

# ASPR

**ASSISTANT SECRETARY FOR  
PREPAREDNESS AND RESPONSE**

**U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Preparedness and Response  
Office of Emergency Management  
Division of National Healthcare Preparedness Programs**

**Funding Opportunity Announcement  
and Grant Application Instructions**

**Funding Opportunity Title:**

Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities  
(CFDA #93.817)

**Funding Opportunity Number: EP-U3R-15-002  
Application Due Date: 04/22/2015**

Approved as to form:

  
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Date: 4-28-15

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## I. FUNDING OPPORTUNITY DESCRIPTION

### Executive Summary and Background

Beginning in March of 2014, West Africa experienced the largest Ebola outbreak on record. Unlike many smaller preceding outbreaks of Ebola virus disease (Ebola), this particular outbreak spread to multiple African countries and caused (as of February 2015) more than 22,000 suspected human cases. In August 2014, the first American Ebola patient was flown to the United States (U.S.) for treatment. Additional patients have subsequently been medically-evacuated to the U.S. and two returned travelers were diagnosed and treated in Dallas, Texas and New York City, New York. These experiences, as well as the secondary infections of two health care workers in a Dallas hospital, identified opportunities to improve preparedness for and treatment of suspected and confirmed patients with Ebola. In response, Congress appropriated emergency funding, in part to ensure that the health care system is adequately prepared to respond to future Ebola patients. In doing so, Congress directed the Department of Health and Human Services (HHS) to develop a regional approach to caring for future Ebola patients.

The funding provided through the *Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities* is intended to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. While the focus will be on preparedness for Ebola, it is likely that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. Important lessons learned in the U.S. response to Ebola include that the safety of health care workers – from clinicians and laboratorians to ancillary staff – must be foremost in health care system preparedness and response activities; that the care of Ebola patients is clinically complex and demanding; and that early case recognition is critical for preventing spread and improving outcomes. Health care worker safety is best achieved through a deep understanding and correct implementation of infection control, appropriate use of personal protective equipment (PPE), continuous training, demonstration of competencies, and participation in frequent exercises. Assuring that Ebola patients are safely and well cared for in the U.S. health care system and that frontline providers are trained to recognize and isolate a person with suspected Ebola are the cornerstones of this HPP funding opportunity announcement (FOA).

In December 2014, HHS released its [\*Interim Guidance for U.S. Hospital Preparedness for Patients under Investigation or with Confirmed Ebola Virus Disease: A Framework for a Tiered Approach\*](#), which outlines the different roles U.S. acute health care facilities can play in preparing to identify, isolate, and evaluate patients with possible Ebola or treat patients with confirmed Ebola. These roles include serving as [Ebola treatment centers](#), [assessment hospitals](#), and [frontline health care facilities](#). Since the fall, state health officials have been designating hospitals that have been assessed by a Centers for Disease Control and Prevention (CDC)-led Rapid Ebola Preparedness (REP) team to serve as Ebola treatment centers. HHS appreciates the ongoing efforts of the public health and health care communities across the country to prepare our nation's health care system for Ebola.

Experience with Ebola patients in the U.S. has shown that care of such individuals is clinically complex, requiring highly skilled health care providers and technologically-advanced care. This has led Congress, experts, and stakeholder groups to suggest that, to the extent possible, care of Ebola patients should be concentrated in a small number of facilities. At the same time, however, the nation's hospitals must be prepared to handle one or more simultaneous clusters of Ebola patients. Further, as described in the *Interim Guidance*, all hospitals must be able to identify, diagnose, and treat a suspected Ebola patient until they can be transferred to a facility that can provide definitive care.

To that end, building upon the state- and jurisdiction-based tiered hospital approach and meeting Congress' regional directive, through this FOA, HHS seeks to establish a nationwide, regional treatment network for Ebola and other infectious diseases, which balances geographic need, differences in institutional capabilities, and accounts for the potential risk of needing to care for an Ebola patient. This network will consist of:

- 1) Up to ten regional Ebola and other special pathogen treatment centers (one in each of the ten HHS regions, that have been already designated by their state health officials to serve as Ebola treatment centers and have been assessed by a CDC-led REP team) and that can be ready within a few hours to receive a confirmed Ebola patient from their region, across the U.S., or medically-evacuated from outside of the U.S., as necessary. These hospitals will also have enhanced capacity to care for other highly infectious diseases. Part B of this FOA more fully describes these hospitals.
- 2) State or jurisdiction Ebola treatment centers that can safely care for patients with Ebola in the event of a cluster of Ebola patients that overwhelms the regional Ebola and other special pathogen treatment center (Clinical judgment, available logistical resources, and patient preference may indicate the patient should receive treatment at a state/jurisdiction Ebola Treatment Center rather than be transferred to a Regional Ebola and other special pathogen treatment center).
- 3) Assessment hospitals.
- 4) Frontline health care facilities.

Support for facilities in categories 2 through 4 above is described in Part A of this FOA.

This network will be supported by regular exercises and plans that describe how suspected Ebola patients are identified, diagnosed, and if necessary, safely transferred to the appropriate facility.

The *Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities* will provide awardees with funds to support this regional, tiered approach. At the state or jurisdiction level, awardees may support health care facilities that are capable of serving as Ebola treatment centers and assessment hospitals for their states or jurisdictions, as well as support health care coalitions to prepare frontline hospitals and overall health care system Ebola preparedness activities. Hospitals that have been designated as Ebola treatment centers as of February 14, 2015 should receive no less than \$500,000 through Part A (refer to Appendix 3 for a complete list of such facilities). Awardees will have the discretion to provide additional funding to the Ebola treatment centers listed in Appendix 3 as their allocation allows. If an awardee funds an Ebola treatment center not listed in Appendix 3, it must have already been assessed by a CDC-led REP team as of the posting of this FOA. Awardees also have the discretion to fund assessment hospitals, as their allocation allows. Awardees may support both future preparedness efforts and compensate facilities and coalitions for preparedness activities undertaken since July 2014.

ASPR is awarding a total of \$194,500,000 in funding for Ebola health care system preparedness and response and the development of a regional Ebola treatment strategy.

- Part A: \$162,000,000 to support state- or jurisdiction-designated Ebola treatment centers, assessment hospitals, and health care coalitions for overall health care system preparedness.
- Part B: \$32,500,000 for the development of a regional network for Ebola patient care, including the establishment of approximately ten regional Ebola and other special pathogen treatment centers with significantly enhanced Ebola and other infectious disease capabilities that will accept a confirmed Ebola patient from their region, across the U.S., or medically-evacuated from West Africa, as

necessary.

This announcement is only for non-research activities supported by ASPR's Division of National Healthcare Preparedness Programs (NHPP). If research is proposed, the application will not be reviewed.

## **Statutory Authority**

Title VI of Division G of the Consolidated and Continuing Appropriations Act, 2015 and section 311 of the Public Health Service Act, as amended.

## **Purpose**

The purpose of this FOA is (1) to improve health care system preparedness for Ebola and (2) to develop a regional hospital network for Ebola patient care.

## **Part A: Health Care System Preparedness for Ebola**

### **Purpose**

Through Part A, HHS will provide funding to all 62 HPP awardees for the purpose of supporting health care system preparedness for Ebola. The awardees will have discretion about how to adequately fund their health care systems, so they achieve the preparedness capabilities needed for Ebola. While the focus will be on preparedness for Ebola, it is likely that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. Through Part A, jurisdictions may use a portion of the funding to: compensate health care facilities for Ebola preparedness activities undertaken since July 2014, build additional capabilities to ensure the nation's health care system and health care workers are ready to safely and successfully identify, isolate, assess, transport, and treat patients under investigation with Ebola or confirmed to have Ebola, and be well prepared for a future Ebola-like event.

### **Project Outcomes**

- Awardees will develop and implement a health care system concept of operations (CONOPS) for care of Ebola patients. This CONOPS must link state activities related to active and direct active monitoring of returning travelers to designated assessment hospitals and treatment hospitals, and ensure that patients can be safely transported to a regional Ebola and other special pathogen treatment center and/or a state or jurisdiction Ebola treatment center in the event that they are not the same or the regional facility cannot accept patients. Awardees must ensure their Part A funding strategy for state/jurisdiction Ebola treatment centers, assessment hospitals, and health care coalitions (including frontline health care facilities, EMS and other partners) matches their CONOPS. Each awardee's health care system CONOPS for Ebola will be maintained and exercised annually throughout the project period.
- Awardee CONOPS will outline health care system and facility gaps to improve operational readiness, bearing in mind that the requirements of state/jurisdiction Ebola treatment centers should be more extensive than those for assessment and frontline facilities, and that interfacility transport of patients may be needed.

- The 18 states/jurisdictions at higher risk for Ebola<sup>1</sup> will have assessment hospitals located within 75 miles of at least 85 percent of their returning traveler populations. All other states/jurisdictions will have at least one assessment hospital.
- All awardees will have a plan and written agreement in place for the transfer of a patient with Ebola from an assessment hospital to a regional Ebola and other special pathogen treatment center (established through Part B of this FOA).
- Any state/jurisdiction-based Ebola treatment center receiving funding through Part A will care for an Ebola patient if the regional facility cannot accept additional patients (in the event of a national emergency). Any funded Ebola treatment center may be expected to provide Ebola patient care regardless of the patient's home jurisdiction.
- Each of the 18 high risk states/jurisdictions will designate at least one state/jurisdiction Ebola treatment center to provide surge capacity for the regional Ebola and other special pathogen treatment centers established through Part B of this FOA. If a high-risk state/jurisdiction does not currently have an Ebola treatment center, they will establish a written agreement with a neighboring state or jurisdiction to use that state or jurisdiction's Ebola treatment center.

Note: For the 18 high-risk states/jurisdictions, if one of these awardees does not have a regional Ebola and other special pathogen treatment center (established through Part B of this FOA) within their jurisdiction's political boundaries, they must have a state/jurisdiction Ebola treatment center. Alternatively, if a high-risk state/jurisdiction does not currently have an Ebola treatment center, it must establish written agreement with a neighboring state or jurisdiction to use that state or jurisdiction's Ebola treatment center for surge capacity. Upon reviewing each of the 18 high-risk state or jurisdiction's health care system CONOPS for Ebola, and other components of their funding applications as detailed in the FOA, HHS will reduce allocations for those high-risk states or jurisdictions that do not have an Ebola treatment center within their jurisdiction and provide additional funding to those states/jurisdictions with which they have a written agreement.

- Within 72 hours of the region's Ebola treatment center (see Part B of this FOA) accepting a confirmed Ebola patient, all state/jurisdiction Ebola treatment centers located within that region will begin their just-in-time trainings and final preparations, so they are able to accept a patient (in the event of a small cluster of cases).
- All awardees will complete Ebola patient care and transport arrangements within four hours of a diagnosis; planning for Ebola patient care and transport will begin at the time the decision is made to conduct laboratory testing for Ebola. This includes transport to either a regional Ebola and other special pathogen treatment centers or a state- or jurisdiction-designated Ebola treatment center (see Appendix 2: Ebola Patient Decision Algorithm).
- Health care coalitions will:
  - Ensure the EMS system is capable of safely transporting Ebola patients.

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<sup>1</sup> High-risk jurisdictions include: California, Chicago, Connecticut, District of Columbia, Georgia, Maryland, Massachusetts, Minnesota, New Jersey, New York, New York City, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, and Washington. Risk is based on the percentage of returning travelers from impacted countries, and reflects West African diaspora population centers, and jurisdictions with enhanced airport entrance screenings.

- Ensure the competency of health care workers, clinical laboratories, and EMS personnel in the coalition through supporting annual training and exercises.
- Purchase PPE or support facility or agency purchase and stockpile, preferably using vendor-managed inventories, at the coalition/community/or regional level. At a minimum, coalitions will coordinate with partners to obtain visibility of the PPE supplies available at health care facilities and EMS agencies in their communities.

## **Implementation**

Awardees must address all activities and strategies listed below in their Part A application.

### *Activity A: Develop a Concept of Operations*

- Strategy: Outline the jurisdiction's [tiered approach](#) for health care system response, including the assessment, transport, and treatment of persons suspected or confirmed to have Ebola.
  - Develop and implement a health care system CONOPS for Ebola and ensure their Part A funding strategy for state/jurisdiction Ebola treatment centers, assessment hospitals, and health care coalitions (including frontline health care facilities, EMS, and other partners) matches their CONOPS. Each awardee's health care system CONOPS for Ebola will be maintained and exercised annually throughout the project period.
  - Develop a plan and signed written agreement for the transfer of a patient with Ebola from an assessment hospital to a regional Ebola and other special pathogen treatment center, established through Part B of this FOA. Transfer to a regional facility will be part of a state's CONOPS and annual exercise.
  - Assure the health care system CONOPS includes a plan for coordinating with airport authorities and other states within the region to identify airports that can accept air transport of Ebola patients.
  - Assure the CONOPS includes the plan for active and direct active monitoring (AM/DAM) and a communications strategy for notifying health care partners (i.e., EMS and assessment hospitals) prior to transporting a patient in AM/DAM.
  - Outline a plan to address health care system and facility gaps to improve operational readiness, bearing in mind that the requirements of Ebola treatment centers should be more extensive than those for assessment and frontline facilities.
  - Outline a safe ground transport plan that allows for intra- and inter-state transport of potential or confirmed Ebola patients, as necessary. See Appendix 2, the Ebola Patient Decision Algorithm, for more information.

### *Activity B: Assure Readiness of Ebola Treatment Centers and Assessment Hospitals*

- Strategy 1: Improve and maintain health care worker readiness for Ebola and Ebola-like diseases
  - Provide hospital-level training of staff, specifically focusing on health care worker safety when caring for an Ebola patient (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols, and the integration of behavioral health support) and early recognition, isolation, and activation of the facility's Ebola plan.
  - Conduct annual exercises (including after action reviews and corrective action plans), which should include unannounced first encounter drills for Ebola (and other infectious diseases, such as MERS-CoV and measles), patient transport exercises, and patient care simulations.

- Purchase PPE in accordance with [CDC guidelines](#), and share, in real time, situational awareness regarding their PPE models/types and supply levels with their health care coalitions (HCCs).
  - Conduct just-in-time training and final preparations to assure state/jurisdiction Ebola treatment centers can provide surge capacity to the region's Ebola and other special pathogen treatment center (see Part B of this FOA) and are able to accept a patient (in the event of a small cluster of cases) within 72 hours of the region's Ebola and other special pathogen treatment center accepting a confirmed patient.
  - Receive and participate in training, peer review, and an assessment of their readiness from the National Training and Education Center (to be established) to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with Ebola in the U.S.
- Strategy 2: Enhance the hospital's physical infrastructure to ensure infection control for Ebola preparedness and response, as necessary.
    - Reconfigure patient flow in the emergency department to provide isolation capacity for patients under investigation (PUI) for Ebola and other potentially infectious patients.
    - Retrofit inpatient care areas for enhanced infection control (e.g., donning/doffing rooms).
    - Ensure PUIs receive appropriate care until an Ebola diagnosis is confirmed or ruled out.
    - Consider establishing dedicated space and procuring separate equipment and supplies for clinical laboratories for Ebola.
    - Ensure capability to handle Ebola-contaminated or other highly-contaminated infectious waste (e.g., through purchase or contract to use on-site a high-volume autoclave capable of sterilizing all hospital waste used in the care of a patient with Ebola, or by having a waste management facility within the state or jurisdiction willing and able to incinerate and dispose of Ebola waste, or by having a written agreement with another state willing and able to do so).
    - Consider adjusting Electronic Health Records (EHRs) to ensure prompt staff screening for patients' travel histories and newly emerging diseases.
    - Identify opportunities to use and coordinate facility-specific pathways for state/jurisdiction Ebola treatment centers and assessment hospitals to ensure better infection control through resources linked to either CDC's Public Health Emergency Preparedness (PHEP) program and/or CDC's Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases program.

*Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients*

- Strategy 1: Ensure all coalition partners have access to PPE, trainings, and exercises according to their respective role in the health care system.
  - Purchase PPE or support facility purchase and stockpile, preferably using vendor-managed inventories and mutual aid agreements at the coalition, community, or regional level. Rapidly distribute or re-distribute PPE to a facility within their coalition as needed. At a minimum, coalitions will coordinate with partners to obtain visibility of the PPE supplies available at health care facilities in their communities and ensure it can be moved rapidly as needed.
  - Ensure the competency of health care workers to identify, assess, and treat suspected or confirmed patients with Ebola through annual training.
  - Conduct annual coalition level exercises with, at a minimum, frontline facilities and EMS. Exercises in the first year should be specific to Ebola and will not necessarily satisfy the annual HPP-PHEP exercise requirements. If in subsequent years, there are no global outbreaks of Ebola, exercises may address other infectious diseases, such as MERS-CoV and



- measles, and may satisfy the annual HPP-PHEP exercise requirements upon approval of your Field Project Officer.
- Conduct just-in-time training and assist coalition partners in final preparations to assure state/jurisdiction Ebola treatment centers and assessment hospitals are able to accept a patient (in the event of a small cluster of cases) within 72 hours of the region's Ebola and other special pathogen treatment center (see Part B of this FOA) accepting a confirmed patient. This includes coordination with EMS and interfacility transport agencies.
- Strategy 2: Ensure that EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points are included in Ebola coalition planning.
  - Provide funding, as necessary, to EMS agencies for Ebola preparedness activities, such as PPE, training, and exercises.
  - Ensure that medical waste generated through the care of Ebola patients for EMS is safely managed through their own plans, a hospital's plan, or a separate coalition plan.
- Strategy 3: Integrate health care system preparedness and infection control through health care coalition engagement with State Healthcare-Associated Infection (HAI)/Infection Control advisory groups, established with funding and guidance from CDC's Epidemiology and Laboratory Capacity for Infection Control (ELC) program and to consider how a regional emergency preparedness structure could support improved infection control for coalition members.

## **Evaluation and Performance Measurement**

Measures have not been finalized and are subject to change. ASPR will work with applicants over the first six weeks post-award to develop the evaluation and performance measurement strategy. This information and guidance containing ASPR-required performance measures will be issued by NHPP following the posting of the funding announcement.

Potential performance measures for the project period:

1. The proportion of clinical, lab, and ancillary staff at Ebola Treatment Centers rostered to support care for an Ebola patient with updated annual training certification on PPE donning/doffing (Goal: 100 percent).
2. Report the time, in minutes, it takes an assessment hospital to identify and isolate a patient with Ebola or other highly contagious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage, as evidenced by a real-world case or no-notice exercise (Goal: 5 minutes).
3. For state/jurisdiction Ebola treatment centers, report the time it takes for the initial on-call team to report to the unit upon notification of an incoming Ebola patient, as evidenced by a real-world event or no-notice exercise (Goal: 8 hours).
4. The proportion of hospitals, EMS, and ambulatory care providers within a coalition that share visibility, at least bi-monthly, of their PPE supply with coalition partners (Goal: 80 percent).
5. Report the time, in minutes, it takes from an assessment hospital's notification to the health department of the need for interfacility transfer of a patient with confirmed Ebola to the arrival of a staffed and equipped EMS/interfacility transport unit, as evidenced by a no-notice exercise (Goal: 4 hours).
6. Report the proportion of state/jurisdiction Ebola treatment center and assessment hospital staff necessary to implement the facility's Ebola plan that have been rostered and trained (Goal: 100 percent).

7. For state/jurisdiction Ebola treatment centers, report the time it takes to recall *all* rostered and trained staff designated to provide surge care for an Ebola patient upon notification of an Ebola patient at a regional Ebola and other special pathogen treatment center, as evidenced by a no-notice exercise (Goal: 72 hours).

## Funding Strategy

ASPR will provide funding to all 62 HPP awardees (the 50 states, the District of Columbia, three directly-funded cities, and the U.S. territories and freely associated states) for the purpose of supporting health care system preparedness for Ebola using a base + population + Ebola risk formula. The risk portion is based on the percentage of returning travelers from impacted countries, and reflects West African diaspora population centers and jurisdictions with enhanced airport screenings.

The formula sets the base at \$200,000 for islands/territories, \$700,000 for low-risk awardees, and \$1,700,000 for high-risk awardees. On top of the base, additional funding is distributed to all awardees based on population (30 percent) and risk (70 percent). Additional funding (\$500,000) is provided to the nine awardees with a stand-alone pediatric Ebola treatment center (see Appendix 3 for complete list of Ebola treatment centers).

Funding awarded for Part A will be based on a 60 months (5 years) budget and project period. Further, HPP requires that all entities (Ebola treatment centers, assessment hospitals, and health care coalitions) receiving funding through Part A have a plan to maintain their readiness to care for an Ebola patient for the duration of the project period through annual staff trainings and exercises and sustainment of Ebola PPE.

Within their allocation for Part A, the awardees will have discretion as to how to adequately fund their health care systems, so they achieve the preparedness capabilities needed for Ebola:

- ASPR requires that awardees limit funding to the Ebola treatment centers listed in Appendix 3, and to assessment hospitals that have been designated by their state health officials as of the posting of this FOA.
- Hospitals that have been designated as Ebola treatment centers as of February 14, 2015, including stand-alone pediatric facilities, should receive no less than \$500,000 through Part A (refer to Appendix 3 for a complete list of such facilities). Awardees will have the discretion to provide additional funding to the Ebola treatment centers listed in Appendix 3 as their allocation allows. If an awardee funds an Ebola treatment center not listed in Appendix 3, it must have already been assessed by a CDC-led REP team as of the posting of this FOA. Awardees also have the discretion to fund assessment hospitals, as their allocation allows.
- Awardees may use a portion of the funding to retroactively compensate health care coalitions and health care facilities, including Ebola treatment centers and assessment hospitals, for Ebola preparedness activities undertaken since July 2014 that are consistent with the activities described in Part A of this FOA. Awardees must request retroactive compensation at the time of the application. The request should contain the following information:
  - Time period;
  - Line item budget for the period; and,
  - Narrative description of the Ebola preparedness activities.

- Awardees must limit their direct costs (excluding subawards to HCCs and health care facilities) to no more than 10 percent of the Part A allocation. ASPR will consider requests for exemptions on a case-by-case basis. Of the funds for subawards:
  - At least 30 percent must be allocated to health care coalitions in the jurisdiction.
  - No more than 70 percent may be used to provide funding directly to Ebola treatment centers and/or assessment hospitals.
- Funding to any individual facility in Part A (whether an Ebola treatment center or assessment hospital) must be generally limited to no more than \$1 million; however, funding for an Ebola treatment center should be greater than for an assessment hospital.
- In awarding funds, states and jurisdictions should consider the investments made by the facilities to become Ebola treatment centers or assessment hospitals. In addition, while awardees may not utilize HPP resources to reimburse hospitals for the costs associated with caring for PUIs, states/jurisdictions may wish to prioritize assessment hospitals that received multiple PUIs when allocating funding for preparedness activities.
- None of the funds made available in Part A of this FOA may be used to reimburse hospitals or entities for the costs associated with caring for persons under investigation for Ebola or for the costs of treating a confirmed Ebola patient.

Awardees may also apply for additional funding through Part B of this FOA, which will be based on a five-year budget and project period. Awardees may submit budget modifications for Part A upon learning of Part B funding decisions.

Total availability of funds: \$162,000,000

Approximate number of awards given: 62

Approximate average range of awards: \$202,989 - \$15,229,780

## **Part B: Development of a Regional Network for Ebola Patient Care**

### **Purpose**

HHS will award funding through Part B of the FOA to up to 10 HPP awardees to develop a regional network for Ebola patient care, which includes a requirement to establish one regional Ebola and other special pathogen treatment center to serve each HHS region. The facility sub-recipients funded through Part B of the FOA must agree to serve as regional assets and agree to accept patients from outside of their jurisdiction. These facilities will have enhanced preparedness capabilities to ensure they are the leading providers of care and treatment for Ebola patients in the U.S. and have the capabilities needed to manage other high containment, Ebola-like infectious diseases in the future.

All HPP jurisdictions are eligible to apply for Part B funding. However, HPP envisions Part B as a cooperative process. Ideally, only one applicant will apply from each region because all the jurisdictions in the region will agree on, and support, one applicant. HPP will award a maximum of 10 awards through Part B (two sole source awards for [1] the Georgia Department of Public Health to support the Emory University

Hospital, Atlanta, Georgia to serve as the Region 4 regional Ebola and other special pathogen treatment center and [2] the Nebraska State Department of Health and Human Services to support the Nebraska Medicine - Nebraska Medical Center, Omaha, Nebraska to serve as the Region 7 regional Ebola and other special pathogen treatment center) and up to eight additional competitive awards for the remaining HHS regions.

## **Project Outcomes**

- Part B awardees will develop a plan that must include signed written agreements among all states/jurisdictions in the region, and the regional Ebola and other special pathogen treatment center. This plan will include EMS and interfacility plans to accommodate patient movement from any point in the region to the designated hospital(s). Note: Awardees are not responsible for maintaining air transport contracts or capabilities.
- Any facility identified to serve as a regional Ebola and other special pathogen treatment center will:
  - Accept patients from within their HHS region within eight hours of notification.
  - Have the capacity (beds and staff) to treat at least two Ebola patients at one time.
  - Have respiratory isolation infectious disease capacity or negative pressure rooms for at least 10 patients, preferably, within the same unit.
  - Serve as the primary hospital in their HHS region for treatment of confirmed Ebola patients.
  - If necessary, accept patients that are medically evacuated from Ebola-affected countries or other HHS regions.
  - Maintain a heightened state of readiness for at least the five-year project period by conducting quarterly staff trainings and exercises.
  - Receive and participate in training, peer review, and an assessment of their readiness from the National Training and Education Center (to be established) to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with Ebola in the U.S.
  - Either have the capability to treat pediatric Ebola patients or partner with another facility within their region to do so.
  - Care for Ebola patients without disrupting overall hospital and emergency department operations.
  - Participate in clinical research, clinical trials, and experimental protocols, if appropriate.
  - Work with their human resources departments, as well as relevant employee unions, to develop policies and procedures to ensure health care worker readiness and safety associated with caring for an Ebola patient.
  - Have the capability to handle Ebola-contaminated or other highly-contaminated infectious waste (e.g., through purchase of a high-volume autoclave capable of sterilizing all hospital waste used in the care of a patient with Ebola; by having a waste management facility within the state or jurisdiction willing and able to incinerate and dispose of Ebola waste; or by having a written agreement with another state in the region willing and able to do so).
  - Integrate behavioral health considerations for patients and staff, as well as the provision of culturally and linguistically appropriate services, into medical and safety procedures.

## **Implementation**

Applicants must address all activities and strategies listed below in their Part B application.

*Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.*

- Strategy 1: Develop written agreements between states within the region to develop a regional network for Ebola patient care, which are signed by state or jurisdiction elected officials and state or jurisdiction health officials from each state in the region.
- Strategy 2: Ensure that interfacility and interstate transport plans are developed for Ebola patients that consider ground transport times between facilities and from designated airports to the Regional Ebola and other special pathogen treatment center.
  - Coordinate with public health and emergency management leaders and elected officials, such as state governors, to ensure permissible movement of patients between states. There should be a clear, written understanding of how patients from all parts of the region will be transported to the Regional Ebola and other special pathogen treatment center and what will happen if the center is at capacity (See Appendix 2, the Ebola Patient Decision Algorithm, for more information).
  - Coordinate with all states in the region; EMS agencies; state EMS officials; state/jurisdiction assessment and treatment hospitals; and regional Ebola and other special pathogen treatment centers to determine the indications for ground transport and air transport of Ebola patients.
  - Review laws and regulations within each state and jurisdiction in the region to identify and address barriers to patient transport.

*Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogen treatment centers*

- Strategy 1: Ensure regional Ebola and other special pathogen treatment centers are ready to accept an Ebola patient within eight hours of notification by developing and maintaining strong health care worker competencies and safety procedures and surge capacity for Ebola and Ebola-like diseases.
  - Ensure regional Ebola and other special pathogen treatment centers are willing to accept training, peer review, and assessment by the National Training and Education Center to evaluate readiness and develop an improvement plan to address gaps.
  - Develop, maintain, and exercise policies and procedures to ensure health care worker readiness and safety, including behavioral health considerations, associated with caring for an Ebola patient for the five-year project period of this FOA.
  - Train staff at least quarterly, specifically focusing on health care worker safety when caring for an Ebola patient (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols and behavioral health considerations) and early recognition, isolation, and activation of the facility's Ebola plan.
  - Conduct quarterly exercises, including after action reviews and corrective action plans, which should include unannounced first patient encounter drills for Ebola (and other infectious diseases, such as MERS-CoV and measles), patient transport exercises, and patient care simulations.
  - Purchase PPE in accordance with facility Ebola treatment plans.
  - Ensure behavioral health considerations for patients and staff, as well as the provision of culturally and linguistically appropriate services, are fully integrated into medical and safety procedures.

- Strategy 2: Ensure the regional Ebola and other special pathogen treatment center's infrastructure is ready and policies are established to accept an Ebola patient within eight hours of notification; collaborate with partners, as necessary, to achieve this.
  - Ensure regional Ebola and other special pathogen treatment center capacity (beds and staff) to treat at least two Ebola patients at one time.
  - Ensure respiratory isolation infectious disease capacity or negative pressure rooms (for at least 10 patients, preferably, within the same unit).
  - Ensure collaboration with a health care partner to provide pediatric Ebola care capabilities (if the regional Ebola and other special pathogen treatment center does not already possess these capabilities). For example, this may be accomplished by bringing specialized equipment and staff (pre-trained and credentialed) to treat a pediatric patient within the regional Ebola and other special pathogen treatment center from a partner health facility.
  - Ensure the ability to provide care to the normal flow of patients and assure normal patient care is not interrupted during the time in which an Ebola patient or patients are being cared for in the Ebola treatment unit.
  - During periods without an Ebola patient, Ebola treatment units may have alternate day-to-day uses, such as for other patient care or for research and training purposes.
  - Consider the potential for offering labor and delivery services for Ebola patients, and conducting other procedures.
  - Participate in clinical research, clinical trials and experimental protocols, as needed.
  - Reconfigure patient flow in the emergency department to provide isolation capacity for PUIs and other potentially infectious patients.
  - Retrofit inpatient care areas for enhanced infection control (e.g. donning/doffing rooms).
  - Consider establishing dedicated space and procuring separate equipment and supplies for clinical laboratories for Ebola.
  - Ensure capability to handle Ebola-contaminated or other highly-contaminated infectious waste (e.g., through purchase or contract to use on-site a high-volume autoclave capable of sterilizing all hospital waste used in the care of a patient with Ebola, by having a waste management facility within the state or jurisdiction willing and able to incinerate and dispose of Ebola waste, or by having a written agreement with another state willing and able to do so).
  - Consider adjusting Electronic Health Records (EHRs) to ensure prompt staff screening for patients' travel histories and newly emerging diseases.

## **Evaluation and Performance Measurement**

Measures have not been finalized and are subject to change. ASPR will work with applicants over the first six weeks post-award to develop the evaluation and performance measurement strategy. This information and guidance containing ASPR-required performance measures will be issued by NHPP following the posting of the funding announcement. In addition, facilities will receive peer assessment using metrics developed by the National Training and Education Center (NTEC), to be established by a separate FOA.

Potential performance measures for the project period:

1. The proportion of clinical, lab, and ancillary staff at regional Ebola and other special pathogen treatment centers rostered to support care for an Ebola patient with updated quarterly training certification on PPE donning/doffing (Goal: 100 percent).
2. The time it takes until a regional Ebola and other special pathogen treatment center is ready to accept Ebola patients (both an adult and pediatric patient), as evidenced by an exercise or actual

- patient transfer (Goal: within 8 hours of notification).
3. The proportion of states and jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals to the regional Ebola and other special pathogen treatment center (Goal: 100 percent).
  4. Report the proportion of regional Ebola and other special pathogen treatment center staff necessary to implement the facility's Ebola plan that have been rostered and trained (Goal: 100 percent).
  5. For regional Ebola and other special pathogen treatment centers, report the time it takes for the initial on-call team to report to the unit upon notification of an incoming Ebola patient, as evidenced by a real-world event or no-notice exercise (Goal: 4 hours).
  6. For regional Ebola and other special pathogen treatment centers, report the time it takes to recall *all* rostered and trained staff designated to care for an Ebola patient upon notification of an incoming Ebola patient, as evidenced by a real-world event or no-notice exercise or "secret shopper" (Goal: 8 hours).
  7. The proportion of states and jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise (Goal: 100 percent).

### **Eligibility and Funding Strategy**

HHS will award funding through Part B of the FOA to up to 10 HPP awardees to develop a regional network for Ebola patient care, which includes a requirement to establish one regional Ebola and other special pathogen treatment center to serve each HHS region. The facility sub-recipients funded through Part B of the FOA must agree to serve as regional assets and agree to accept patients from outside of their jurisdiction. These facilities will have enhanced preparedness capabilities to ensure they are the leading providers of care and treatment for Ebola patients in the U.S. and have the capabilities needed to manage other high containment, Ebola-like infectious diseases in the future. Regional facilities must have had a REP team visit as of the date of posting of this FOA.

- All HPP jurisdictions are eligible to apply for Part B funding (See Section V for detailed selection/review criteria).
- HPP will award a maximum of 10 awards through Part B:
  - Two sole source awards for [1] the Georgia Department of Public Health to support the Emory University Hospital, Atlanta, Georgia to serve as the Region 4 regional Ebola and other special pathogen treatment center and [2] the Nebraska State Department of Health and Human Services to support the Nebraska Medicine - Nebraska Medical Center, Omaha, Nebraska to serve as the Region 7 regional Ebola and other special pathogen treatment center; and,
  - Up to eight additional competitive awards for the remaining HHS regions.
- The states/jurisdictions that receive funding through Part B must agree to provide no less than 90 percent of the Part B funding to at least one health care facility to serve as a regional Ebola and other special pathogen treatment center. ASPR will consider requests for exemptions on a case-by-case basis.
- Of the total for the regional Ebola and other special pathogen treatment center, HPP will provide at least \$2,250,000 during the first year and \$250,000 in the four subsequent years to maintain and

sustain the capabilities of these regional centers.

- None of the funds made available in Part B of this FOA may be used to reimburse hospitals or entities for the costs associated with caring for persons under investigation for Ebola or for the costs of treating a confirmed Ebola patient.

Applications will be reviewed by a review panel.

Total availability of funds: \$32,500,000

Approximate number of awards given: Up to 10

Approximate award: \$3,250,000 - \$4,600,000

## **ASPR Activities**

In a cooperative agreement, ASPR staff is substantially involved in the program activities, above and beyond routine grant monitoring. ASPR's NHPP and other ASPR subject matter experts will use application submission information to identify strengths and weaknesses to update work plans and to establish priorities for site visits and technical assistance. To assist recipients in achieving the purpose of this cooperative agreement, ASPR will conduct the following activities:

- Establish a National Training and Education Center (NTEC) comprised of staff from hospitals that have successfully treated Ebola to assist with peer review and assessment of regional Ebola and other special pathogen treatment centers, state/jurisdiction Ebola treatment centers, and, if desired, assessment hospitals.
- Provide ongoing guidance, programmatic support, and training as it relates to the activities outlined in this Ebola and other funding announcement guidance documents.
- Convene conference calls, site visits, and other communications as applicable with awardees.
- Facilitate communication among awardees to advance the sharing of expertise on health care preparedness and response activities for Ebola.
- Coordinate planning and implementation activities with federal partners, including the PHEP cooperative agreement administered by CDC, to optimize preparedness investments and eliminate duplication where possible.

Additionally, for Part B of this cooperative agreement, the HPP Field Project Officers and the Division of Regional and International Coordination Regional Emergency Coordinators will work with states/jurisdictions in their region (and at least one health care facility identified by the states/jurisdictions in each HHS region) to help establish at least one Regional Ebola and other special pathogen treatment center.



## **Collaborations:**

### **With ASPR-funded programs:**

ASPR will collaborate with other programs and initiatives, as relevant (e.g., the Emergency Care Coordination Center and the Biomedical Advanced Research and Development Authority) to assure that efforts are being maximized while reducing duplication of effort.

### **With organizations external to ASPR:**

States have limited resources to improve health care system preparedness and develop Regional Ebola and other special pathogen treatment centers. Therefore, it is imperative that awardees partner with other federal (e.g., CDC's PHEP program) and state and local organizations (e.g., local public health departments) working to effectively prepare for Ebola and the possibility of having an Ebola patient or patient under investigation for Ebola.

Awardees must also collaborate to integrate preparedness and infection control efforts by participating in State Healthcare-Associated Infection (HAI)/Infection Control advisory groups, established with funding and guidance from CDC's Epidemiology and Laboratory Capacity for Infection Control (ELC) program and to consider how a regional emergency preparedness structure could support improved infection control throughout the community

## **Other Important Notes about this Funding Opportunity Announcement:**

- This FOA covers two separate, but related projects: Part A – Health Care System Preparedness for Ebola and Part B – Development of a Regional Network for Ebola Patient Care.
- Applicants should include narratives and budgets spanning the entire length of the projects applied for, which may not exceed 60 months (five years) for Parts A and B.
- ASPR will work with applicants over the first six weeks post-award to develop the evaluation and performance measurement strategy. This information and guidance containing ASPR-required performance measures will be issued by NHPP following the posting of the funding announcement.
- Applicants should coordinate the HPP activities with supplemental activities under the ELC Cooperative Agreement (CK-14-1401PPHFSUPP15) and the PHEP Cooperative Agreement (CDC-RFA-TP12-12010302SUPP15), as well as the activities under the annual cooperative agreements for ELC (CDC-RFA-CK14-1401PPHF14) and HPP-PHEP (CDC-RFA-TP12-120102CONT14).
- Funding will be provided for U.S. health care system Ebola preparedness efforts, including those of Ebola treatment centers and assessment hospitals, which can be applied retroactively to July 2014.
- Applicants must submit a discrete application, itemized budget, and budget narrative for each HPP project for which they are applying. For example, Part A – Health Care System Preparedness and Response will have a separate budget from Part B – Development of a Regional Network for Ebola Patient Care.

## II. AWARD INFORMATION

### Part A: Health Care System Preparedness for Ebola

<b>Type of Award:</b>	Cooperative Agreement
<b>Fiscal Year Funds:</b>	2015
<b>Approximate Total Funding:</b>	\$162,000,000 This amount is subject to availability of funds. Includes direct and indirect costs.
<b>Approximate Number of Awards:</b>	62
<b>Approximate Average Award:</b>	\$2,612,903 This amount is for a 60-month budget period, and includes both direct and indirect costs.
<b>Floor of Individual Award Range:</b>	\$202,989
<b>Ceiling of Individual Award Range:</b>	\$15,229,780 This ceiling is for a 60-month budget period.
<b>Anticipated Award Date:</b>	05/18/2015
<b>Budget Period Length:</b>	60 months (five years)
<b>Project Period Length:</b>	60 months (five years)

### Part B: Development of a Regional Network for Ebola Patient Care

<b>Type of Award:</b>	Cooperative Agreement
<b>Fiscal Year Funds:</b>	2015
<b>Approximate Total Funding:</b>	\$32,500,000 This amount is subject to availability of funds. Includes direct and indirect costs.
<b>Approximate Number of Awards:</b>	10
<b>Approximate Average Award:</b>	\$3,250,000 This amount is for a 60-month project period, and includes both direct and indirect costs.
<b>Floor of Individual Award Range:</b>	\$3,250,000

**Ceiling of Individual Award Range:** \$4,600,000  
 This ceiling is for a 60-month project period.

**Anticipated Award Date:** 05/18/2015

**Budget Period Length:** 12 months (one year)  
**Project Period Length:** 60 months (five years)

### III. ELIGIBILITY INFORMATION

#### Eligible Applicants

The following recipients may submit an application:

Eligibility Category: State governments  
 County governments  
 City or township governments

Eligible entities include the current 62 HPP awardees, which include health departments in the following states, localities (city and county), and territories.

Awardee	Awardee
Alabama	Montana
Alaska	Nebraska
American Samoa	Nevada
Arizona	New Hampshire
Arkansas	New Jersey
California	New Mexico
Chicago	New York
Colorado	New York City
Connecticut	North Carolina
Delaware	North Dakota
Florida	Northern Mariana Islands
Georgia	Ohio
Guam	Oklahoma
Hawaii	Oregon
Idaho	Palau
Illinois	Pennsylvania
Indiana	Puerto Rico
Iowa	Rhode Island
Kansas	South Caroline
Kentucky	South Dakota
Los Angeles County	Tennessee
Louisiana	Texas
Maine	Utah
Marshall Islands	Vermont
Maryland	Virgin Islands (U.S.)

**Cost  
Sharing/Match  
Maintenance of Effort/Funding**

Massachusetts	Virginia
Michigan	Washington
Micronesia	Washington, D.C.
Minnesota	West Virginia
Mississippi	Wisconsin
Missouri	Wyoming

**and**

There is no cost sharing or match requirement for this project.  
Maintenance of effort/funding is not required for this program.

**Special Requirements**

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive federal funds constituting a grant, loan, or an award.

**IV. APPLICATION AND SUBMISSION INFORMATION**

**Address to Request Application Package**

Application materials can be obtained from <http://www.grants.gov>.  
Contact person regarding this FOA is:

Robert Scott Dugas, MPH  
Branch Chief, Hospital Preparedness Program  
Telephone: (202) 245-0732  
Email: [Robert.dugas@hhs.gov](mailto:Robert.dugas@hhs.gov)

Applicants must download the application package associated with this funding opportunity from grants.gov. If the applicant encounters technical difficulties with grants.gov, the applicant should contact grants.gov customer service. The grants.gov contact center is available 24 hours a day, 7 days a week, with the exception of all federal holidays. The contact center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the grants.gov support center at 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Submissions sent by email, fax, CDs, or thumb drives of applications will not be accepted.

Applicants are encouraged to submit their application prior to the due date.

**Required Registrations**

**Central Contractor Registration and Data Universal Numbering System Requirements**

Except for those entities exempt from requirements listed at 2 CFR §25.110(b) or (c) ( individuals), effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from recipients of

those grant funds to:

- Be registered in the Central Contractor Registration (CCR) prior to submitting an application of plan;
- Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV/STAFFDIV; and
- Provide its Data Universal Numbering System (DUNS) number in each application or plan it submits to the OPDIV/STAFFDIV.

An award cannot be made until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is no qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients (e.g., direct subrecipient) must have a DUNS number at the time the subaward is made.

CCR registration may be made online at <http://www.sam.gov> or by phone at 1-877-252-2700.

Due to the possibility of heavy traffic at the sam.gov website, applicants are strongly encouraged to register at the CCR well in advance of the application due date. Applicants must assure that the CCR registration is current for the anticipated start date of the award. Applications will not be reviewed if applicant is not registered with CCR or CCR registration is not current.

Grants.gov registration – All entities must register and/or renew registration with grants.gov prior to submitting an application. Grantees previously registered must assure that the registration is still valid and up-to-date. Registration and re-registration take up to 10 working days to process. Failure to submit the application on time due to late registration will result in ASPR not accepting the application.

## **Application Screening Criteria**

Applications must be submitted electronically via <http://www.grants.gov> by [04/22/2015 at 11:59 pm EST.

## **Content and Form of Application Submission**

The following required documents and sections must be included in the application package in order to be considered for funding. Please note, applicants must submit a discrete project abstract and project narrative for each HPP project for which they are applying. For example, Part A: *Health Care System Preparedness for Ebola* will have a separate budget form for Part B: *Development of a Regional Network for Ebola Patient Care*. Please also ensure that the budget request associated with various activities within the same Part is clearly delineated.

### Cover Letter (optional)

Cover letters should be addressed to the following:

Brenda Cox

Chief Grants Management Officer (Acting)  
Acquisition Management Contracts and Grants  
Office of the Assistant Secretary for Preparedness and Response  
U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Washington, DC 20201  
Telephone: (202) 809-4144  
E-mail: [asprgrants@hhs.gov](mailto:asprgrants@hhs.gov)

### Project Abstract

A project abstract must be completed in the grants.gov application forms. The project abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary or confidential information.

### Project Narrative

A project narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via grants.gov. The narrative should address activities to be conducted over the entire project period, with a more detailed work plan for the first year (when applicable). Each of these project narratives should be succinct, self-explanatory, and in the order outlined in this section.

The narrative must be submitted in the following format:

The project narrative must be double-spaced, on 8 ½” x 11” paper with 1” margins on both sides, and a font size of not less than 11. You may use smaller font sizes to fill in the Standard Forms and Sample Formats. Forms do not need to be double spaced. ASPR will not accept applications with a Project Narrative for Part A or Part B that exceeds 100 pages. If the narrative exceeds the page limit, only the pages which are within the page limit will be reviewed.

The components of the project narrative counted as part of the 100 page limit include:

- Background
- Current capacity
- Approach and work plan
- Administrative preparedness plan execution
- Budget narrative and justification
- Performance measurement and evaluation strategy

Any other relevant additional information that does not count toward the 100 page limit including:

- Curricula vitae for key project personnel
- Letters of commitment
- Copy of the applicant’s most recent indirect cost agreement, if requesting indirect costs
- Other documents, as needed

The project narrative is the most important part of the application, since it is the primary basis on which ASPR determines whether or not a project meets the minimum requirements for grants under Public Health Service Act, Section 311 (42 U.S.C. Section 243). The project narrative should provide a clear and concise description of the project. The following is a brief description of each required component:

#### *Background*

Applicants must describe the core background information relative to the specific Part. The core background information must help reviewers understand how the applicant's response to the FOA will address the health care system problem and support health care system priorities.

#### *Current Capacity*

For each Part applied for, address the jurisdiction's current capacity to successfully implement the proposed project and associated activities, including describing staff and other infrastructure already in place in which to build upon, to meet project period outcomes.

#### *Approach and Work Plan*

For each Part applied for, applicants must clearly identify the outcomes they expect to achieve by the end of the project period and provide a clear and concise description of the strategies and activities they used to achieve the project's outcomes. Briefly introduce the activity(ies) being proposed and describe what the expected outputs (e.g., milestones) will be over the first 12-months of the project and a higher-level description for each subsequent year.

Define the expected outcomes that align with resolving the problem of closing the gaps. The outcomes should define what changes or improvements will occur in the health care system, the community, or the region. Outcomes should be well-defined, specific, measurable, realistically achievable, and contribute to closing the gaps identified in the problem statement. Ideally, outcomes should link to planned activities, quantify the targeted change, and include an estimated timeline for achieving the change. Awardees can include as many outcomes as needed.

List the intermediate activities the jurisdiction will undertake, including tasks and estimated start and end dates, which will lead to the associated outcome and contribute to resolving the identified issue or problems. Awardees can include as many planned activities as needed.

List the proposed outputs that will be produced as a result of the planned activities, such as a health care system concept of operations. Awardees can include as many planned outputs as needed.

#### *Administrative Preparedness Plan Execution*

Awardees must include estimated timelines for obligation and liquidation of funds within the budget and project period. Timelines should be consistent with cycle times identified in jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

#### *Budget Narrative and Justification*

A detailed budget with supporting justification must be provided and be related to recipient activities that are stated in awardees' work plans for both Parts A and B. Awardees must note the following budget-related issues:

- If indirect costs are requested, it will be necessary to include a copy of the organization's current negotiated Federal Indirect Cost Rate Agreement or a Cost Allocation Plan for those awardees under

such a plan.

- Travel for program implementation should be justified and related to implementation activities.
- Budgets that include costs for equipment (e.g., laboratory or waste management equipment) must be detailed in the budget narrative and justification.
- Budgets that include retroactive incurred costs must provide adequate detailed documentation to substantiate those costs were incurred and meet the criteria for allowable costs as per 2 CFR SUBPART E.
- Awardees must request retroactive compensation at the time of the application. The request should contain the following information:
  - Time period
  - Line item budget for the period
  - Narrative description of the Ebola preparedness activities

ASPR expects that no less than 90 percent of the funds for Part A and Part B will be distributed to, and used, at the health care facility or health care coalition level to support Ebola health care system preparedness and response efforts. ASPR will consider requests for exemptions on a case-by-case basis.

The budget narrative or justification should be provided using the instructions included in Attachment A (Instructions for Completing Required Forms) of this FOA. Applicants are encouraged to pay particular attention to Attachment B (Budget Narrative/Justification Sample Format), which provides an example of the level of detail sought.

#### *Performance Measurement and Evaluation Strategy*

Awardees will be required to report on a small set of ASPR-defined performance measures that will demonstrate, or show progress toward, the accomplishment of program outcomes of the cooperative agreement. ASPR expects to release information and guidance containing these required performance measures following the posting of the funding announcement.

As part of this application and for each Part applied for, awardees should describe in a brief narrative a plan to affirm and acknowledge the awardee's ability to collect and respond to required ASPR-defined performance measures. For example, awardees may describe who will be monitoring and responding to required performance measures, potential data sources, and anticipated barriers and challenges and how this will be resolved. Awardees may also describe how evaluation data will be shared with key stakeholders and used by the awardee to improve program quality and demonstrate the value of this funding.

#### *Additional Information*

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in grants.gov. Note: appendices will not be counted toward the narrative page limit.

#### **Submission Deadline Dates and Times**

The deadline for the submission of applications under this FOA is 04/22/2015 at 11:59 pm EST. Applications



must be submitted electronically by 11:59 p.m. Eastern Time on 04/22/2015 Applications that are submitted after the deadlines will not be processed.

## **Intergovernmental Review**

This FOA is not subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs.”

## **Funding Restrictions**

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/ASPR/HPP funding for the purchase of furniture. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to carry out any program of distributing sterile needles or syringes for hypodermic injections of any illegal drug.
- Recipients may not use funds to advocate or promote gun control.
- Salaries may not exceed the rate of \$181,500 USD per year.
- Recipients may not use funds for lobbying activities.
- Recipients may not use funds for fund raising.
- Recipients may not use funds for the cost of money even if part of the negotiated indirect cost rate agreement.
- Recipients may not use funds for vehicles.
- Recipients may not use funds for salaries for back filling of personnel.
- Recipients may not use funds for antibiotics for treatment of secondary infections.
- Funding under these awards may only be used for minor alteration and renovation (A&R) activities. Construction and major A&R activities are not permitted. A&R of real property generally is defined as work required to change the interior arrangements or installed equipment in an existing facility so that it may be more effectively utilized for its currently designated purpose or be adapted for an alternative use to meet a programmatic requirement. The work may be categorized as improvement, conversion, rearrangement, rehabilitation, remodeling, or modernization, but it does not include expansion, new construction, development, or repair of parking lots, or activities that would change the “footprint” of an existing facility (e.g., relocation of existing exterior walls, roofs, or floors; attachment of fire escapes). Minor A&R may include activities and associated costs that will result in:
  - Changes to physical characteristics (interior dimensions, surfaces, and finishes); internal environments (temperature, humidity, ventilation, and acoustics); or utility services (plumbing, electricity, gas, vacuum, and other laboratory fittings);
  - Installation of fixed equipment (including casework, fume hoods, large autoclaves, biological safety cabinets);
  - Replacement, removal, or reconfiguration of interior non-load bearing walls, doors,

- framed, or windows in order to place equipment in a permanent location;
- Making unfinished shell space suitable for purposes other than human occupancy, such as storage of pharmaceuticals; or,
- Alterations to meet requirements for accessibility by physically disabled individuals.

## V. APPLICATION REVIEW INFORMATION

Section V addresses both Part A and Part B. Applicants may review the relevant part, or both if relevant, as applicable to their situation.

### Part A: Health Care System Preparedness for Ebola

Eligible recipients are required to provide a project narrative that addresses the implementation activities and strategies listed above in section I, and demonstrate how objectives in this FOA will be accomplished.

Applications will be initially reviewed for completeness by the Office of Acquisition Management Contracts and Grants staff. In addition, applications will be jointly reviewed for responsiveness to program requirements and technical acceptability by field project offices from ASPR's NHPP and subject matter experts. Eligible applications must meet all of the requirements defined in this FOA. Eligible recipients will be evaluated against the following criteria:

**Identification of gaps:** How clearly did the work plan identify and quantify existing operational gaps and the root cause of the gaps to be addressed?

**Outcomes:** For each identified topic area, how well do the expected outcomes align with successfully addressing the problem or gap? What evidence is provided that any expected changes or improvements to preparedness will be demonstrated during the project period? What evidence is provided that demonstrates that the activities, deliverables (outputs), and outcomes can be achieved during the project period?

**Administrative Preparedness Planning Execution:** Has the applicant included estimated timelines for completion of all performance and work plan activities as well as obligation and liquidation of funds within the budget and project period? Timelines should be consistent with cycle times identified in the jurisdiction's current HPP-PHEP Administrative Preparedness Plan.

**Budget Justification and Narrative:** The extent to which the proposed budget is adequately justified and consistent with this program announcement and the applicant's proposed activities. The applicant must map the activity and strategy to each item in the budget justification. Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities? Further, budgets that include retroactive incurred costs must provide adequate detailed documentation to substantiate those costs were incurred and meet the criteria for allowable costs as per 2 CFR SUBPART E.

### Part B: Development of a Regional Network for Ebola Patient Care

As discussed above, the goal of Part B is to support a regional approach to Ebola and infectious disease treatment. HPP awardees, in conjunction with a facility in their jurisdiction, are eligible to apply. However, HPP envisions Part B as a cooperative process. Ideally, only one applicant will apply from each region because all the jurisdictions in the region will agree on and support, one applicant.

Eligible applicants will be evaluated against the following review criteria:

**Background - Maximum Points: 10**

Provide a statement explaining why the applicant (the jurisdiction and the hospital within) is the best choice for the Regional Ebola and other special pathogen treatment center.

**Required Components - Maximum Points: 60**

- Does the applicant provide letters of support from other states/jurisdictions in the region? Points will be allocated based on the percentage of support from other states/jurisdictions in the region. [30 points]
- Is the applicant located in areas with the highest risk for Ebola within each region? If so, the applicant will be allocated more points. [10 points]
- Does the applicant submit a joint letter speaking to the requirements below from the awardee and the facility proposed as the regional hospital? To meet this requirement, it is also possible to submit a letter from the awardee that speaks to the requirements below and a letter from the proposed facility approving the contents of the letter. Please note, some sub-bullets require a commitment only and some require a commitment as well as a work plan explaining how the facility will fulfill the commitment. [20 points]
  - Requiring only a statement of commitment:
    - Applicant must name the facility that would serve as the regional hospital.
    - Applicant must commit to serve as the primary hospital in their HHS region for treatment of confirmed Ebola patients. Applicant must commit to accepting patients from within their HHS region and other HHS regions or those that are medically evacuated from Ebola-affected countries (if necessary).
    - Applicant must be located within a 90-minute drive of an airport, should patients require air transport to the Regional Ebola and other special pathogen treatment center(s), and the airports must be named in the application. Applicant must also commit to having EMS and interfacility transport plans for ground transportation.
    - Applicants must state their plan for handling Ebola-contaminated, or other highly-contaminated infectious waste. The three options are: 1) purchasing a high-volume autoclave capable of sterilizing all hospital waste used in the care of a patient with Ebola; 2) contracting for a high-volume autoclave; or, 3) having a waste management facility within the state or jurisdiction willing and able to incinerate and dispose of Ebola waste. If the applicant chooses #3, the applicant must include the plan for waste disposal in the application.
    - Applicant must commit to accept training, peer review, and assessment from the NTEC.
    - Applicants must commit to conducting quarterly staff trainings and exercises.
    - Applicants must commit to maintaining a heightened state of readiness for at least the five-year budget period covered in the FOA; measured by the applicant's ability to accept a patient from an assessment hospital within their region within eight hours.
    - Applicants must commit to having respiratory isolation infectious disease capacity or negative pressure rooms for at least 10 patients.
    - Applicants must commit that their Ebola treatment units will have day-to-day use when there are no Ebola patients, either through the provision of direct patient care or for training or patient simulation purposes.

- Applicants must commit to caring for Ebola patients without disrupting overall hospital and emergency department operations.
- Applicants must commit to having the capability of providing education and training, research and knowledge generation, and applying for and using experimental drug protocols as well as ready access to infectious disease and critical care clinical services expertise.
- Applicants must commit to working with their human resources departments, as well as relevant employee unions, to develop policies and procedures to ensure frontline health care worker readiness and safety associated with caring for an Ebola patient.
- Requiring a work plan along with a statement of commitment:
  - Applicant must state, or give a range for, the number of beds (must be at least two) that will be available for Ebola patients. Applicant must also attach a work plan describing how they will staff the beds.
  - Applicants must commit to treating pediatric Ebola patients or partner with another facility within their region to do so. Applicants must share their work plan for either treating or partnering. Ideally, applicants will partner with another institution to develop the capability in house. It is not ideal, but will be considered, to house the capability in a different institution in the region.

**Desired Components - Maximum Points: 20**

- Applicant has experience caring for a patient with confirmed Ebola, or experience assessing more than one PUI.
- Applicant that has, or plans to have, capabilities for labor and delivery and other procedures will be viewed favorably.

**Evaluation and Performance Measurement Strategy - Maximum Points: 10**

Does the awardee demonstrate and affirm the ability to monitor and collect data on performance measures specified by ASPR?

Potential performance measures for the project period:

1. The proportion of clinical, lab, and ancillary staff at regional Ebola and other special pathogen treatment centers with updated quarterly training certification on PPE donning/doffing (Goal; 100 percent).
2. The time it takes until a regional Ebola and other special pathogen treatment center is ready to accept Ebola patients (both an adult and pediatric patient), as evidenced by an exercise or actual patient transfer (Goal: within 8 hours of notification).
3. The proportion of states and jurisdictions in the HHS region for which a current written and signed agreement is in place to transfer patients from assessment hospitals to the regional Ebola and other special pathogen treatment center (Goal: 100 percent).
4. Report the proportion of regional Ebola and other special pathogen treatment center staff necessary to implement the facility's Ebola plan that have been rostered and trained (Goal: 100 percent).
5. For regional Ebola and other special pathogen treatment centers, report the time it takes for the initial on-call team to report to the unit upon notification of an incoming Ebola patient, as evidenced by a real-world event or no-notice exercise (Goal: 4 hours).
6. For regional Ebola and other special pathogen treatment centers, report the time it takes to recall *all* rostered and trained staff designated to care for an Ebola patient upon notification of an

incoming Ebola patient, as evidenced by a real-world event or no-notice exercise or “secret shopper” (Goal: 8 hours).

7. The proportion of states and jurisdictions in the HHS region that have demonstrated the ability to move a patient across jurisdictions to a regional Ebola and other special pathogen treatment center, as evidenced by a real-world event or participation in a multi-jurisdiction exercise (Goal: 100 percent).

Note: Measures have not been finalized and are subject to change. ASPR will work with applicants over the first six weeks post-award to develop the evaluation and performance measurement strategy. This information and guidance containing ASPR-required performance measures will be issued by NHPP following the posting of the funding announcement. In addition, facilities will receive peer assessment using metrics developed by NTEC, to be established by a separate FOA.

### **Post-Award Requirements**

Please note, after the awardees for Part B are chosen, they will be required to submit a detailed work plan that explains exactly how they will achieve their commitments. In order to expedite the funding process, the award itself will be based on largely the applicant’s commitment to attaining levels of readiness.

### **Review and Selection Process**

Eligible applications will be jointly screened for responsiveness by HPP and the Office of Acquisition Management Contracts and Grants (AMCG). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate applications that pass the screening criteria. The review panel will be comprised of reviewers who are experts in their field and may be drawn from academic institutions, non-profit organizations, state and local government, and federal government agencies. Based on the application review criteria, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by ASPR. In making these decisions, ASPR will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

## **VI: AWARD ADMINISTRATION INFORMATION**

### **Award Notices**

The Notice of Award is the authorizing document from the ASPR authorizing official, the Office of Acquisition Management Contracts and Grants, and the ASPR Office of Financial Planning and Analysis. The Notice of Award will be sent electronically upon successful review of the application. The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated.

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

## **Administrative and National Policy Requirements**

The award is subject to OMB 2 CFR Part 200 (subparts A through D), HHS Administrative Requirements, which can be found in 45 CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

## **Reporting**

Applicants funded under this announcement will be required to electronically submit a semi-annual program progress report and Federal Financial Report (FFR) SF-425. In addition, applicants must submit an end-of-year program progress report and end-of-year Federal Financial Report, both due 90 days after the budget period ends. Awardees will receive instructions for both reports with their Notice of Award. Final performance and financial reports are due 90 days after the end of the project period. For more information see DHHS/ASPR Standard Terms and Conditions.

**Progress Reporting:** Applicants funded under this announcement will be required to electronically submit an annual program progress report. As part of the progress report financial information will be reported both per major category of expense, and by objectives.

**Subaward and Executive Compensation Reporting:** Applicants must ensure that they have the necessary processes and systems in place to comply with the sub-award and executive total compensation reporting requirements established under OMB guidance at [2 CFR Part 170](#), unless they qualify for an exception from the requirements, should they be selected for funding.

**Cash Transaction Reporting** Recipients must report cash transaction data using the Federal Financial Report (FFR), SF-425. Recipients will utilize the SF-425 lines 10.a through 10.c to report cash transaction data to the Division of Payment Management. The FFR SF-425 (lines 10.a through 10.c) is due to the Payment Management System 30 days after the end of each calendar quarter. The FFR SF-425 electronic submission and dates for the new quarters will be announced through the Payment Management/SmartLink Payment System's bulletin board. Funds will be frozen if the report is not filed on or before the due date.

**Federal Disbursement Reporting:** The SF-425 will also be used for reporting of expenditure data to meet ASPR's semi-annual and annual financial reporting requirement. All other lines except 10.a through 10.c should be completed.

**Tangible Property Report:** Awardees will be required to submit an annual Tangible Property Report (SF 428) at the time the annual SF 425 is submitted to ASPR. Final SF 428 reports are due 90 days after the end of the project period.

**Other Reporting Requirements:** Throughout the course of the project the awardee may be asked to submit additional reports as needed.

## **VII. AGENCY CONTACTS**

### **Grants Management Officer**

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Preparedness and Response  
Acquisition Management Contracts and Grants  
Washington, D.C. 20201  
Attn: Brenda Cox  
Telephone: (202) 809-4144  
Email: [asprgrants@hhs.gov](mailto:asprgrants@hhs.gov)

### **Project Officer**

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Preparedness and Response  
Hospital Preparedness Program  
Washington, D.C. 20201  
Attn: Robert Scott Dugas  
Telephone: (202) 245-0732  
E-mail: [Robert.dugas@hhs.gov](mailto:Robert.dugas@hhs.gov)

## **VIII. OTHER INFORMATION**

### **Appendices**

- Appendix 1: HPP Ebola Supplemental Funding Table, Part A
- Appendix 2: Ebola Patient Decision Algorithm
- Appendix 3: Ebola Treatment Centers, as of February 11, 2015

### **Attachments**

- Attachment A: Instructions for Completing Required Forms (SF 424, Budget (SF 424A), Budget Narrative/Justification)
- Attachment B: Budget Narrative/Justification - Sample Format
- Attachment C: Project Work Plan - Sample Template
- Attachment D: Instructions for Completing the Project Abstract

## Appendix 1:

### HPP Ebola Supplemental Funding Table, Part A

<b>Awardee</b>	<b>Total Award</b>
Alabama	\$1,207,077
Alaska	\$789,652
American Samoa	\$205,978
Arizona	\$1,862,300
Arkansas	\$1,030,732
California	\$5,610,581
Chicago	\$2,635,256
Colorado	\$2,394,069
Connecticut	\$2,689,862
Delaware	\$1,441,784
District of Columbia	\$4,197,219
Florida	\$3,714,962
Georgia	\$8,570,305
Guam	\$214,944
Hawaii	\$831,511
Idaho	\$884,291
Illinois	\$1,954,126
Indiana	\$1,730,877
Iowa	\$1,314,487
Kansas	\$1,080,508
Kentucky	\$1,325,524
Los Angeles County	\$2,213,969
Louisiana	\$1,381,293
Maine	\$878,298
Marshall Islands	\$205,978
Maryland	\$11,055,061
Massachusetts	\$4,671,521
Michigan	\$2,369,275
Micronesia	\$208,967
Minnesota	\$5,513,716
Mississippi	\$1,012,813
Missouri	\$1,648,208
Montana	\$1,046,536
Nebraska	\$908,202
Nevada	\$1,120,326
New Hampshire	\$1,003,744
New Jersey	\$6,022,489
New Mexico	\$1,110,324



<b>Awardee</b>	<b>Total Award</b>
New York	\$3,529,655
New York City	\$15,229,780
North Carolina	\$4,499,279
North Dakota	\$949,944
Northern Marianas Islands	\$205,978
Ohio	\$4,465,541
Oklahoma	\$1,170,175
Oregon	\$1,283,680
Palau	\$202,989
Pennsylvania	\$10,417,536
Puerto Rico	\$1,037,745
Rhode Island	\$2,453,740
South Carolina	\$1,619,252
South Dakota	\$812,557
Tennessee	\$1,634,299
Texas	\$7,818,913
Utah	\$1,174,097
Vermont	\$871,285
Virgin Islands (US)	\$208,967
Virginia	\$6,910,524
Washington	\$3,485,778
West Virginia	\$943,048
Wisconsin	\$2,243,765
Wyoming	\$774,708
<b>TOTAL</b>	<b>\$162,000,000</b>

## Appendix 2:

### Ebola Patient Decision Algorithm

This algorithm outlines where returning travelers and domestic cases will seek treatment for Ebola once regional Ebola and other special pathogen treatment centers are established through Part B of the FOA.

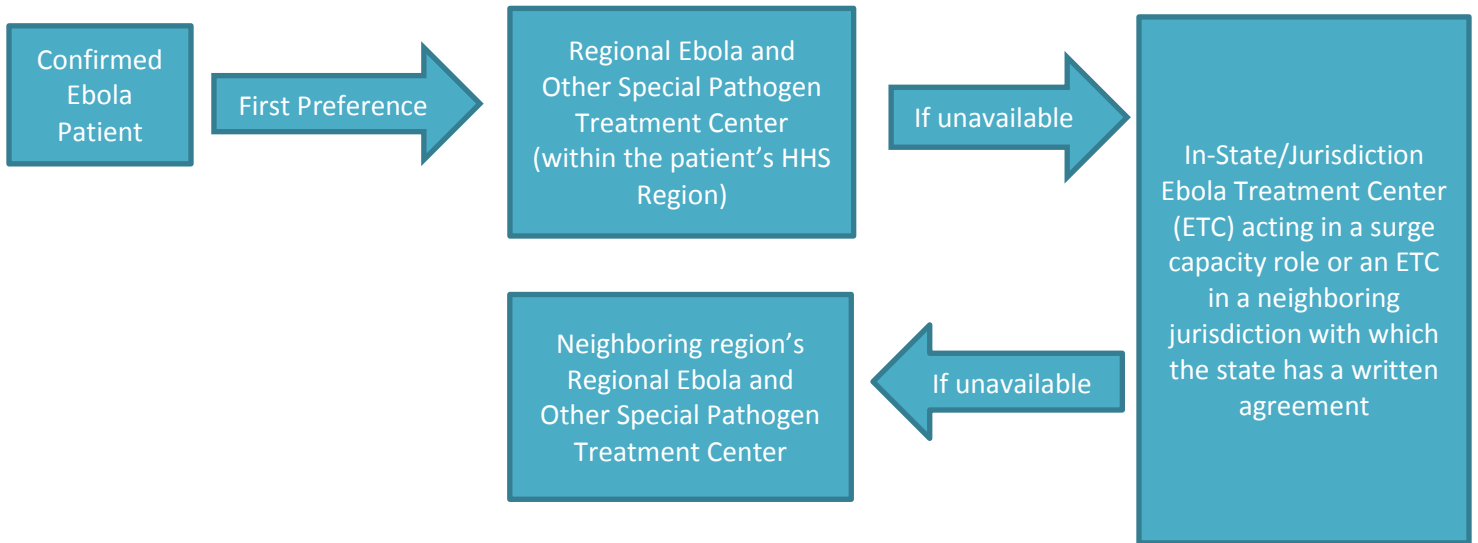
#### Screening/Evaluation:

1. An actively monitored individual who becomes symptomatic will contact his/her local health department and will be transported per protocol to an Ebola assessment center. The Ebola assessment center will be selected based on proximity, patient preference, clinical judgment, and state and local health authority guidance.
2. It is possible that a patient could spontaneously present at a local hospital emergency department for assessment that is outside of the recognized assessment and treatment facility infrastructure. Those hospitals need to remain prepared to recognize, isolate, and when appropriate, treat for Ebola until the patient can be transferred.

#### **Treatment: All things being equal, it would be preferable for patients to be treated in their HHS Region's regional Ebola and other special pathogen treatment centers.**

1. Depending on clinical circumstances, available logistical resources (e.g., available beds and transport), and patient preferences, and in consultation with the relevant state and local public health authorities, patients with confirmed Ebola should be transferred to their region's regional Ebola and other special pathogen treatment center.
2. If the regional Ebola and other special pathogen treatment center where the patient is located cannot accept the patient, the patient, in concert with their clinical team and relevant state and local public health authorities, will be transferred to an Ebola Treatment Center in their jurisdiction/state, consistent with their state's plan (i.e., an ETC in their state or to an ETC in a neighboring state with which the state has made arrangements) under the following circumstances:
  - Regional Ebola and other special pathogen treatment center is at capacity.
  - Clinical judgment and available logistical resources (e.g., available beds and transport) indicate the patient should receive treatment at a state/jurisdiction Ebola Treatment Center rather than be transferred to a Regional Ebola and other special pathogen treatment center.
  - The patient wishes to be treated at a facility closer to home and this decision is supported by clinical judgment and available logistical resources (e.g., available beds and transport).
  - Clinical judgment contraindicates transport. There are not resources available to transport the patient to a Regional Ebola and other special pathogen treatment center (e.g., no available medevac).
3. If the regional Ebola and other special pathogen treatment center where the patient is located *and* Ebola treatment centers in the patient's state or neighboring states are unable to accept the patient, the patient will be transported to a neighboring region's regional Ebola and other special pathogen treatment center.

Visual depiction and simplification:



### Appendix 3:

#### Ebola Treatment Centers, as of February 14, 2015

<b>Jurisdiction</b>	<b>City</b>	<b>Hospital/Facility</b>
AZ	Phoenix	Maricopa Integrated Health Systems
AZ	Tucson	University of Arizona Health Network
CA	Oakland	Kaiser Oakland Medical Center
CA	Sacramento	Kaiser South Sacramento Medical Center
CA	Sacramento	University of California Davis Medical Center
CA	San Francisco	University of California San Francisco Medical Center
CA	Orange	University of California Irvine Medical Center
CA	San Diego	University of California San Diego Medical Center
CHI	Chicago	Rush University Medical Center
CHI	Chicago	Ann & Robert H. Lurie Children's Hospital of Chicago
CHI	Chicago	University of Chicago Medical Center
CHI	Chicago	Northwestern Memorial Hospital
CO	Denver	Denver Health Medical Center
CO	Aurora	Children's Hospital Colorado
DC	Washington, DC	MedStar Washington Hospital Center
DC	Washington, DC	Children's National Medical Center
DC	Washington, DC	George Washington University Hospital
GA	Atlanta	Emory University Hospital
GA	Atlanta	Grady Memorial Hospital
LAC	Los Angeles	University of California Los Angeles Medical Center
LAC	Los Angeles	Kaiser Los Angeles Medical Center
MA	Boston	Massachusetts General Hospital
MA	Boston	Boston Children's Hospital
MA	Springfield	Baystate Medical Center
MA	Worcester	UMass Memorial Medical Center
MD	Baltimore	Johns Hopkins Hospital
MD	Baltimore	University of Maryland Medical Center
MN	Fridley	Allina Health's Unity Hospital
MN	St. Paul	Children's Hospitals and Clinics of Minnesota – Saint Paul Campus
MN	Rochester	Mayo Clinic Hospital – Rochester, Saint Mary's Campus
MN	Minneapolis	University of Minnesota Medical Center, West Bank Campus
NE	Omaha	Nebraska Medicine - Nebraska Medical Center
NJ	New Brunswick	Robert Wood Johnson University Hospital
NY	Glen Cove	North Shore System LIJ/Glen Cove Hospital

<b>Jurisdiction</b>	<b>City</b>	<b>Hospital/Facility</b>
NYC	NYC	New York-Presbyterian/Allen Hospital
NYC	NYC	The Mount Sinai Hospital
NYC	NYC	NYC Health and Hospitals Corporation/HHC Bellevue Hospital Center
NYC	NYC	Montefiore Health System
OH	Cleveland	MetroHealth
PA	Philadelphia	Hospital of the University of Pennsylvania
PA	Philadelphia	Children's Hospital of Philadelphia
PA	Hershey	Penn State Milton S. Hershey Medical Center
PA	Bethlehem	Lehigh Valley Health Network - Muhlenberg Campus
TX	Houston	Texas Children's Hospital
TX	Galveston	University of Texas Medical Branch at Galveston
VA	Charlottesville	University of Virginia Medical Center
VA	Richmond	Virginia Commonwealth University Medical Center
WA	Seattle	Harborview Medical Center
WA	Seattle	Seattle Children's Hospital
WA	Spokane	Providence Sacred Heart Medical Center
WI	Madison	UW Health – University of Wisconsin Hospital, Madison, and the American Family Children's Hospital, Madison
WI	Milwaukee	Froedtert & the Medical College of Wisconsin – Froedtert Hospital, Milwaukee
WI	Milwaukee	Children's Hospital of Wisconsin, Milwaukee
WV	Morgantown	West Virginia University Hospital

## **Attachment A: Instructions for Completing Required Forms (SF 424, Budget (SF 424A), Budget Narrative/Justification)**

This section provides step-by-step instructions for completing the four (4) standard federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all of the information on these forms. ASPR does not require all the information on these Standard Forms. Accordingly, please use the instructions below to complete these forms in lieu of the standard instructions attached to SF 424 and 424A.

### **a. Standard Form 424**

1. **Type of Submission:** (Required): Select one type of submission in accordance with agency instructions.
  - Application
2. **Type of Application:** (Required) Select one type of application in accordance with agency instructions.
  - New
3. **Date Received:** Leave this field blank.
4. **Applicant Identifier:** Leave this field blank
- 5a **Federal Entity Identifier:** Leave this field blank
- 5b. **Federal Award Identifier:** For new applications leave blank.
6. **Date Received by State:** Leave this field blank.
7. **State Application Identifier:** Leave this field blank.
8. **Applicant Information:** Enter the following in accordance with agency instructions:
  - a. **Legal Name** (Required): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website (<http://www.grants.gov>).
  - b. **Employer/Taxpayer Number (EIN/TIN)**(Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.
  - c. **Organizational DUNS** (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>).
  - d. **Address** (Required): Enter the complete address including the county.
  - e. **Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

**f. Name and contact information of person to be contacted on matters involving this application:** Enter the name (first and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and e-mail address (required) of the person to contact on matters related to this application.

9. **Type of Applicant** (Required): Select the applicant organization “type” from the drop down list.
10. **Name of Federal Agency** (Required): Enter U.S. Assistant Secretary for Preparedness and Response
11. **Catalog of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the FOA.
12. **Funding Opportunity Number/Title** (Required): The Funding Opportunity Number and title of the opportunity can be found on page one of the FOA.
13. **Competition Identification Number/Title:** Leave this field blank.
14. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc.).
15. **Descriptive Title of Applicant’s Project** (Required): Enter a brief descriptive title of the project.
16. **Congressional Districts Of** (Required): **16a.** Enter the applicant’s Congressional District, and **16b.** Enter all district(s) affected by the program or project. Enter in the following format: 2 characters state abbreviation – 3 characters district number, CA-005 for California 5<sup>th</sup> district. If all congressional districts in a state are affected, enter “all” for the district number, (e.g. MD-all for all congressional districts in Maryland). If nationwide enter US-all.
17. **Proposed Project Start and End Dates** (Required): Enter the proposed start date and final end date of the project. Therefore, if you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date. The Grants Office can alter the start and end date at their discretion.
18. **Estimated Funding** (Required): Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable.
19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Check appropriate box
20. **Is the Applicant Delinquent on any Federal Debt?** (Required): This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.
21. **Authorized Representative** (Required): To be signed and dated by the authorized representative of the applicant organization. Enter the name (first and last name required) title (required), telephone number (required), fax number, and e-mail address (required) of the person authorized to sign for the applicant. A copy of the governing body’s authorization for you to sign this application as the official representative must be on file in the applicant’s office. (Certain federal agencies may require that this authorization be

submitted as part of the application.)

**b. Standard Form 424A**

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ASPR program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a one year budget.

**Section A - Budget Summary**

**Line 5:** Leave columns (c) and (d) blank. Enter TOTAL federal costs in column (e) and total non-federal costs (including third party in-kind contributions and any program income to be used as part of the awardee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

**Section B - Budget Categories**

**Column 3:** Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

**Column 4:** Enter the breakdown of how you plan to use the non-federal share by object class category. [DOES NOT APPLY TO THIS FOA.]

**Column 5:** Enter the total funds required for the project (sum of Columns 3 and 4) by object class category.

**Separate Budget Narrative/Justification Requirement**

**Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.**

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. Cost breakdowns, or justifications, are required for any cost of \$1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-federal cash as well as, sub-contractor or sub-Awardee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

**Line 6a - Personnel:** Enter total costs of salaries and wages of applicant/awardee staff. Do not include the costs of consultants, which should be included under 6h - Other.

**In the Justification:** Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.



Line 6 - **Fringe Benefits:** Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

**In the Justification:** If the total fringe benefit rate exceeds 35% of personnel costs, provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c - **Travel:** Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under the “Other” cost category. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant’s travel - this should be included in line 6h.

**In the Justification:** Include the total number of trips, number of travelers, destinations, purpose (attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d - **Equipment:** Enter the total costs of all equipment to be acquired by the project. For all awardees, “equipment” is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more *per unit*. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.

**In the Justification:** Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its sub-awardees.

Line 6e: **Supplies** - Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

**In the Justification:** For any grant award that has supply costs in excess of 5% of total direct costs (federal or non-federal), you must provide a detailed breakdown of the supply items ( 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1 million total direct costs (5% x \$1,000,000 = \$50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$5,000 or less regardless of total direct costs does not require a detailed budget breakdown (5% x \$100,000 = \$5,000 – no breakdown needed).

Line 6f - **Contractual:** Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR’s) mentioned below. Enter the total costs of all contracts, including procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line.

**In the Justification:** Provide the following three items – 1) a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must

certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 45 CFR 92.36 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g - **Construction:** While construction is not an allowable cost for this program, minor A&R is permitted.

Line 6h - **Other:** Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (e.g. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to *individual* consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (e.g. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then it belongs in this section.

**In the Justification:** Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the Work Plan or indicate where it is described in the Work Plan. Describe the types of activities for staff development costs.

Line 6i - **Total Direct Charges:** Show the totals of Lines 6a through 6h.

Line 6j - **Indirect Charges:** Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the HHS or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with HHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the federal share of your direct costs. Any unused portion of the awardee's eligible Indirect Cost amount that are not claimed on the federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

**NOTE: If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-awardees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.**

Line 6k - **Total:** Enter the total amounts of Lines 6i and 6j.

Line 7- **Program Income:** As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as Awardee match should be described in the Level of Effort section of the Program Narrative.

### **Section C - Non-Federal Resources**

**Line 12:** Enter the amounts of non-federal resources that will be used in carrying out the proposed project, by source (applicant; state; other) and enter the total amount in Column (e). Federal match is not

required for this FOA.

**Section D - Forecasted Cash Needs** - Not applicable.

**Section E - Budget Estimate of Federal Funds Needed for Balance of the Project**

**Line 20:** Section E is relevant for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

**Section F - Other Budget Information**

**Line 22 - Indirect Charges:** Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

**Line 23 - Remarks:** Provide any other comments deemed necessary.

**c. Standard Form 424B - Assurances**

This form contains assurances required of applicants under the discretionary funds programs administered by the Assistant Secretary for Preparedness and Response. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

**d. Certification Regarding Lobbying**

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

**Proof of Non-Profit Status**

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a state taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

**Indirect Cost Agreement**

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the HHS or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

## Attachment B: Budget Narrative/Justification – Sample Format

The budget summary is used to determine reasonableness and allowability of costs for the project. All of the proposed costs listed must be reasonable, necessary to accomplish project objectives, allowable in accordance with applicable federal cost principles, auditable, and incurred during the budget period.

### An allowable project cost meets the following criteria:

- Necessary for the performance of the award.
- Allocable to the project.
- In conformance with any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost.
- Consistent with the recipient's regulations, policies, and procedures which are applied uniformly to both Federally-supported and other activities of the organization.
- Accorded consistent treatment as a direct or indirect cost.
- Determined in accordance with generally accepted accounting principles.
- Not included as a cost in any other Federally-supported award.

The following four tests are used in determining the allowability of costs:

- **Reasonableness (including necessity).** A cost is reasonable if it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The cost principles elaborate on this concept and address considerations such as whether the cost is of a type generally necessary for the organization's operations or the grant's performance, whether the recipient complied with its established organizational policies in incurring the cost or charge, and whether the individuals responsible for the expenditure acted with due prudence in carrying out their responsibilities to the federal government and the public at large, as well as to their organization.
- **Allocability.** A cost is allocable to a specific grant, function, department, or other component, known as a cost objective, if the goods or services involved are chargeable or assignable to that cost objective in accordance with the relative benefits received or other equitable relationship. A cost is allocable if it is incurred solely to advance work under the grant; it benefits both the grant and other work of the organization, including other grant-supported projects or programs; or it is necessary to the overall operation of the organization and is deemed to be assignable, at least in part, to the grant.
- **Consistency.** Recipients must be consistent in assigning costs to cost objectives. Regulations regarding cost assignment must be consistent for all work of the organization under similar circumstances, regardless of the source of funding, to avoid duplicate charges.
- **Conformance.** Conformance with limitations and exclusions contained in the Terms and Conditions of award, including those in the cost principles, may vary by the type of activity, the type of recipient, and other characteristics of individual awards.

### Budget Summary

**Section A – Personnel:** An employee of the applying agency whose work is tied to the application. Proposed

salaries must be reasonable. Compensation paid for employees must be reasonable and consistent with that paid for similar work within the applicant’s organization and similar positions in the industry.

**Table 1: Personnel**

Position	Name	Annual Salary/Rate	Level of Effort	Federal Cost	Match
Project Director	Susan Jones	\$45,000/year	100%	\$45,000	
Project Coordinator	Brad Smith	\$42,000/year	50%	\$21,000	
			<b>TOTAL</b>	<b>\$66,000</b>	

**NARRATIVE JUSTIFICATION:** Enter a description of the personnel funds requested and how their use will support the purpose and goals of this proposal. Describe the role, responsibilities, and unique qualifications of each position.

**B. Fringe Benefits** - Fringe benefits may include contributions for items such as social security, employee insurance, and pension plans. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. If fringe benefits are not computed as a percentage of salary (e.g. 25%), list all components of the fringe benefits rate, for example:

**Table 2: Fringe Benefits**

Component	Rate	Wage	Federal Cost	Match
FICA	7.65%	66,000	\$5,049	
Insurance	5%	66,000	\$3,300	
		<b>TOTAL</b>	<b>\$8,349</b>	

**NARRATIVE JUSTIFICATION:** Enter a description of the fringe funds requested and how the rate was determined.

**C. Travel** - Federal funds requested for travel are for staff travel only (travel for consultants is listed in consultant category). Travel for other participants, committee members, etc. should be listed under the cost category “other”. Applicants are to use the lowest available commercial fares for coach or equivalent accommodations. Note that Applicants will be expected to follow federal travel policies found at <http://www.gsa.gov>.

**Table 3: Travel**

Purpose of Travel	Location	Item	Rate	Federal Cost	Match
Attend awardee meeting	Washington, DC	Air Fare	\$350 X 4 people	\$1,400	
		Per Diem	\$71/day X 4 days X 4 people	\$1,136	
		Airport Parking	\$10/day X 4 days	\$40	
		Airport Shuttle	\$28/RT X 4 people	\$112	
		Hotel	\$211/night X 3 nights X 4 people	\$2532	
			<b>Subtotal</b>	<b>\$4,120</b>	

Purpose of Travel	Location	Item	Rate	Federal Cost	Match
Local travel	Various	POV	.44/mile X 2,000 miles/year	\$880	
			TOTAL	\$5,000	

**NARRATIVE JUSTIFICATION:** Explain the purpose for all travel and how costs were determined. List any required travel, funds for local travel that are needed to attend local meetings, project activities, and training events. Local travel rate should be based on agency’s personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.

**D. Equipment** - Permanent equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more. If the applying agency defines “equipment” at a different rate, then follow the applying agency’s policy. In the case of vehicles, etc. applicant should justify purchase rather than rental. If equipment is used by several different projects, you may only charge a percentage of the costs for the purchase based on the amount of time, etc. that the equipment will be used for this grant program. Any purchased equipment must be inventoried according to the guidelines in the HHS Grants Policy Statement.

**Table 4: Equipment**

Item(s)	Rate	Federal Cost	Match
Computer Work Station	\$5,500 X 2	\$11,000	
Computer	\$6,000 X .5FTE	\$3,000	
	TOTAL	\$ 14,000	

**NARRATIVE JUSTIFICATION:** Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.

**E. Supplies - Materials** costing less than \$5,000 per unit and often having one-time use, for example – general office supplies, postage, printers, etc.

**Table 5: Supplies**

Item(s)	Rate	Federal Cost	Match
General Office Supplies	\$50/month X 4 FTE	\$200	
	TOTAL	\$200	

**NARRATIVE JUSTIFICATION:** Enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal. Rates for office supplies, etc. may be based on average monthly costs, FTE, etc.

**F. Contracts and Consultants** - An arrangement to carry out a portion of the programmatic effort by a third-party or for the acquisition of goods or services is allowed under the grant. Such arrangements may be in the form of sub awards (grants) or contracts. A consultant is a non-employee retained to provide advice and

expertise in a specific program area for a fee. List each contract, consultant or sub award separately and provide an itemization of the costs. If a contractor is to be determined, provide a best estimate as to costs for the goods or services to be purchased.

The awardee must establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide to the maximum extent practical, open and free competition. The awardee should be alert to organizational conflicts of interest as well as to noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

**Method of Selection:** This will be sole source, competition, or grant.

**Scope of Work:** Provide a breakout of the goods and/or services being provided by the contractor. If personnel are being charged then should list name, position, hours and rate/hour. Goods will be listed at number of units and cost/unit. List method to be used for sub-recipient monitoring – site visit, semi-annual reports, etc. Documentation of monitoring should be kept with the contract/award file.

**Table 6: Contract/Sub award**

Activity	Name	Method of Selection	Scope of Work	Federal Cost	Match
Public Information	WMTV	Sole source	Paid Ads 12/month X \$250/ad X 6 mo. Paid Ads 12/month X \$250/ad X 6 mo. <b>Monitoring:</b> semi-annual report	\$18,000	\$18,000
Mobil Medical Assets	To Be Determined	Competition	Medical supply inventory (\$1,600) Wheelchair bus conversions( 6 X \$37,000) <b>Monitoring:</b> semi-annual report	\$223,600	
			TOTAL	\$ 241,600	\$18,000

**NARRATIVE JUSTIFICATION:** Provide information as to how the contracted services or goods will enhance the project goals and objectives. Provide sole source justification.

**Table 7: Consultant**

Organization	Name	Number of Days	Rates	Federal Cost	Match
Trepid	Jon Smith	20	\$150/day Travel 4 trips X 1,204 (travel @ \$475; lodging @ \$175/night X 3; Per Diem @ \$51 x4) = \$4,816	\$ 7,816	
			TOTAL	\$ 7,816	

**NARRATIVE JUSTIFICATION:** Provide information as to how the consultant services or goods will enhance the project goals and objectives.

**G. Other - Expenses** not covered in any of the previous budget categories. If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm’s length arrangement, provide cost of ownership/use allowance calculations.

**Table 8: Other**

Item	Rate	Federal Cost	Match
Postage	\$65/mo. X 4 FTE	\$3,120	
	TOTAL	\$3,120	

**NARRATIVE JUSTIFICATION:** Explain the need for each item and how it will support the purpose and goals of this proposal. Break down costs into cost/unit (cost/square foot or cost/month or cost/FTE).

**H. Indirect Costs:**

Also known as “facilities and administrative costs”, indirect costs are costs that cannot be specifically identified with a particular project, program, or activity, but are necessary to the operation of the organization (e.g., overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization must not include costs associated with its indirect rate as direct costs. If indirect costs are claimed, applicant is to submit a copy of a current negotiated indirect cost rate agreement. Indirect costs are only charged on the items cited in the indirect cost rate agreement (e.g. personnel and fringe, subawards over \$25,000).

**Table 9: Indirect costs**

Total Direct Cost applied to Indirect Cost	Indirect Cost Rate	Federal Cost	Match
\$450,000	22%	\$99,000	
	TOTAL	\$99,000	



## Attachment C: Project Work Plan, Page 1 – Sample Template

**Goal:**

**Measurable Outcome(s):**

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														

Add as many pages as needed

## Attachment D: Instructions for Completing the Project Abstract

- All applications for grant funding must include an abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, please limit the length to no more than 265 words on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

**Goal(s)** – broad, overall purpose, usually in a mission statement, e.g. what you want to do, where you want to be

**Objective(s)** – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the “how”). Specific performances that will result in the attainment of a goal.

**Outcomes** – measurable results of a project. The positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (outcomes are the end-point).

**Products** – materials, deliverables.

- A model abstract is provided below:

The awardee, Okoboji University, supports this three year Dementia Disease demonstration (DD) project in collaboration with the local Alzheimer's Association and related Dementias groups. The **goal** of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The **objectives** are: 1) to provide dementia specific care, e.g., care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to establish a system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected **outcomes** of this project are: 1) patients will maintain as high a level of mental function and physical functions (thru Yoga as possible; 2)caregivers will increase ability to cope with changes; and 3)pre and post – project patient evaluation will reflect positive results from expanded and integrated services. The **products** from this project are: 1) a final report, including evaluation results; 2) a website; articles for publication; 3) data on driver assessment and 4) in-home cognitive retraining; abstracts for national conferences.