

**Frequently Asked Questions**  
**Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response:**  
**CDC-RFA-OT20-2004**

**As of April 24, 2020**

**Lead CDC Organizational Unit for RFA:** Center for State, Tribal, Local, and Territorial Support (CSTLTS)

**Budget/Funding**

**1. Can you provide a general overview of the funding considerations for tribes funded through CDC-RFA-OT20-2004: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response?**

Funding available through CDC's new noncompetitive grant Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (CDC-RFA-OT20-2004) requires one application administered through the two components described below. Eligible applicants for both components are encouraged to apply now.

- **Under Component A:** Federally recognized tribes and tribal organizations that contract or compact with the Indian Health Service (IHS) under Title I and Title V of the Indian Self-Determination and Education Assistance Act, or consortia of these tribes, or their bona fide agents are eligible to apply for this component. Component A uses a modified version of the IHS Tribal Size Adjustment formula. Each eligible applicant will receive a base funding amount of \$25,000, plus the applicant's IHS fractionated allotment within 10 calendar days of CDC's receipt of the application. Applicants can begin to spend the funds as soon as they receive their initial notice of award (NOA). When the application period closes on May 31, 2020, the amount of remaining funds will be distributed across all Component A applicants. In addition, all component A applicants will also receive their allotment of Component B funds.
- **Under Component B:** All federally recognized tribes, tribal organizations, consortia of federally recognized tribes, and their bona fide agents are eligible to apply. Those tribes eligible for Component A funding will automatically be eligible to receive Component B funding without providing an additional application. Component B uses a population-based formula. "Population" is defined as all individuals residing within a jurisdiction defined by the applicant. Eligible tribes not receiving Component A funding will receive a base funding award of at least \$25,000 plus a population allotment percentage after all applications have been received. For those applicants eligible to receive Component B funding only, they will receive the base award within 10 calendar days of their application (initial NOA and the population-based allotment after the application period closes on May 31, 2020 (the second NOA).
- All eligible applicants under both Component A and Component B are encouraged to apply now. The final amount of funding available for each applicant will depend on the number of applications received. For application budget planning and work plan development purposes, applicants should use an estimated award floor of \$25,000 and an estimated award ceiling of \$1,500,000.

**2. Is prior approval required for pre-award costs?**

No, pre-award costs incurred on January 20, 2020, or after may be included in the application. Recipients should ensure the costs are for allowable activities and must clearly identify these costs in their budgets, indicating the costs were incurred between January 20, 2020, and when funding was awarded.

**3. Can we use this funding to pay for overtime costs?**

Yes, CDC will allow recipients to include projected overtime estimates in their budgets since these costs are a very likely and reasonable expense during the coronavirus disease 19 (COVID-19) response. Recipients should estimate overtime costs based on current real-time needs and must follow federal rules and regulations in accounting for the employees' time and effort.

**4. How should tribes decide which activities to fund?**

Tribes should prioritize their activities based on their most pressing response needs that fall within the activities described in the guidance. This funding is intended to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities for COVID-19.

**5. Does the allocation of funding take tribal populations into account, and if so, where do those data come from?**

Yes, fractionated amounts for Component A will be awarded using IHS user population data. Component B applicants are to provide population information in the application, and awards will be based on the information provided.

**6. Is it unreasonable to request salaries for 12 months since we haven't reached our COVID-19 infection peak yet and don't know how long we might need to operate under crisis response conditions?**

No, it is not unreasonable. Please include the cost of 12-month salaries in your application.

**7. Do applicants for Components A and B apply at the same time?**

Yes, applicants for both Component A and Component B should apply now through May 31, 2020. Only one application is necessary to be considered for both components.

**8. If we received a COVID-19 emergency cooperative agreement award, are we also eligible for the non-competitive grant award (CDC-RFA-OT20-2004)?**

Yes, you are eligible to receive funding under a cooperative agreement and the non-competitive grant (CDC-RFA-OT20-2004). However, be sure that your proposed activities are complementary and/or expand on activities that have been funded.

**9. Our tribe is self-insured. Can we include estimated costs for our insurance pool for estimated COVID cases?**

Yes. Please note most of these costs are normally covered through an organization's indirect cost rate agreement.

**10. Can tribes apply for more than the maximum award anticipated, or will they be disqualified?**

Tribes should request funding according to their anticipated needs but should not request more than the ceiling of \$1.5 million dollars

**11. Can you clarify the information about the \$25,000 award floor?**

All applicants will receive the minimum floor award of \$25,000.

**12. Will tribes be allowed to reimburse the costs for our COVID-19 activities that have already been undertaken since the Declaration of Emergency by our tribe?**

The award can be used to reimburse costs incurred for carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other COVID-19 preparedness and response activities that were conducted on or after January 20, 2020. Applicants for funding will need to incorporate reimbursement requests into their budget submissions.

**13. If a federally recognized Indian tribe does not have a 638 contract or compact with IHS, what funding mechanism will be used to fund such a tribe under this non-competitive funding?**

Federally recognized tribes who are not Title I or Title V tribes are eligible to apply for funds under Component B.

**14. In their applications, are tribes able to include activities related to future pandemic preparedness, prevention and response, including infrastructure capacity building?**

Yes, funding is intended to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and *other preparedness and response activities* for the current COVID-19 pandemic.

**15. Does a bona fide agent have to be the recipient of funds on behalf of the tribe or can a tribe designate a bona fide agent to write and manage the grant on their behalf but have all funding go directly to the tribe?**

The bona fide agent would be responsible for all aspects of the award, including receipt and management of funding.

## **Required Activities**

**16. Does “collaboration” refer to work being done among tribes working together and applying together or does it refer to tribes working with community services (hospitals, emergency management systems, etc.)**

This language refers specifically to the multi-pronged approach that loops in Indian health boards and like organizations and areas that have been funded and are active in the community. Collaborating with them is encouraged to ensure that activities are complementary and not duplicative. Other collaborations are allowed and up to the tribe’s discretion.

**17. Our tribe has a direct service clinic through IHS and does not have a Title I or Title V agreement. Are we disqualified from applying for this grant?**

No, you are not disqualified from applying. You are qualified to apply for Component B, which is designed for all federally recognized tribes, tribal organizations, consortia of federally recognized tribes, or their bona fide agents.

**18. There is mention of sustainability. What exactly does this entail? Some projects may not have a sustainability aspect, so will we have to show sustainability for all parts of the plan?**

Sustainability is mentioned only in standard language for cost sharing or matching. Cost sharing or matching are not a requirement of this funding opportunity.

### **Allowable Activities**

**19. We had to purchase beds and other furniture for housing COVID-19 patients under quarantine. Can those costs be reimbursed?**

Yes, these costs can be reimbursed.

**20. The guidance states that funding can be used for alteration or renovation of nonfederal facilities that directly support allowable activities in one of the six domains. Does this include major construction or structural changes, such as removing walls or adding more square footage? Or, is this limited to cosmetic changes like painting and new flooring?**

Given the 12-month budget period for the award, CDC recommends that funding be used for alteration or renovation of existing nonfederal facilities. CDC will consider other, more extensive construction projects on a case-by-case basis.

**21. Can we fund hospitals and other healthcare providers directly?**

Jurisdictions can fund hospitals and other healthcare providers directly as long as funds are used for allowable activities. The one exception is that federal grant dollars cannot be redirected to other federal agencies, such as IHS. Therefore, you cannot fund IHS-operated tribal hospitals and clinical services under this grant.

**22. Can you be more specific about what clinical care is allowable?**

Clinical care costs for individuals while under tribal, state, or federal quarantine and isolation orders that are not eligible to be paid for by other sources are allowable. Laboratory testing is an allowable clinical care cost.

**23. Can awarded funds be used for internet-based communication support (internet, broadband, fiber, cell tower installation, radio)**

Costs that are needed for infrastructure to support ability to perform or execute COVID-19 activities are allowable.

**24. In the allowable activities, we cannot find language to verify that it's possible to submit a proposal to partially or fully fund the costs of a medical emergency preparedness services vehicle.**

There would need to be a bona fide need directly related to COVID-19 response activities, and you must consider lease vs purchase.

**25. Is lost revenue allowable under this funding opportunity? If so, which category, and is there a formula for calculating this?**

Lost revenue is not allowable under this funding opportunity.

**26. Are indirect expenses allowed under this award?**

Yes, indirect costs are addressed under the Budget Narrative section (page 22 of 41).

**27. Does recovery cost include providing cleaning, disinfecting supplies, and services to those in the community who have been infected?**

Yes, infection control is part of countermeasures and mitigation: Countermeasures and mitigation activities may include, but are not limited to, infection control, quarantine and isolation, management and distribution of medical materiel, coordination with healthcare systems, surge staffing, shipping and procurement of supplies and equipment.

## **Work Plan Activities**

**28. Do tribes need to include both a Project Narrative and Work Plan as part of their submission or is the Work Plan serving as the narrative in this case?**

No, the Work Plan and Project Narrative are one and the same for this application.

**29. The notice of funding opportunity (NOFO) identifies significantly more required documents than were specified online, in the webinars, or during the informational calls.**

There are sections in the NOFO that are hard coded in the template, which we are unable to modify. In those sections that are not required, we have notated that it is not applicable to the award, so you do not need to provide those documents.

**30. How much of an evaluation plan must go into the application?**

Due to the nature of this grant and public health crisis, applicants are not required to provide an Evaluation and Performance Measurement plan. A Data Management Plan (DMP) also is not required at this time. Given the flexible nature of this grant and diversity of allowable activities, if a recipient chooses to allocate funding to a COVID-19 activity that involves the collection, generation, or analysis of data, a DMP may be required after award. This decision will occur on a case-by-case basis in consultation with the CDC project officer and CSTLTS Science Unit.