

1. DATE ISSUED MM/DD/YYYY 07/18/2017  
2. CFDA NO. 93.074  
3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road  
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
SEC391(A)317(K)OPHS42U.S.C.SEC241A 247B

1a. SUPERSEDES AWARD NOTICE dated

except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO.

1 NU90TP921892-01-00  
Formerly

5. ACTION TYPE

New

6. PROJECT PERIOD

MM/DD/YYYY

From 07/01/2017

MM/DD/YYYY

Through 06/30/2022

7. BUDGET PERIOD

MM/DD/YYYY

From 07/01/2017

MM/DD/YYYY

Through 06/30/2018

8. TITLE OF PROJECT (OR PROGRAM)

HPP/PHEP Cooperative Agreement Workplan and Budget for BP1

9a. GRANTEE NAME AND ADDRESS

Health & Family Services, Kentucky Cabinet for  
275 E Main St # 5wa  
PS12-1201  
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR

Ms. Rebecca Gillis  
275 East Main Street  
Epidemiology & Health Planning  
Frankfort, KY 40601-0000  
Phone: 502-564-7243

10a. GRANTEE AUTHORIZING OFFICIAL

Dr. Connie Gayle White M.D. M.D.  
275 East Main Street  
Epidemiology & Health Planning  
Frankfort, KY 40601-0000  
Phone: 502-564-3970

10b. FEDERAL PROJECT OFFICER

Stephany Vento  
1600 Clifton Road, MS D29  
DSLR  
Atlanta, GA 30329  
Phone: 404.960.9023

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

I

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages .....	2,067,800.00
b. Fringe Benefits .....	1,598,759.00
c. Total Personnel Costs .....	3,666,559.00
d. Equipment .....	0.00
e. Supplies .....	57,920.00
f. Travel .....	106,245.00
g. Construction .....	0.00
h. Other .....	379,637.00
i. Contractual .....	5,828,642.00
j. TOTAL DIRECT COSTS	10,039,003.00
k. INDIRECT COSTS	723,730.00
l. TOTAL APPROVED BUDGET	10,762,733.00
m. Federal Share	10,762,733.00
n. Non-Federal Share	1,082,765.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	10,762,733.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	10,762,733.00
13. Total Federal Funds Awarded to Date for Project Period	10,762,733.00

14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- a. DEDUCTION  
b. ADDITIONAL COSTS  
c. MATCHING  
d. OTHER RESEARCH (Add / Deduct Option)  
e. OTHER (See REMARKS)

C

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation  
b. The grant program regulations.  
c. This award notice including terms and conditions, if any, noted below under REMARKS.  
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No

GRANTS MANAGEMENT OFFICIAL: Shicann Phillips

17. OBJ CLASS	41.51	18a. VENDOR CODE	1610600439B5	18b. EIN	610600439	19. DUNS	927049767	20. CONG. DIST.	06
FY-ACCOUNT NO.		DOCUMENT NO.		CFDA		ADMINISTRATIVE CODE		AMT ACTION FIN ASST	APPROPRIATION
21. a.	7-921027R	b. 17NU90TP921892	c. 93.074	d.	TP	e.	\$366,410.00	f.	75-17-0956
22. a.	7-9213367	b. 17NU90TP921892	c. 93.074	d.	TP	e.	\$7,636,338.00	f.	75-17-0956
23. a.	7-939ZVNM	b.17NU90TP921892HPP	c. 93.074	d.	TP	e.	\$2,759,985.00	f.	75-17-0140

## NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 07/18/2017
GRANT NO. 1 NU90TP921892-01-00	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$339,507.00	\$339,507.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$339,507.00	\$339,507.00

## AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

1 NU90TP921892-01-00

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1. Terms and Conditions TP17-1701
2. PHEP Summary Statement
3. HPP Summary Statement

45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR 75 Supersedes regulation 45 CFR 74 and 92

**AWARD INFORMATION**

**REMARKS**

The Public Health Preparedness Program cooperative agreements are authorized by section 319C-1, and The Hospital Preparedness Program cooperative agreements are authorized by section 319C-2 of the Public Health Service (PHS) Act as amended.

- Although aligned the two programs remain distinct and separate programs and are funded through two different appropriations.
- Dual agency established CFDA number 93.074
- All audits, etc. should list these two CFDA numbers.
  - 93.889 – National Bioterrorism Hospital Preparedness Program
  - 93.069 – Public Health Emergency Preparedness

**Incorporation:** The Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-TP 17-1701, entitled Hospital Preparedness Program Public Health Emergency Preparedness Cooperative Agreement, and application dated 3/30/2017, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Funding Opportunity (NoFo). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

In the event that any requirement in this Notice of Funding Opportunity, the HHS GPS, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

**Approved Funding:** Funding in the amount of \$10,762,733 is approved for the Year 01 budget period, which is July 1, 2017 through June 30, 2018. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

TYPE OF FUNDS	HPP	PHEP	Total Funding
FY 2017 Appropriations	\$2,759,985	\$8,002,748	\$10,762,733

**APPROVED FUNDING HPP:** Funds in the amount of \$2,759,985 are approved for the Year 01 budget period which is July 1, 2017 through June 30, 2018.

**APPROVED FUNDING PHEP:** Funds in the amount of \$8,002,748 are approved for the Year 01 budget period which is July 1, 2017 through June 30, 2018 for the following program components:

Base \$7,636,338 Cities Readiness Initiative (CRI) \$366,410

1): Cities Readiness Initiative (CRI): This award includes \$366,410 to support Medical Countermeasure Dispensing and the Medical Material Management and Distribution (MCMDD) capabilities. These funds are provided for medical countermeasure distribution and dispensing (MCMDD) for all-hazards events, which includes the ability of jurisdictions to develop capabilities for U.S. cities to respond to a large-scale biologic attack, with anthrax as the primary threat consideration. For State awardees, 75% of their allocated CRI funds must be

provided to CRI jurisdictions in support of all- hazards MCMDD planning and preparedness. CRI jurisdictions are defined to include independent planning jurisdictions (as defined by the state and locality) that include those counties and municipalities within the defined metropolitan statistical area (MSA) or the New England County Metropolitan Areas (NECMAs).

**Award Funding:-** Not funded by the Prevention and Public Health Fund

**Direct Assistance (DA):** DA is awarded in the amount of \$339,507.00 in this budget period.

- Direct Assistance (DA) is available through this NOFO. Consistent with the cited authority for this announcement, direct assistance may be available in the form of equipment, supplies and materials, and/or federal personnel. If DA is provided as a part of your award, CDC will reduce the financial assistance award amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

Note that DA may be requested for personnel, such as public health advisors, Career Epidemiology Field Officers, informatics specialists, or other, technical consultants), provided the work is within scope of the cooperative agreements and is financially justified. DA also may be requested for any Statistical Analysis Software (SAS) licenses desired for future budget periods.

NOTE: Direct Assistance amounts awarded are estimated as of time of award and may be adjusted later.

**Summary Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **August 25, 2017**, will cause delay in programmatic progress and will adversely affect the future funding of this project. (If Applicable)

**Budget Revision Requirement:** By **August 25, 2017** the recipient must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date. (If Applicable)

Expanded Authorities: The recipient is permitted expanded authorities in the administration of the award.

**The expanded authorities selected below apply to this NOFO:**

In accordance with 45CFR 75.308(d), awardees are given expanded authority to carry forward unobligated balances to the successive budget period without receiving prior approval from CDC's Office of Grants Services.

The following stipulations apply with this authority:

- ☒ The expanded authority can only be used to carry over unobligated balances from one budget period to the next successive budget period. Any unobligated funds not expended in the Prior approval requirements listed in 45 CFR 75.308(c) as of December 26, 2014 are waived except as specified in and 45 CFR 75.308(d) as of December 26, 2014
- ☒ Extensions will not be allowed for the last 12 months of the budget/period of performance.
- ☒ The recipient must report the amount carried over on the Federal Financial Report for the period in which the funds remained unobligated.

☒ This authority does not diminish or relinquish ASPR and CDC administrative oversight of the HPP and PHEP programs. The ASPR and CDC program offices will continue to provide oversight and guidance to the award recipients to ensure they are in compliance with statutes, regulations, and internal guidelines.

☒ The role and responsibilities of the ASPR and CDC project officers will remain the same as indicated in the terms and conditions of the award.

☒ The roles and responsibilities of the grants management specialists in CDC's Office of Grants Services will remain the same as indicated in the terms and conditions of the award.

☒ All other terms and conditions remain in effect throughout the budget period unless otherwise changed in writing by the CDC grants management officer.

☒ All other terms and conditions remain in effect throughout the budget period unless otherwise changed in writing by the CDC grants management officer.

Note: Awardees are responsible for ensuring that all costs allocated and obligated are allowable, reasonable, and allocable and in line with the goals and objectives outlined in CDC-RFA-TP17-1701 and approved work plans.

**Cost sharing or matching alternative:** Under this alternative, program income is used to finance some or the entire non-Federal share of the project/program. **Program Income: Any Program income generated under this grant or cooperative agreement will be used in accordance with the cost sharing or matching alternative:**

Note: The disposition of program income must have written prior approval from the GMO.

## FUNDING RESTRICTIONS AND LIMITATIONS

**Restrictions:** NOFO Restrictions:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law. For the purposes of the NOFO, clinical care is defined as "directly managing the medical care and treatment of patients"
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
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- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- Other than for normal and recognized executive-legislative relationship, 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 or Executive order proposed or pending before any legislative body.
  - See Additional Requirement (AR) for detailed guidance on the prohibition and additional guidance on lobbying for CDC awardees (<http://www.cdc.gov/grants/documents/AntiLobbying> Restrictions for CDC

Recipient July 2012.pdf.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provide who is ineligible.
- Awardees may not use funds for construction or major renovations.
- Awardees may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$187,000 per year.
- HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts
- HPP and PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any request for such must receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS
- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP and PHEP awardees may (with prior approval) use funds for overtime for individual directly associated (listed in personnel costs) with the award.
- PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- HPP awardees cannot use funds to support standalone, single-facility exercises.
- PHEP dollars may be used to purchase limited prophylaxis (antibiotics, antivirals, etc.) for Public Health first Responders and their families, as recommended by the DSLR Project Office and OGS prior approval as necessary.
- PHEP funds may be used for purchasing vaccines for exercises and for training on the use but should not be used to administer vaccines (providing direct clinical/medical care). When vaccine is purchased for exercises, it should be part of their approved exercise plan. Requests for purchase of vaccine with PHEP funds must be submitted to the PHEP grantee's project officer for recommendation and to OGS for prior approval as necessary.
- PHEP funds MAY NOT be used to purchase vaccines for seasonal mass vaccination clinics

**Indirect Costs:**

1. Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated February 26, 2016.

**Matching Funds Requirement:** The required level of non-federal participation for HPP \$275,999 and PHEP \$800,275.

ASPR and CDC may not award a cooperative agreement to a state or consortium of states under these programs unless the awardee agrees that, with respect to the amount of the cooperative agreements awarded by ASPR and CDC, the state will make available nonfederal contributions in the amount of 10% (\$1 for each \$10 of federal funds provided in the cooperative agreement) of the award.

Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Please refer to 45 CFR 75.306 for match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, must be included in the Budget Period 1 application for funds, follow procedures for generally accepted accounting practices, and meet audit requirements.

#### **Exceptions to Matching Funds Requirement**

- The match requirement does not apply to the political sub divisions of Chicago, Los Angeles County, or New York City.
- Pursuant to department grants policy implementing 48 U.S.C. 1469a(d), any required matching (including in-kind contributions) of less than \$200,000 is waived with respect to cooperative agreements to the governments of American Samoa, Guam, the U.S. Virgin Islands, the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. 1469), the Freely Associated States including the Republic of Palau, the Federated States of Micronesia and the Republic of Marshall Islands. For instance, if 10% (the match requirement) of the award is less than \$200,000, then the entire match requirement is waived. If 10% of the award is greater than \$200,000, then the first \$200,000 is waived, and the rest must be paid as match.”
- Matching does not apply to future contingent emergency response awards that may be authorized under 311, 317(a), and 317 (d) of the Public Health Service Act unless such a requirement were imposed by statute or administrative process at the time.

**Maintenance of Effort (MOE) Requirement:** MOE represents an applicant/recipient historical level of contributions related to Federal programmatic activities which have been made prior to the receipt of Federal funds “expenditures (money spent).” MOE is used as an indicator of non-federal support for public health security before the infusion of Federal funds. These expenditures are calculated by the recipient without reference to any Federal funding that also may have contributed to such programmatic activities in the past. Awardees must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for Federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

**Maintenance of Effort: (language from the NOFO):** Awardees must maintain expenditures for health care preparedness and public health security at a level that is not less than the average level of such expenditures maintained by the awardee for the preceding two-year period. This represents an awardee’s historical level of contributions or expenditures (money spent) related to federal programmatic activities that have been made prior to the receipt of federal funds. The maintenance of effort (MOE) is used as an indicator of nonfederal support for public health security and health care preparedness before the infusion of federal funds. These expenditures are calculated by the awardee without reference to any federal funding that also may have contributed to such programmatic activities in the past. The definition of eligible state expenditures for public health security and health care includes:

- Appropriations specifically designed to support health care or public health emergency preparedness as expended by the entity receiving the award; and
- Funds not specifically appropriated for health care or public health emergency preparedness activities but which support health care or public health emergency preparedness responsibilities or supplies or



equipment purchased for health care or public health emergency preparedness from general funds or other lines within the operating budget of the entity receiving the award.

Awardees must be able to account for MOE separate from accounting federal funds and separate from accounting for any matching funds requirements; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any sub awardee matching funds requirement where applicable.

**Cost Limitations as Stated in the Consolidated Appropriations Act, and Further Continuing and Security Assistance Appropriations Act, 2017 (Items A through E)**

A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <http://www.cdc.gov/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC

Recipients at [http://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Recipients\\_July\\_2012.pdf](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Recipients_July_2012.pdf)

**Cancel Year:** 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30<sup>th</sup> of the 5<sup>th</sup> fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2017 funds will expire September 30, 2017. All FY 2017 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2022. After this date, corrections or cash requests will not be permitted.

## REPORTING REQUIREMENTS

**Annual Federal Financial Report (FFR, SF-425):** The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to [www.grantsolutions.gov](http://www.grantsolutions.gov) select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **September 28, 2018**. Reporting timeframe is July 1, 2017 through June 30, 2018.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

**Annual Performance Progress Reporting:** The Annual Performance Progress and Monitoring Report (is due no later than 120 days period to the end of the budget period, February 28, 2018, and serves as the continuation application for the follow-on budget period. This report should include the information specified in the solicitation from the GMS/GMO via [www.grantsolutions.gov](http://www.grantsolutions.gov)

This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132

Any change to the existing information collection will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

### Audit Requirement

**NOTE:** HPP/PHEP RECIPIENTS MUST HAVE THE SUBJECT PROGRAM AUDITED AT LEAST EVERY 2 YEARS REGARDLESS OF THE DOLLAR AMOUNT.

#### Domestic Organizations

An organization that expends \$750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System

Electronic Submission: [https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Grants Services, Financial Assistance and Audit Resolution Unit

Electronic Copy to: [OGS.Audit.Resolution@cdc.gov](mailto:OGS.Audit.Resolution@cdc.gov)

Electronic Copy to:

[OGS.Audit.Resolution@cdc.gov](mailto:OGS.Audit.Resolution@cdc.gov) (CDC Office of Grants Services)

After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

Audit requirements for Sub recipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the sub recipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the sub recipient audit report in instances of non-compliance with applicable Federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether sub recipient audits necessitate adjustment of the recipient's own accounting records. If a sub recipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of sub recipient activities. The recipient shall require each sub recipient to permit the independent auditor access to the sub recipient's records and financial statements. The recipient must include this requirement in all sub recipient contracts.

**Federal Funding Accountability and Transparency Act (FFATA):** In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Required Reporting: Federal Awardee Performance and Integrity Information System (FAPIIS) required disclosures.

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl)

FFATA: [www.fsrs.gov](http://www.fsrs.gov).

#### Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to [www.fsrs.gov](http://www.fsrs.gov). For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at [www.fsrs.gov](http://www.fsrs.gov) specify.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is \$25,000 or more;
- In the preceding fiscal year, you received—
  - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
  - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
  - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm?explorer.event=true>).

Report executive total compensation as part of your registration profile at <https://www.sam.gov/portal/SAM/#1>. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
  - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
  - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
  - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

You must report sub-recipient executive total compensation to the recipient by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions: Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):

- Governmental organization, which is a State, local government, or Indian tribe;
  - Foreign public entity;
  - Domestic or foreign non-profit organization;
  - Domestic or foreign for-profit organization;
  - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.
- Executive means officers, managing partners, or any other employees in management positions.
  - Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the recipient received this award. The term does not include the recipients procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the recipient or a sub-recipient considers a contract.
  - Sub-recipient means an entity that receives a sub-award from you (the recipient) under this award; and is accountable to the recipient for the use of the Federal funds provided by the sub-award.
  - Total compensation means the cash and non-cash dollar value earned by the executive during the recipient's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
    - Salary and bonus
    - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
    - Earnings for services under non-equity incentive plans. This does not include group life,

health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

- Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- Above-market earnings on deferred compensation which is not tax-qualified.
- Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

**Responsibilities for Informing Sub-recipients:** Recipients agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, and any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a recipient awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

- **Required Disclosures for Federal Awardee Performance and Integrity Information Systems**

**(FAPIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner in writing to the CDC, with a copy of 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. Sub recipients 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 address:

CDC, Office of Grants Services  
Shantel Shelmon, Grants Management Specialist  
Centers for Disease Control and Prevention  
OD, Environmental, Occupational Health & Injury Prevention Services Branch  
2960 Brandywine Road  
Atlanta GA 30341  
Telephone: 678-475-4903  
Email address: [smb5@cdc.gov](mailto:smb5@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

**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](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosures requirement in all sub awards 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 FAPIS) 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)).

***(If the total federal award during the period of performance is expected to be greater than \$500,000.)***

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in section 1 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

#### *1. Proceedings About Which You Must Report*

Submit the information required about each proceeding that:

a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;

b. Reached its final disposition during the most recent five year period; and

c. If one of the following:

(1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;

(2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;

(3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or

(4) Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

#### *2. Reporting Procedures*

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 1 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

### *3. Reporting Frequency*

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

### *4. Definitions*

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match;

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

## **GENERAL REQUIREMENTS**

**Travel Cost:** In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. The recipients established travel policies and procedures must meet the requirements of 45 CFR Part 75.474.

**Food and Meals:** Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

**Prior Approval:** All requests, which require prior approval, must bear the signature of an authorized official of the business office of the recipient organization. The recipient must submit these requests by April 3, 2018 or no later than 120 days prior to this budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.



The following types of requests require prior approval.

- Lift funding restriction, withholding, or disallowance
- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance
- Conferences or meetings that were not specified in the approved budget
- OVERTIME/COMPENSATORY TIME: Must be submitted to your GMS prior approval the proposed cost. Requests should clearly state the following: Name of staff; percentage of effort on current award; number of hours working; what will be accomplished during overtime.

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Note: See the Expanded Authorities term under the Award Information section for the waiver of certain prior approvals, if applicable. Please contact your Grants Management Specialist identified under Staff Contacts and Responsibilities prior to initiating a Prior Approval Request for specific directions.

**Key Personnel:** In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

**Inventions:** Acceptance of grant funds obligates recipient to comply with the standard patent rights clause in 37 CFR Part 401.14

**Publications:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, TP921892, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

**Acknowledgment Of Federal Support:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipient of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

**Copyright Interests Provision:** This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for



any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

**Disclaimer for Conference/Meeting/Seminar Materials:** Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

**Logo Use for Conference and Other Materials:** Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Accordingly, neither the HHS nor the CDC logo can be used by the recipient without the express, written consent of CDC. The Project Officer or Grants Management Officer/Specialist detailed in the CDC Staff Contact section can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

**Equipment and Products:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions of in applicable grant regulations found at 45 CFR Part 75.

**Federal Information Security Management Act (FISMA):** All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual

property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website: <https://www.gpo.gov/fdsys/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>

**Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** Recipients are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

#### Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "recipient," "subgrant," or "subrecipient"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

- (1) DoD, NASA, and the Coast Guard; or
- (2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-
  - (i) Relates to an activity of an element of the intelligence community; or
  - (ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

- (1) A Member of Congress or a representative of a committee of Congress.
- (2) An Inspector General.
- (3) The Government Accountability Office.
- (4) A Federal employee responsible for contract oversight or management at the relevant agency.
- (5) An authorized official of the Department of Justice or other law enforcement agency.
- (6) A court or grand jury.

(7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

#### **PAYMENT INFORMATION**

**Automatic Drawdown (Direct/Advance Payments):** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

#### **PMS Access Procedures for New Grant Recipients:**

To obtain access to the Payment Management System (PMS), Recipients must complete the below forms

- [Direct Deposit Instructions and SF-1199A Form for Domestic Bank Accounts](#)
- [Direct Deposit Instructions and SF-1199A Form for International Bank Accounts](#)
- [PMS System Access Form](#)

The forms can be submitted to your [PSC Liaison Accountant](#) by emailing the forms directly to

If there is a change in the recipient's banking institution or account number, a new SF-1199A must be submitted to PSC.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

HHS/PSC Payment Management Services  
P.O. Box 6021  
Rockville, MD 20852  
Phone Number: (877) 614-5533  
Email: [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)  
Website: <https://pms.psc.gov/>

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services  
Division of Payment Management  
7700 Wisconsin Avenue, Suite 920  
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**Note:** To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts:  
[https://pms.psc.gov/contact\\_us/contactus.html](https://pms.psc.gov/contact_us/contactus.html)

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a newly established 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. All award funds must be tracked and reported separately.

The grant document number (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 17NU90TP921892 & 17NU90TP921892HPP

This award contains funding from multiple components. The grant document number must be known in order to draw down funds from this P Account.

<u>Component:</u> PHEP
<u>Document Number:</u> 17NU90TP921892

<u>Component:</u> HPP
<u>Document Number:</u> 17NU90TP921892HPP

**Acceptance of the Terms of an Award:** By drawing or otherwise obtaining funds from the grant Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

**Certification Statement:** By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

#### **CDC STAFF CONTACTS AND RESPONSIBILITIES**

**Roles and Responsibilities:** Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

**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. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

**GMS Contact:**

Shantel Shelmon, Grants Management Specialist  
Centers for Disease Control and Prevention  
OD, Environmental, Occupational Health & Injury Prevention Services Branch  
2960 Brandywine Road  
Atlanta GA 30341  
Telephone: 678-475-4903  
Email address: [smb5@cdc.gov](mailto:smb5@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to recipients in the performance of their project
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

**Programmatic Contact: ASPR**

Paul Link, Project Officer  
HHS/OS/ASPR/OEM  
The Thomas P. O'Neil Federal Building  
200 C Street, SW  
Washington, DC 20024  
Telephone: -404-989-4922  
Email: [paul.link@hhs.gov](mailto:paul.link@hhs.gov)

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the NOFO
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring recipient compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to recipient inquiries regarding the business and administrative aspects of an award
- Providing recipients with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

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:**

Shicann M. Phillips, Grants Management Officer  
Centers for Disease Control  
**Office of Financial Resources – Office of Grants Services**  
2960 Brandywine Road, MS E-01  
Atlanta, GA 30341  
Telephone: 770-488-2809  
Email: [SPHILLIPS2@CDC.GOV](mailto:SPHILLIPS2@CDC.GOV)

**Hospital Preparedness Program (HPP) –  
Public Health Emergency Preparedness (PHEP)  
Cooperative Agreement  
CDC-RFA-TP17-1701**

**DATE:** 4/18/2017

**APPLICANT NAME:** Kentucky Department for Public Health (KDPH)

**APPLICATION #:** NU90TP2017001322

**AMOUNT REQUESTED:** \$8, 874,423.00

**RECOMMENDATION:** FUND

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**SUMMARY (PHEP)**

**I. Summary of Project**

The Kentucky Department for Public Health (KDPH) provided a comprehensive application that supports strengthening and enhancing the capabilities of state and local public health and health care systems to respond effectively to evolving threats and other emergencies. KDPH is the lead agency for ESF-8, Public Health and Medical Services for KY. The KY Board of Emergency Medical Services and KY's Community Crisis Response Board also serves as ESF-8 agencies and aid KDPH in preparedness efforts. KDPH is requesting \$8,874,423 towards all six domain areas which includes seven BP-1 priorities. Some of the key priorities include conducting a jurisdictional risk assessment to identify operational gaps, implement a marketing and training plan to expand use of KY's Patient Tracking System, participate in MCMORR self- assessment, and coordinate lab tests with healthcare providers to confirm reportable disease diagnosis and outbreaks. KY links their work plan domain areas well with their BP-1 budget. PHEP priority domain areas which include Community Resilience: \$ 806,119; Medical Countermeasures and Mitigation: \$529,219; and Bio-surveillance: \$750,484 where additional efforts are needed to build capacity statewide.

Kentucky doesn't have federally recognized tribes in their state, thus no tribal input letter was provided. KDPH did have four Technical Assistance requests in the program requirements, PHEP program questions section. KDPH also had a Technical Assistance request in Domain 5 Surge Management for best practice states or local level Family Reunification plans. The PHEP Specialist and/or MCM specialist will follow up with the awardee to ensure that all PHEP TA Needs are addressed in the On-Trac system accordingly. Overall, KDPH presents a realistic and achievable approach in accomplishing their outcomes, strategies and activities; they also have over 46% of their budget going to local health departments.

**II. Major Strengths:**

- KDPH presented a detailed work plan for the Strengthen Community Resilience Domain. The work plan demonstrates KDPH's role in coordinating with partners on training and exercising to ensure a collaborative and seamless ESF 8 response during an event. KY also does a thorough

job addressing the needs of populations with functional and access needs. KY will complete their risk assessment in BP-1 and conduct independent CASPER surveys.

- KDPH proposed activities to strengthen the Incident Management Domain is clearly linked to the Funding Opportunity Announcement's PHEP program requirements, which includes activities to maintain current all-hazards public health and medical emergency preparedness and response plans, as well as preparedness advisory committee meetings.
- Domain 3, Information Management, KDPH proposed activities to strengthen the Information Management Domain is clearly linked to the Funding Opportunity Announcement's PHEP program requirements, which includes activities to coordinate with their Poison Control Center, continue use of the WebEOC with partners, maintain their alert/notification system, and continue collaboration with their state Public Information Officer. They also plan to conduct external communication with the public via training for spoke-persons and maintaining their database for response volunteers.
- KDPH provided detailed planned activities, with realistic timelines for completion to strengthen their Medical Countermeasures and Mitigation Domain.
- The applicant for Domain 6 Bio-surveillance provided a detailed work plan with realistic and achievable activities. This includes:
  - LRN-B: KY PHL has plans and relationships with their Sentinel Labs, First Responders, CST groups including training and exercises. Overall, the workplan activities for LRN-B, look fair-good. KDPH's plan seems to be maintenance of their current laboratory status with only LIMS upgrades as a new project.
  - LRN-C: Activities were well written and linked to the budget.
- KDPH provided the official State Health Official concurrence letter of the PHEP Director, State Lab Director, and State Epidemiologist. They also provided local health department concurrence letter via the KY Health Department, Association which represents multiple local health departments across the state.

### **III. Major Weaknesses:**

- Indirect cost rate agreement letter: KDPH's indirect cost rate agreement is outdated. The indirect cost rate agreement letter submitted by KDPH is dated September 2014. The agreement also doesn't state an actual indirect cost rate.
- Budget-Personnel Vacancies: The awardee has several personnel line items that are missing required information (i.e., the name of the person filling this position). It is unclear how the vacancies in the awardee's budget impact their ability to accomplish activities in the work plan.
- Budget-Travel: For In-State Travel (multiple trips, multiple persons, In-State), more detail is required in travel narrative justification. Awardee must describe staff traveling, purpose of trips, etc.
- The multi-year training and exercise plan (MYTEP) submitted by KDPH addresses budget years 2016-17. This is not sufficient to meet the requirement for a true multi-year training and exercise plan.

#### IV. Recommendations

- Recommend KDPH provide an updated copy of the Indirect Cost Rate Agreement letter to the Grants Management Specialist (GMS), with a copy to your Project Officer within 30 days after receiving the BP1 Notice of Award (NOA).
- Budget-Personnel Vacancies: Recommend recipient provide the names of persons filling these positions, and/or when these positions will be filled to the Grants Management Specialist (GMS) with a copy to your PHEP Specialist within 30 days after receiving the BP1 Notice of Award (NOA)
- Recommend awardee review samples below and provide more detail in travel narrative justification. Awardee must describe staff traveling, purpose of trips, etc. Provide this information to the Grants Management Specialist (GMS) with a copy to your PHEP Specialist within 30 days after receiving the BP1 Notice of Award (NOA). See two examples below.
  - Sample1: In-State Travel Justification (multiple persons, multiple trips, In-State): *In state travel for all staff supported with PHEP funding. These trips include but are not limited to: Contract Managers, Deputy Directors (and/or designated staff) MCM and laboratory staff to conduct local monitoring, technical assistance, site visits and attend regional meetings, and participate in regional exercises. With 320 total trips planned each of our 64 counties will be visited approximately five times in one year at an average cost of \$885 per trip.*
  - Sample2: In-State Travel Justification (multiple persons, multiple trips, In-State): *Travel covers mileage and parking for Emergency Preparedness and Response Division staff to attend local meetings, trainings, site visits and exercises related to MCM and emergency preparedness. Mileage is reimbursed at \$0.505 per mile. Staff duties cross cut all domains and capabilities of the PHEP cooperative agreement.*
- Recommend recipient develop a true multi-year schedule of training and exercise activities designed to meet KDPH training and exercise priorities for the project period. Provide a copy of completed MYTEP to PHEP Specialist.

Awardees must respond in PERFORMS and/or GMM to address programmatic Conditions of Award as applicable. Contact your PHEP Specialist for further detail.



**Hospital Preparedness Program (HPP) –  
Public Health Emergency Preparedness (PHEP)  
Cooperative Agreement  
CDC-RFA-TP17-1701**

**DATE:** 4/28/17

**APPLICANT NAME:** Kentucky Department for Public Health

**APPLICATION #:** NU90TP2017001324

**AMOUNT REQUESTED:** \$3,035,984

**RECOMMENDATION:** FUND

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**SUMMARY (HPP)**

**I. Summary of Project:**

Throughout the 5-year grant period of July 1, 2017 through June 30, 2022, KDPH will coordinate with Kentucky's 61 LHDs, 13 Regional Healthcare Coalitions (HCC), 120 county emergency management agencies, and other local, state, and federal ESF-8 partnering agencies to maintain public health and healthcare systems preparedness. In addition, KDPH will evaluate strategies and work with HCCs to increase autonomy and sustainability for all HCCs. HPP-PHEP outcomes will be achieved from domain activities and outputs included in the proposed work plans that incorporate the strategies identified in the HPP-PHEP Logic Model. By the end of the project period, KDPH, through coordination with local, state, and federal ESF-8 partnering agencies, will achieve the following outcomes to enhance Kentucky's Hospital Preparedness Program and sustain Regional HCCs:

- Increase HCC sustainability through a modified strategic plan that includes methodologies for HCCs to become autonomous entities.
- Increase planning, training and exercise activities to prepare for all-hazards events;
- Decrease risks to vulnerable populations by providing emergency preparedness training and education.
- Increase the capability to conduct damage assessments and rapidly share essential elements of information (EEI).
- Increase the capability to quickly identify and investigate incidents that will impact the public health and healthcare community.
- Decrease levels of exposure to disease and hazards to reduce illnesses, injuries and fatalities.
- Increase the capability to implement intervention and control measures at the earliest possible moment.
- Enhance the capability to quickly provide situational awareness and risk information.
- Develop and implement continuity of operation plans to maintain continuity of healthcare for surge events during an emergency or incident.
- Provide timely coordination and support for response and recovery activities in coordination with ESF-8 partnering agencies.
- Ensure ESF-8 agencies participate in a continuous and systematic learning and improvement cycle.

- Enhance the inventory and maintenance of equipment and supplies that is maintained by local and state agencies.
- Decrease stocks of expired supplies and surplus non-functioning/outdated equipment.

Although the Awardee Level Direct Cost is too high (26.2%), KDPH has provided a support letter from the hospital association, a 5-year strategy, and work plan activities to address the ALDC. KDPH provided a support letter from their hospital association. They also provided the supporting language in the project narrative. KDPH has planned activities to evaluate strategies and to work with HCCs to increase autonomy and sustainability for all HCCs. KDPH documented goals include a modified strategic plan that will contain sustainment strategies to produce autonomous, directly funded coalitions by the end of the project period. The budget line items do not necessarily portray a good funding model at this time but the work plan activities include the strategy to reach this goal.

The awardee requested the following technical assistance that ASPR HPP will support:

1. Activity: Engage communities and health care systems  
TA Requested: Best practice materials or strategies for promoting HCC membership and sustainment.
2. Activity: Partner with stakeholders by developing and maturing health care coalitions (HCC)  
TA Requested: Best practice strategies to produce autonomous, self-sustaining coalitions.
3. Activity: Standardize incident command structures for public health  
TA Requested: Best practice COOP template and consulting services.
4. Activity: Management of Medical Surge: Address emergency department and inpatient surge  
TA Requested: Best practice HCC emergency response plans that include crisis care strategies.

KY HPP can achieve the objectives and activities in the BP1 workplan but will need to focus on those activities that address the new strategies for BP2-BP5. The funding model for healthcare coalitions is not strong and there is too much funding going to inefficient projects. During TA sessions in BP1, it will be imperative that KY receives best practice guidance from successful programs around the nation.

Application budget and workplan requests for information were sent to the awardee on 4/17/2017 and KY HPP responded on 4/21/2017. The main request was for clarification of budget line items that were vague or seemed outside the scope of the program. Three justifications required further detail and were "Approved with Modification" after the response was received. The updated response is located within the rationale section of the budget line. The KY HPP response document is uploaded in PERFORMS.

## II. **Major Strengths:**

- KY HPP has a long history of coalition development. Most of their 13 coalitions have already met many of the BP1 FOA requirements.

## III. **Major Weaknesses:**

- Indirect cost rate agreement letter: KDPH's indirect cost rate agreement is outdated. The indirect cost rate agreement letter submitted by KDPH is dated September 2014. The agreement also doesn't state an actual indirect cost rate.
- KY fringe rate is 57.12%. Each position was calculated using this rate then additional funds were added on top of the 57.12%.
- KY HPP has a weak coalition-funding model and carries a high awardee level direct cost. Although the recommendation is to waive the high ALDC this year, KY will require intense technical assistance to focus the program to the new HPP FOA requirements.
- Position vacancies
- Weak match documentation from HCCs

## IV. **Recommendations**

- Recommend KDPH provide an updated copy of the Indirect Cost Rate Agreement letter to the Grants Management Specialist (GMS), with a copy to your Project Officer within 30 days after receiving the BP1 Notice of Award (NOA).
- Fringe amounts need to be consistent with awardee negotiated rate and difference must be redirected. Recommend awardee adjust fringe rate according to percentage on base award properties and submit to the Grants Management Specialist (GMS), with a copy to your Project Officer within 30 days after receiving the BP1 Notice of Award (NOA).
- Recommend the awardee assure ASPR HPP that two technical assistance meetings will be scheduled in the first budget period. Both sessions will include the awardee, the ASPR HPP Field project officer, ASPR Regional Emergency Coordinators, and additional subject matter experts as needed. In at least one meeting, all coalition representatives will be present.
- Provide names of two vacancies to OGS with cc to FPO when available but NLT 30 from issuance of the award.
- HPP Match: Provide verification of match from awardee records.

Awardees must respond in PERFORMS and/or GMM to address programmatic Conditions of Award as applicable. Contact your GMS Specialist, Project officer or Field project officer for further details if needed.