Health & Human Services Agency
COUNTY OF TULARE
AGENDA ITEM

AGENDA DATE: June 23, 2020 REVISED

Public Hearing Required	Yes ☐	N/A ☒
Scheduled Public Hearing w/Clerk	Yes ☐	N/A ☒
Published Notice Required	Yes ☐	N/A ☒
Advertised Published Notice	Yes ☐	N/A ☒
Meet & Confer Required	Yes ☐	N/A ☒
Electronic file(s) has been sent	Yes ☒	N/A ☐
Budget Transfer (Aud 308) attached	Yes ☐	N/A ☒
Personnel Resolution attached	Yes ☐	N/A ☒
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes ☐	N/A ☒

CONTACT PERSON: Nilsa Gonzalez PHONE: 559-624-8000

SUBJECT: Approve the acceptance of the COVID-19 Crisis Response Funding

REQUEST(S):

That the Board of Supervisors:

1. Approve to replace and supercede Resolution No. 2020-0190, which was approved by the Board of Supervisors on April 21, 2020, to accept additional funds, $218,912, from the California Department of Public Health for a total allocation not to exceed $694,170, retroactive to March 5, 2020 through March 15, 2021 for the COVID-19 crisis response. This allocation is retroactive due to a delay in receiving the allocation from the State. It was impracticable for the Board to take action prior to March 5, 2020, due to the time needed to process, prepare, and submit the agenda item.

2. Find that the Board had the authority to accept the funds as of March 5, 2020 and that it was in the County's best interest to accept the funding on that date.

SUMMARY:

On March 6th, the United States President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. This act provides funding from the Centers for Disease Control and Prevention (CDC) to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). California received $41,206,709 and 70% is being allocated to local health jurisdictions. California Department of Public Health aligned the funding levels based on previous sharing ratios between State and local health departments.

Tulare County Health and Human Services Agency (HHSA) Public Health Branch

has the discretion to allocate the funding for the highest priority response needs in the following categories: Incident Management for Early Crisis Response, Jurisdictional Recovery, Information Management, Countermeasures and Mitigation, Surge Management, and Biosurveillance.

As a recipient, the HHSA Public Health Branch must: 1) comply with existing and/or future directives and guidance from the State/U.S. Government regarding control of the spread of COVID-19; 2) in consultation and coordination with State/U.S. Government, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the State and U.S. Government in the implementation and enforcement of federal orders related to quarantine and isolation.

The CDC has identified required activities that jurisdictions must complete, which include surveillance and community intervention activities. Tulare County HHSA Public Health Branch is required to implement and scale-up laboratory testing and data collection to enable identification and tracking of COVID-19 cases in the community and is responsible for immediate implementation of real-time reporting. Tulare County HHSA Public Health Branch will collaborate with CDPH on a community intervention plan, which is also required.

The following terms and conditions on the Notice of Award deviate substantively from the standard County boilerplate: (1) Both the State and Federal government have the ability to terminate the award if the County fails to comply with its terms and conditions; and (2) The County is required to provide to the CDC copies of and/or access to COVID-19 data collected with this funding;the CDC will issue further guidance regarding this requirement.

FISCAL IMPACT/FINANCING:

The California Department of Public Health informed Tulare County HHSA of an increase to the original allocation, from $475,258 to $694,170, for the period of March 5, 2020 through March 15, 2021. An amount of $380,206 was included in Fiscal Year 2019/2020. An amount of $313,964 will be budgeted in Fiscal Year 2020/2021. The funding will be budgeted in unit 142-6109. This allocation is funded by the Centers for Disease Control and Prevention through the California Department of Public Health. Funding must be used to implement approved activities.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's strategic business plan includes the Safety and Security initiative to plan and provide coordinated emergency preparedness response, recovery and mitigation capabilities for natural and manmade disasters. Acceptance of this funding will provide funds to help fulfill this initiative by ensuring the County is prepared to respond to this public health emergency.

SUBJECT: Approve the acceptance of the COVID-19 Crisis Response Funding
DATE: June 23, 2020

ADMINISTRATIVE SIGN-OFF:

/s/Robert Stewart OBO
Karen M. Elliott
Director of Public Health

cc: County Administrative Office

Attachment(s) Allocation Letter
Notice of Award
COVID-19 Crisis Response Cooperative Agreement-Components A and B Supplmenetal Funding Guidance

BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF APPROVE THE ACCEPTANCE OF THE COVID-19 CRISIS RESPONSE FUNDING	))))	**Resolution No. _____** **Agreement No. _____**

UPON MOTION OF SUPERVISOR _____, SECONDED BY SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____ _____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * * * * * * * * * * * * * * * *

1. Approved to replace and supercede Resolution No. 2020-0190, which was approved by the Board of Supervisors on April 21, 2020, to accept additional funds, $218,912, from the California Department of Public Health for a total allocation not to exceed $694,170, retroactive to March 5, 2020 through March 15, 2021 for the COVID-19 crisis response. This allocation is retroactive due to a delay in receiving the allocation from the State. It was impracticable for the Board to take action prior to March 5, 2020, due to the time needed to process, prepare, and submit the agenda item.

2. Found that the Board had the authority to accept the funds as of March 5, 2020 and that it was in the County's best interest to accept the funding on that date.

State of California—Health and Human Services Agency
California Department of Public Health

SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

GAVIN NEWSOM
Governor

April 13, 2020

Dr. Karen Haught
Health Officer
County of Tulare
5957 S Mooney Blvd
Visalia, CA 93277

Authority:
Section 311(c)(1) of the Public Health Service Act
(42 USC 243(c)(1)

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)

Dear Dr. Karen Haught:

COVID-19 Crisis Response Funding
Award Number COVID-19-5401 County of Tulare

This letter covers COVID-19 Crisis Response reimbursement information for the period of March 5, 2020 through March 15, 2021. The Emergency Preparedness Office (EPO) has received another installment of this funding and is allocating an additional **$218,912** to **County of Tulare** in order to support your greatest response needs to prevent, prepare for, and respond to COVID-19. This allocation and your previous allocation, brings your total allocation to **$694,170.**

Your Agency may use discretion to allocate this funding to your highest priority response needs in the following categories (Attachment 1 – Allowable Activities):

- Incident Management for Early Crisis Response;
- Jurisdictional Recovery;
- Information Management;
- Countermeasures and Mitigation;
- Surge Management; and
- Biosurveillance

The following costs are unallowable:

- Research;
- Clinical care except as provided above in connection with countermeasures and mitigation; and
- Publicity and propaganda (lobbying):
    - Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designated to support or defeat the enactment of legislation before any legislative body; and
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

EPO will reimburse your Agency within 72 hours of invoice receipt. In order to receive your allocation, please complete and submit your invoice (Attachment 2 – Invoice) as soon as possible to: LHBTProg@cdph.ca.gov.

Please Submit the following to EPO:

1. Invoice requesting reimbursement at your Agency's full allocation. Use the attached COVID-19 Invoice. Submit your invoice to: LHBTProg@cdph.ca.gov.

2. By April 17, 2020, submit a revised spend plan against your total allocation (Attachment 3 – Spend Plan) to: LHPTProg@cdph.ca.gov.
   - Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources; and salary is kept below $189k as required by the funder.
   - Please maintain any supporting documentation for expenditures against this funding.

3. By April 23, 2020, submit a work plan for your total allocation (Attachment 4 – Work Plan) to: LHBTProg@cdph.ca.gov.

4. On a quarterly basis, beginning in June 2020, submit an expenditure report against your total allocation (Attachment 3) and work plan progress report (Attachment 4).

Thank you for the time your Agency has and will continue to invest in this response. I am hopeful that with additional funding your Agency will have the adequate resources for an appropriate response. If you have any questions or need further clarification, please contact your assigned EPO Contract Manager directly.

Sincerely,

Melissa Fowler for

Tricia Blocher, Deputy Director
Emergency Preparedness Office
California Department of Public Health

TERMS AND CONDITIONS OF AWARD

Incorporation:

In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at https://www.cdc.gov/grants/federalregulationspolicies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-TP18-1802, entitled "Cooperative Agreement for Emergency Response: Public Health Crisis Response" and the **COVID-19 Crisis Response Cooperative Agreement – Component A and B Supplemental Funding Guidance,** which is hereby made a part of this non-research award, hereinafter referred to as the Notice of Award (NoA).

Component B COVID-19 Funding: Additional funding is approved for Component B **COVID-19 Crisis Response** activities, as described in the supplemental funding guidance. The funding listed on page 1 of the NoA is cumulative and includes previously awarded COVID-19 funds. This also extends the budget and project period end date to twelve (12) months from the date of this Notice of Award (NoA).

Pre-Award Costs: Pre-award costs dating back to January 20, 2020 – when CDC first activated its Emergency Operations Center (EOC) – and directly related to the COVID-10 outbreak response are allowable.

Overtime: Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

Budget Revision Requirement: Jurisdictions must submit revised budgets (SF-424A) and budget narratives (budget narrative template provided) by **April 20, 2020**. These documents must be submitted to CDC along with a letter on jurisdiction agency letterhead with signatures from the jurisdiction's preparedness director, laboratory director, and state epidemiologist (or their designees) indicating all have provided input into plans, strategies, and investment priorities. Jurisdictions must submit all documents via GrantSolutions.

Revised Work Plan: Jurisdictions must submit revised work plans (work plan template provided) as a grants note (labeled "[Jurisdiction] COVID-19 Work Plan") in GrantSolutions no later than **May 4, 2020**.

Additional Reporting:

- Monthly progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans.
- Monthly fiscal reports as defined in REDCap (beginning 60 days after NOAs are issued).
- Performance measure data (see Section VIII. Performance Measures).
- CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

Additional Term and Condition:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and

Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award.

- Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322) and the purpose of this award and the underlying funding, Recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

Unallowable Costs:

- Research
- Clinical care (except as otherwise noted in Domain 5 and as may be provided in further guidance from CDC)
- Publicity and propaganda (lobbying):
    - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
        - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
        - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
    -
- All unallowable costs cited in CDC-RFA-TP18-1802 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1- 800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The UPDATED grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Damond Barnes, Grants Management Specialist
Centers for Disease Control and Prevention
Branch IV
2939 Flowers Road
Atlanta, GA 30341
Email: xhp5@cdc.gov

AND
U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376 and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:
CDC, Office of Grants Services
Damond Barnes, Grants Management Specialist
Centers for Disease Control and Prevention
Branch IV
2939 Flowers Road
Atlanta, GA 30341
Email: xhp5@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:
Tiandra M. Thornton, Project Officer
Centers for Disease Control and Prevention
Atlanta, Georgia
Telephone: 404-498-5495
Email: lgy5@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:
Tiffany Mannings, Grants Management Officer
Centers for Disease Control and Prevention
Branch IV
2939 Flowers Road
Atlanta, GA 30341
Email: yuo7@cdc.gov

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

CDC-RFA-TP18-1802

Cooperative Agreement for Emergency Response: Public Health Crisis Response

COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding

Interim Guidance

March 15, 2020

I. Summary

On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) (Coronavirus Supplemental). This act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19).

To support governmental public health emergency response to COVID-19, the Centers for Disease Control and Prevention (CDC) is activating CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response (www.cdc.gov/phpr/readiness/funding-crisis.htm). CDC is awarding funding, totaling $569,822,380, under Components A and B to eligible jurisdictions that are on the approved but unfunded (ABU) list for CDC-RFA-TP18-1802 to provide resources to prevent, prepare for, and respond to COVID-19. This funding is intended for state, local, territorial, and tribal health departments to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. These funds are in addition to funds CDC previously awarded to select jurisdictions for COVID-19 response activities.

This interim guidance supplements guidance provided in the original CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response Notice of Funding Opportunity (NOFO), in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards. All requirements of that NOFO remain in effect unless otherwise amended herein. **This guidance updates guidance released to select jurisdictions on March 4, 2020, for funds awarded through CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement - Component A Interim Guidance.** CDC may again issue updated guidance.

Statutory Authority

This program is authorized under section 311(c)(1) of the Public Health Service Act (42 USC 243(c)(1)) and the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123).

II. Eligibility

Jurisdictions that responded to the Public Health Crisis Response notice of funding opportunity (50 states, six large metropolitan areas, eight U.S. territories and freely associated states, and one tribe) are eligible for funding. The total amount of funding to be awarded is $569,822,380. Specific funding allocations are outlined in Appendix 1.

III. Use of Funds

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award.

Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19.

Financial Management Requirements and Exceptions

- This is one-time funding. Recipients must obligate funding and complete approved activities within the performance and budget period as defined in Section IV. Key Timeframes.
- Funding must be used to implement activities outlined in the following list of allowable activities.
- CDC will provide ongoing oversight and monitoring of this cooperative agreement.

Direct Assistance

- Direct assistance (DA) is not available through this funding.

Overlap in Projects, Budget Items, or Commitment of Effort

- Funds cannot be used to supplant existing federal funds awarded by other federal sources
- Funds cannot be used to match funding on other federal awards.

Allowable Activities

CDC has determined that, as part of Components A and B activities allowable for the COVID-19 response, jurisdictions may use discretion to allocate this funding for their highest priority response needs in the following categories, consistent with applicable grant regulations and this guidance. With prior approval from CDC, reimbursement may be allowed for pre-award costs incurred on or after January 20, 2020, for certain public health expenses related to surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities associated with COVID-19 response activities and otherwise allowable under this guidance.

Domain 1: Incident Management for Early Crisis Response

- Emergency Operations and Coordination
- Responder Safety and Health
- Identification of Vulnerable Populations

Domain 2: Jurisdictional Recovery

- Jurisdictional Recovery

Domain 3: Information Management

- Information Sharing
- Emergency Public Information and Warning and Risk Communication

Domain 4: Countermeasures and Mitigation

- Nonpharmaceutical Interventions
- Quarantine and Isolation Support
- Distribution and Use of Medical Materiel

Domain 5: Surge Management

- Surge Staffing
- Public Health Coordination with Healthcare Systems
- Infection Control

Domain 6: Biosurveillance

- Public Health Surveillance and Real-time Reporting
- Public Health Laboratory Testing, Equipment, Supplies, and Shipping
- Data Management

Alteration or renovation of non-federal facilities that directly support activities in these six domains are allowable activities, subject to prior approval from CDC. More details about allowable activities are provided in Appendix 2.

Required Activities

CDC has determined that, as part of Components A and B activities for the COVID-19 response, jurisdictions must meet surveillance and community intervention implementation requirements outlined below.

Surveillance, Laboratory Testing, and Reporting

Recipients are required to implement and scale-up laboratory testing and data collection to enable identification and tracking of COVID-19 cases in the community and are responsible for immediate implementation of real-time reporting to CDC. Specifically, jurisdictions should focus on the following activities, in accordance with CDC guidelines:

- Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death.
- Conduct surveillance to monitor virologic and disease activity in the community and healthcare settings.
- Implement routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements.
- Establish or enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, reporting.
- Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g. school closures and cancellation of mass gatherings).
- Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g. shortages of personal protective equipment).

Community Intervention Implementation Plan

Recipients must develop a brief COVID-19 community intervention implementation plan that describes how the state and local jurisdictions will achieve the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts. The plan should address how the recipient will:

- Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities.
- Plan and adapt for disruption caused by community spread and implement interventions to prevent further spread.
- Ensure healthcare system response is an integrated part of community interventions.
- Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.

Recipients must submit a summary of the community intervention implementation plan in GrantSolutions as a grant note with the subject line "COVID-19 [Jurisdiction] Community Intervention Plan" within 60 days of the Notice of Award (NOA).

Unallowable Costs

- Research
- Clinical care except as provided above in connection with Domain 4 activities.
- Publicity and propaganda (lobbying):
    - Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

- All unallowable costs cited in CDC-RFA-TP18-1802 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

IV. Key Timeframes

- CDC will issue NOAs immediately.
- The budget period for this award is 12 months from the date of the NOA. The 12-month period from the date of this NOA supplants the 6-month period provided in the interim guidance issued to select jurisdictions on March 4, 2020.
- Certain pre-award costs dating back to January 20, 2020 – when CDC first activated its Emergency Operations Center (EOC) – and directly related to COVID-19 outbreak response are allowable, as described above, and in accordance with Division A – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Supplemental).
- All eligible expenditures to be charged to this award must be made within 90 days after the end of the budget period.
- Jurisdictions must develop a brief COVID-19 community intervention implementation plan (referenced in Section VII. Additional Requirement(s)). A summary of the plan must be submitted in GrantSolutions as a grant note with the subject line "COVID-19 [Jurisdiction] Community Intervention Plan" within 60 days of the award date.
- Jurisdictions must submit revised budgets (SF-424A) and budget narratives (budget narrative template provided) by April 20, 2020. These documents must be submitted to CDC along with a letter on agency letterhead with signatures from the jurisdiction's preparedness director, laboratory director, and state epidemiologist (or their designees) indicating all have provided input into plans, strategies, and investment priorities. Jurisdictions must submit all documents via GrantSolutions.
- Jurisdictions must submit revised work plans (work plan template provided) in GrantSolutions as a grant note (labeled "Jurisdiction COVID-19 Work Plan") no later than May 4, 2020.
- Additional Reporting:
    - Monthly progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans.
    - Monthly fiscal reports as defined in REDCap (beginning 60 days after NOAs are issued).

- Performance measure data (see Section VIII. Performance Measures).
- CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

- Recipients should submit requests for deadline extensions to their CDC project officers and grants management specialists.

V. Revised Work Plan, Budget, and Budget Narrative Submission

Jurisdictions must submit revised budgets, budget narratives, and work plans as the as outlined under Section IV. Key Timeframes. CDC has developed optional templates that recipients can use to develop their revised work plans. Pre-approval is required for reimbursement costs, costs for alteration or renovation of non-Federal facilities provided for in Section III, and as required under HHS grants regulations, 45 CFR Part 75.

After initial submission, CDC will use REDCap to monitor progress. Jurisdictions must designate representatives from their health departments who will be responsible for working in REDCap. Names and email addresses of these representatives should be sent to DSLRCrisisCoAg@cdc.gov to be granted access to the system. Jurisdictions that encounter any difficulties submitting work plans through REDCap, should contact CDC at DSLRCrisisCoAg@cdc.gov prior to the submission deadline.

Any changes to the principal investigator (PI) for the award must be submitted in GrantSolutions as a change in key personnel amendment. Requests must be made on official letterhead and include the new PI's name, email address, phone number, and CV. Jurisdictions that encounter any difficulties submitting the required documents should contact CDC at DSLRCrisisCoAg@cdc.gov prior to the submission deadline.

VI. Content of Revised Work Plan, Budget, and Budget Narrative Submission

This announcement requires submission of a budget, a budget narrative, and a work plan as described in the following sections. Recipients must modify and submit itemized budgets, budget narratives, and work plans based on those submitted in response to the original CDC-RFA-TP18-1802 NOFO. The budgets, budget narratives, and work plans must include plans to accomplish required activities, as outlined in Section III. Use of Funds.

1. Work Plan

CDC has established allowable activities related to the capability domains described in the Public Health Crisis Response NOFO. The domains include:

- Incident Management for Early Crisis Response
- Jurisdictional Recovery
- Information Management
- Countermeasures and Mitigation

- Surge Management
- Biosurveillance

Details pertaining to activities are outlined in the work plan template. The work plan must align to the activities outlined in Section III. Use of Funds. If a recipient uses another format, it must include all categories on the recommended template.

2. Budget and Budget Narrative

The budget (SF-424A) must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment with quotes
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs
- Total Indirect costs (If your jurisdiction's indirect cost rate has changed since your original application was submitted in December 2018, the rate must be included with the budget submission).

Funding will be available in a designated subaccount for COVID-19 activities. CDC will provide instructions in the NOA for access and drawdowns in the Payment Management System. Neither match nor maintenance of effort is required.

CDC will provide an optional budget narrative template. If a recipient uses another format, it must include all categories on the recommended template and align with the SF-424A. The narrative must align to the allowable domains and activities outlined in Section III. Use of Funds. Recipients must submit the budget narrative and SF 424A as amendments via GrantSolutions.

These documents must be submitted to CDC along with a letter on agency letterhead with signatures from the jurisdiction's preparedness director, laboratory director, and state epidemiologist (or their designees) indicating all have provided input into plans, strategies, and investment priorities.

For additional guidance, please refer to CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response (www.cdc.gov/phpr/readiness/funding-crisis.htm).

VII. Performance Measures

CDC will work with funded jurisdictions within the first 30 days of the award to finalize performance measures. CDC will use the REDCap system for performance monitoring and reporting. CDC will provide additional guidance and information, as appropriate, on performance measure reporting within the first 30 days of the award.

VIII. Roles and Responsibilities

As the managers of the COVID-19 Crisis Response Cooperative Agreement, CDC's Division of State and Local Readiness (DSLR) in the Center for Preparedness and Response (CPR) will perform the role of the project officer; CDC's Office of Grants Services will serve as the grants management specialist. During the activation period of the response, DSLR will coordinate requests for subject matter technical assistance with the appropriate subject matter task force supporting the CDC incident management system.

Appendix 1. Funding Allocations

COVID-19 Crisis Response Cooperative Agreement Components A and B Supplemental Funding			
Recipient	**Funding Available**	**Recipient**	**Funding Available**
Alabama	$8,148,799	Montana	$4,567,500
Alaska	$4,902,840	N. Mariana Islands	$369,766
American Samoa	$370,247	Nebraska	$4,796,664
Arizona	$11,201,872	Nevada	$6,532,739
Arkansas	$6,205,347	New Hampshire	$4,902,840
California	$37,706,709	New Jersey	$13,860,160
Cherokee Nation	$750,000	New Mexico	$5,974,365
Chicago	$8,743,675	New York	$16,690,279
Colorado	$9,331,323	New York City	$16,911,778
Connecticut	$7,058,271	North Carolina	$13,820,515
Delaware	$4,567,500	North Dakota	$4,567,500
Florida	$27,296,306	Ohio	$15,620,977
Georgia	$14,786,285	Oklahoma	$6,924,231
Guam	$479,432	Oregon	$7,298,826
Hawaii	$4,567,500	Palau	$336,794
Houston	$5,000,000	Philadelphia	$3,500,000
Idaho	$4,567,500	Pennsylvania	$16,904,048
Illinois	$14,667,281	Puerto Rico	$5,870,358
Indiana	$10,374,952	Rhode Island	$4,902,840
Iowa	$6,347,829	South Carolina	$8,926,133
Kansas	$5,940,546	South Dakota	$4,567,500
Kentucky	$7,464,395	Tennessee	$10,078,294
Los Angeles County	$18,212,100	Texas	$35,226,922
Louisiana	$7,805,065	Utah	$6,441,413
Maine	$4,567,500	Vermont	$4,902,840
Marshall Islands	$367,754	Virgin Islands (U.S.)	$419,100
Maryland	$10,259,227	Virginia	$13,371,612
Massachusetts	$11,649,309	Washington	$11,480,799
Michigan	$14,567,050	Washington D.C.	$6,148,298
Micronesia	$420,403	West Virginia	$5,000,803
Minnesota	$10,048,124	Wisconsin	$10,200,192
Mississippi	$5,874,996	Wyoming	$4,567,500
Missouri	$9,888,657	**TOTAL**	**$569,822,380**

Note: These funds are in addition to funds CDC previously awarded to select jurisdictions for COVID-19 response activities.

Appendix 2. Allowable Activities

Domain	Activity Category	Allowable Activities
Incident Management for Early Crisis Response	Emergency Operations and Coordination	Examples of allowable activities: o Conduct jurisdictional COVID-19 risk assessment. • Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. • Implement public health actions designed to mitigate risks in accordance with CDC guidance. o Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies. o Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. o Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response. • Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism. • Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed. o Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources. o Activate emergency hiring authorities and expedited contracting processes. o Assess the jurisdiction's public health and healthcare system training needs. • Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. • Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. o Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.

Domain	Activity Category	Allowable Activities
	Responder Safety and Health	Examples of allowable activities: o Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions. o Implement personal protective equipment (PPE)- sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. o Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned. o Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies. o Create tools to assist and anticipate supply chain shortages, track PPE inventory. o Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions' system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. o Purchase required PPE (if available).

Domain	Activity Category	Allowable Activities
	Identification of vulnerable populations	Examples of allowable activities: o Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. o Update response and recovery plans to include populations at risk. o Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services. o Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). o Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention. o Identify gaps and implement strategies that encourage risk-reduction behaviors.
Jurisdictional Recovery	Jurisdictional Recovery	Examples of allowable activities: o Recovery efforts to restore to pre-event functioning. o Conduct a hot wash/after-action review and develop an improvement plan.

Domain	Activity Category	Allowable Activities
Information Management	Information Sharing	Examples of allowable activities: o Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public. o Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders. o Develop new systems or utilize existing systems to rapidly report public health data. o Develop community messages that are accurate, timely, and reach at-risk populations
	Emergency Public Information and Warning and Risk Communication	Examples of allowable activities: o Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. • Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. o Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). o Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. • Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention. • Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed. o Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination. o Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. o Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.

Domain	Activity Category	Allowable Activities
		o Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. o Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).
Countermeasures and Mitigation	Nonpharmaceutical Interventions	Examples of allowable activities: o Develop plans and triggers for the implementation of community interventions, including: • Activating emergency operations plans for schools, higher education, and mass gatherings; • Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and • Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. o Anticipate disruption caused by community spread and interventions to prevent further spread. • Planning for school dismissal including continuity of education and other school-based services (e.g., meals); • Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies; • Ensuring systems are in place to monitor social disruption (e.g., school closures); and • Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.
	Quarantine and Isolation Support	Examples of allowable activities: o Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source. o Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.

Domain	Activity Category	Allowable Activities
		○ Identify and secure safe housing for persons subject to restricted movement and other public health orders. ○ Develop and implement behavioral health strategies to support affected populations.
	Distribution and Use of Medical Material	Examples of allowable activities: ○ Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: • Enhancement of immunization information systems • Maintaining ability for vaccine-specific cold chain management • Coordinating mass vaccination clinics for emergency response • Assessing and tracking vaccination coverage • Rapidly identifying high-risk persons requiring vaccine • Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS) ○ Ensure jurisdictional capacity for distribution of MCM and supplies.
Surge Management	Surge Staffing	Examples of allowable activities: ○ Activate mechanisms for surging public health responder staff. ○ Activate volunteer organizations including but not limited to Medical Reserve Corps.
	Public Health Coordination with Healthcare Systems	Examples of allowable activities: ○ In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. ○ Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. ○ Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. ○ Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control. ○ Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources.

Domain	Activity Category	Allowable Activities
		o Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.
	Infection Control	Examples of allowable activities: o Follow updated CDC guidance on infection control and prevention and PPE. o Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: • Changes in hospital/healthcare facility visitation policies, • Social distancing, and • Infection control practices in hospitals and long-term care facilities, such as: ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients.
Biosurveillance	Public Health Surveillance and Real-time Reporting	Examples of allowable activities: o Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). o Assess risk of travelers and other persons with potential COVID-19 exposures. o Enhance surveillance systems to provide case-based and aggregate epidemiological data. o Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. o Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. o Enhance systems to track outcomes of pregnancies affected by COVID-19. o Develop models for anticipating disease progression within the community.
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	Examples of allowable activities: o Assess commercial and public health capacity for lab testing. o Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public.

Domain	Activity Category	Allowable Activities
		○ Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. ○ Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. ○ Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: • Report weekly percent positive COVID-19 outpatient visits by age group. • Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients. ▪ This allowable activity is similar to "Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019." It may include, but is not limited to the following: – Conduct testing at public health laboratories – Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 ○ Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. ○ Enhance laboratory surge capacity plans. ○ Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. ○ Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. ○ Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. ○ Provide testing for impacted individuals.
	Data Management	Examples of allowable activities: ○ Ensure data management systems are in place and meet the needs of the jurisdiction. ○ Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions. ○ Ensure efficient and timely data collection.

Domain	Activity Category	Allowable Activities
		o Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. o Coordinate data systems for epidemiological and laboratory surveillance.