detection Performance Measures).

21. What are the progress reporting requirements?

Recipients must submit progress updates and fiscal reports every 12 months. Progress reports must include status in meeting hiring goals at recipient and sub-recipient levels. Fiscal reports must summarize progress in obligating and spending the allotted funds. Reporting templates will be made available. Recipients will also work with CDC to develop an evaluation plan to assess progress towards intended workforce development outcomes within the first six months of award. CDC will work with recipients to create evaluation plans that include process and outcome metrics related to staffing, hiring, and training, as well as disease intervention measures and outcomes related to COVID-19 and other infectious diseases response as applicable to the staff hired under this supplement. Progress reporting also includes routine project monitoring calls with project officers.

Allowable Costs

22. Will we be able to use the funds to cover infrastructure costs, including space/rent?

Yes. Under Allowable Costs, the supplemental guidance states "...equipment and supplies necessary to support DIS... equipment needed to perform the duties of the position, and other costs associated with support of the expanded workforce (to the extent these aren’t included in recipient indirect costs)."
Additional questions about allowable costs should be directed to your Project Officer and Grants Management Specialist.

23. (i) Can funding be used to support mobile app development and/or system level solutions? (ii) Can these funds go toward technological infrastructure (e.g., expanding technology developed for COVID contact tracing for STDs)?

The priority of this funding is to hire and support Disease Intervention Specialists (DIS) to strengthen the capacity of state, tribal, local, and territorial (STLT) public health departments to mitigate the spread of COVID and other infections. Allowable program costs do include “Purchase of equipment and supplies necessary to support DIS including personal protective equipment, diagnostic tests (up to 10% of funding), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position...” To the extent that technological investments will support successful DIS outcomes, these may be considered. If the focus is on innovation and/or adaptation of tools, recipients are encouraged to explore alternative funding mechanisms where that scope of work is more applicable. (E.g., ELC Enhancing or Expanding Detection).

24. Will we be able to use funds for clinical services?

Up to 10% of supplemental funding can be used to support the purchase of diagnostic tests to support DIS. Support for clinical personnel who conduct DIS activities (such as public health nurses) is allowable. For other clinical services or personnel, position justifications should include information on how they directly support the success of frontline DIS response and outbreak efforts. Recipients are also encouraged to leverage partner funding mechanisms that are specifically focused on workforce expansion of clinical services staff, such as through the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Supplemental Funding and ELC Enhancing Detection Through Coronavirus Response and Relief (CRR) Supplemental Funds.

25. Since DIS perform field screening and treatment, would allowable costs include test kits and field treatment? If offering tele-DIS services could we home test kits paired with tele-DIS services (i.e. if we’re doing virtual contact notification, could we fund a home test kit or referral for testing under these funds)?

Yes, these would be considered allowable. Per the guidance, funding can be used for "...diagnostic tests (up to 10% of funding without CDC approval), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position.”

26. Can the award formula include cost of living, distant delivery of services to very remote areas, and travel costs?

Yes. Per the guidance, allowable costs include "Administrative support services necessary to implement funded activities, including travel, training (to the extent these aren’t included in recipient indirect costs)."
However, CDC is encouraging innovation, including expansion of virtual or remote disease investigation, contact tracing and linkage to care services.

27. Can funding be used for purchase or lease of mobile testing units?

Funding to purchase a mobile testing unit would not be considered allowable. Using funding to lease cars to support DIS transportation to provide partner services or support an outbreak investigation would be allowable.

28. May the funds be used to do a community readiness and capacity assessment for DIS activities and outbreaks to help guide the best allocation and use of funds, or will there be guidance on how these monies should be split?

Yes. Under Allowable Costs, the supplemental guidance states, "If a gap assessment is not readily available, funds can be used to conduct this activity." Recipients are also encouraged to consult with their Project Officer to identify relevant tools and resources to support staff allocation estimations.

29. Will indirect be allowed to be charged to these funds?

Yes. Per the Office of Financial Resources Budget Preparation Guidance, to claim indirect costs, recipients must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

30. Can we use these funds to develop a contract to bring patients to the clinic with Uber or some such entity as this has become complicated with COVID and also individual liability and getting patients treated is crucial to DIS work?

To the degree that supportive and enabling services result in more successful DIS outcomes, these activities may be considered. Recipients should be expected to provide a clear justification and evidence-based rationale for such services in their application.

31. Can this funding be utilized to offer temporary/short term housing assistance to individuals in crisis impacted by an STD or other communicable disease while they seek and connect to appropriate government assistance?

This is not an allowable cost under this supplement. Recipients should work with partner agencies to connect impacted individuals with dedicated funding intended to help people remain stably housed during the pandemic (The Department of Housing and Urban Development has prepared a fact sheet on the housing provisions included in the American Rescue Plan Act).

32. Can funding be used to support syringe access programs?

DIS affiliated with an SSP would be an allowable expense.
33. Can we assist state lab in funding for testing of infectious diseases?

Per the guidance, funding can be used for “…diagnostic tests (up to 10% of funding without CDC approval).” Support for testing under this supplement should directly support DIS response and outbreak efforts.

34. Can we pay for clinician time to treat the patients on a mobile unit during outbreak response activities?

No, clinician time is not an allowable expense under these funds.

35. Is Community-embedded DIS support allowable?

Yes. Under Allowable Costs, the supplemental guidance states, “These individuals may be employed by...[n]onprofit private or public organizations, clinical settings, or community-based organizations, with demonstrated expertise in implementing public health programs and established relationships with such STLT public health departments, particularly in medically underserved areas.” Recipients are also encouraged to support local jurisdictions and tribal governments within their jurisdictions not directly funded through this supplement.

36. Can I use this money to support the purchase of supplies/equipment/computers for staff that I hire?

Yes, purchase of equipment and supplies necessary to support DIS including personal protective equipment, diagnostic tests (up to 10% of funding without CDC approval), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).

37. Can I use supplement funds to contract with local health departments, community-based organizations, or other partner organizations?

Yes, recipients can use supplement funds to make subawards or contracts to tribal and local entities to expand, train, and sustain a response-ready DIS workforce.

38. Can I use supplement funds to pay for training new and current DIS staff?

Yes, training is supported through this funding for new and existing staff. All DIS training must adhere to the core competencies developed by CDC. Programs are strongly encouraged to use CDC-developed training where available.
39. Can I use supplemental funds to develop or support a locally created training curriculum?

Yes, and all DIS training must adhere to the core competencies developed by CDC. Programs are strongly encouraged to use CDC-developed training where available, specifically for CDC-developed core DIS training. If programs use other core training, they must submit a training curriculum for review and approval.

**Hiring Staff**

40. Is funding for DIS supervisors allowed?

Yes.

41. Can we put people who are already DIS on these funds?

Yes, to the degree it results in better alignment of DIS activities and supports workforce development. Shifting of personnel across awards should be based on the goals and objectives of each agreement, the scope of DIS work, and with the consultation of relevant CDC monitoring staff. Funding can also be used to convert part-time DIS positions to full-time positions during the performance period. To estimate the impact on overall workforce expansion, recipients will be asked to submit a staffing plan outlining their overall DIS capacity and estimates for the number of new DIS hired through this supplement.

If DIS are being shifted from one cooperative agreement to another, recipients are expected to work with their respective Project Officer and Grants Management Specialist to ensure all relevant prior approval requirements are met, that any change in staffing does not substantially interrupt planned activities, and that any blended funding to support DIS positions does not result in FTE allocation above 100% across different cooperative agreements.

42. Will there be a certain percentage of work that must be COVID related?

Currently, no percentage of work is allocated to a specific program area (COVID, STD, HIV, or others). Given the variation in program capacity across jurisdictions, as well as dynamic COVID-19 transmission and morbidity trends, establishing a set percentage for work in a particular program might not be appropriate or applicable to all programs and is likely subject to fluctuate over time. Recipients are encouraged to work with their STD PCHD Project Officer, as well as adjacent program managers in their health department, to coordinate across funding mechanisms to hire and cross-train DIS to meet response needs across programs.
43. Will some partial support for surveillance staff be allowed if activities are in support of DIS staff activities? i.e., report development, quality assurance, and technical assistance for the collection of case management data.

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. As part of their application, recipients will have the opportunity to propose a staffing plan that encompasses both direct and supporting activities related to DIS response. Recipients are encouraged to work with their Project Officer to determine staffing allocations and positions that support the goal of these supplemental funds.

44. What is the plan to ensure the equitable hiring of staff who accurately and proportionately reflect the intended beneficiaries in affected communities?

CDC recommends that recipients utilize CDC’s Social Vulnerability Index (SVI) data and tools or U.S. Census Bureau’s Community Resilience Estimates to inform the jurisdiction’s COVID-19 planning, response, and hiring strategy. Recipients will also work with DSTDP to develop measures and metrics related to workforce development and staff hired under this supplement.

45. Are DIS expected to be hired as condition-specific (or primary condition at least)? It looked like one of the slides in the draft template is breaking down the DIS into COVID-19, HIV, STD, etc.

As part of the work plan template, recipients are asked to submit a staffing plan that identifies the administrative “home office” of current and proposed DIS and related program positions. This plan does not set any hiring requirements; this information is being requested to better understand where DIS are primarily housed within a health department and how/where these supplement dollars will support workforce expansion. Programs are encouraged to cross-train DIS in strategic and specialized skills, as well as provide disease-specific training in COVID-19 and other infectious diseases based on their proposed job responsibilities.

Recipients will be expected to work with DSTDP to develop an evaluation plan to assess progress towards workforce development outcomes, including home office and placement of staff hired with DIS supplemental dollars.

46. Will there be suggestions on roles and positions to include for various program areas?

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. Recipients should leverage internal program assessments, staffing estimator tools, and other CDC-developed staffing guidance to inform their jurisdiction-specific hiring plan. Recipients are also
encouraged to consult with their project officer and health department partners to align staffing and hiring plans across various workforce development funding mechanisms.

47. May these funds be used to support case extractors and staff associated with the Congenital Syphilis case review boards?

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. Recipients may have marked increase in congenital syphilis cases, and to the degree that the proposed positions support response work, they may be considered. Recipients are encouraged to consult with their STD PCHD Project Officer to determine if such positions may be better aligned with the core STD PCHD cooperative agreement.

48. May these funds be used for case managers of mothers with syphilis?

Yes. Per the supplement guidance, "Funds will support health departments to increase capacity to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases."

49. How much of these funds are for DIS?

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. However, funding could be used to hire personnel that may range from early-career or entry-level positions to mid-level positions and may include but is not limited to full-time and part-time staff (which may consist of converting part-time positions to full-time positions during the performance period), temporary or term-limited staff, fellows, interns, and contractors or contracted employees.

50. Can I contract with a staffing firm to hire staff?

Programs are encouraged to use the various mechanisms listed below. Programs may use temporary staffing or employment agencies to hire staff for surge capacity during an outbreak, but this is not recommended for long-term staffing needs.

The variety of mechanisms to expand the DIS workforce include, but are not limited to:

- Using the COVID-19 Related Support Services (CRSS) contract mechanism through the General Services Administration (GSA) Acquisition Gateway (gsa.gov) to obtain contract staff or services;
- Veterans Employment Services (Veterans.gov);
- 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.
51. Can I hire COVID-19 contact tracers with these funds?

Yes, CDC expects the funds will support health departments to increase capacity to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, and outbreak response for COVID-19 and other infectious diseases. We strongly encourage state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions that are not directly funded through this Supplement.

52. Can I hire a public health nurse, epidemiologist, and informatician under this supplement?

Yes, however, hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. The additional staff should be used to support the success of frontline DIS response and outbreak efforts.

53. Can I hire shared positions, e.g., a public health nurse, epidemiologist, or informatician, to work across COVID-19 and other infectious diseases?

Yes, programs can hire shared positions to support responding to COVID-19, incident infections, and outbreak response.

Training

54. Does CDC plan to use any of these funds to develop additional trainings for current DIS? Will jurisdictions be responsible for finding external trainings for DIS?

DSTDP has received specific funding to support DIS training and plans to spend $8 million a year for the next five years to expanding access and updating the curriculum for DIS training.

55. What will the [DIS] Training Centers be getting? And will Passport to Partner Services tracks be expanded to include other diseases?

Specific funding will be used to launch DIS Certification, and part of the DIS certification process will be to ensure that DIS competencies are applicable across multiple communicable diseases. The DIS competencies will provide the foundation for a national DIS curriculum. Standardizing DIS training is a high-impact workforce development investment that will save lives and save money. Certification will validate the knowledge, skills, and abilities of DIS and provide a critical surge capacity during public health emergencies. Information on access and expansion of relevant training opportunities will be provided as that process unfolds.
56. When will the in-person portion of Passport to Partner Services resume?
In-person training for the Passport to Partner Services has been cancelled until COVID-19 travel restrictions are lifted, and employees are able to travel to attend trainings.

57. New staff will have training needs. When will the new DIS training be available?
The new DIS course being developed, which is called “Principles, Practices, and Pathways to Disease Intervention (3PDI),” is anticipated to be available in Fall of 2021. It will be a combination of online and virtual instructor-led training. There will be no travel associated with this course.

58. What can we expect to see from CDC in supporting DIS Certification and training infrastructures?
In addition to dedicated funding to enhance and increase access to DIS training through CDC-funded programs, recipients can utilize STD PCHD supplemental funds to support additional strategic and specialized DIS training to improve workforce readiness in their jurisdiction. Recipients are encouraged to work with their STD PCHD Project Officer to identify internal and external partnerships to develop and deliver training based on jurisdiction-specific training needs and priorities. Programs are strongly encouraged to use CDC-developed training where available, specifically for CDC-developed core DIS training. If programs use other core training, they must submit a training curriculum for review and approval.

59. Given that the DIS certification has not yet been released, is there any guidance for how to budget the cost associated with the certification and training?
Recipients should not plan to budget for DIS certification as part of this year’s supplement, as certification opportunities will not be available during the 2021 project period. CDC is planning to support the creation of a DIS certification process, and more information will be provided on the costs related to DIS certification as that information is available. In the interim, recipients are encouraged to utilize funds to support cross-training and other capacity-building activities that are aligned with the knowledge, skills, and abilities outlined as part of the DIS Certification Project.

60. Will there be requirements to partner with ELC funding PIs?
STD PCHD recipients are encouraged to work with health department partners receiving related COVID-19 funds to ensure alignment of staffing and hiring plans. As a five-year award, this funding can be used to transition staff conducting DIS work under shorter-term funding mechanisms. To maximize impact of this funding, recipients are strongly encouraged to coordinate across federal funding mechanisms such as the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020; Coronavirus Aid,

61. Can we use partners such as the CDC Foundation to hire DIS if we have a hiring freeze?

Yes. Per the guidance, individuals may be employed by "Nonprofit private or public organizations, clinical settings, or community-based organizations, with demonstrated expertise in implementing public health programs and established relationships with such STLT public health departments, particularly in medically underserved areas." In addition to directly hiring staff, programs can use a variety of mechanisms to expand the DIS workforce, including, but not limited to:

- Using the COVID-19 Related Support Services (CRSS) contract mechanism through the General Services Administration (GSA) Acquisition Gateway (gsa.gov) to obtain contract staff or services;
- Veterans Employment Services (Veterans.gov);
- 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.

62. Will DSTDP provide technical support to state and local programs under this funding?

DSTDP will work with funded STD PCHD recipients to connect both state and local staff with the necessary training and technical assistance resources needed to support a response-ready DIS workforce. We strongly encourage state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions not directly funded through this supplement. Support can include training and education for new and existing staff on topics related to DIS response, whether those staff are located in state, local, tribal organizations, or community-based settings.