



**Fast Facts**  
**Public Health Emergency Response (PHER) Grant**  
**Funding Opportunity Number: CDC-RFA-TP09-902-H1N109**

**At a Glance**

- Project Period Length: 3 years
- Current Budget Period Length: 12 months
- Current Performance Period: August 1, 2009, to July 31, 2010
- Current Budget Period Funding: \$260 million
- Eligible Applicants: 62
  - 50 states
  - Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau
  - Chicago, Illinois; District of Columbia; Los Angeles County, California; and New York City, New York
- Funding Application Deadline: July 24, 2009
- Anticipated Award Date: July 31, 2009
- No Matching Funds Requirement

**Purpose**

Funding is intended to support and enhance state and local public health infrastructure critical to public health preparedness and response. Recommended activities include:

- strengthening and sustaining the public health workforce
- increasing laboratory capacity and capability
- strengthening disease surveillance activities
- planning and potentially implementing large-scale mass vaccination activities
- developing effective public and risk communication guidance
- developing effective community mitigation guidance
- purchasing and procuring personal protective equipment, antiviral drugs, and other pandemic-related purchases for protecting the public health workforce
- training and educating the public health workforce
- developing and/or coordinating community and personal preparedness activities
- addressing gaps and other public health preparedness challenges related to public health preparedness and response to an influenza pandemic

Funding is being awarded as a grant rather than a cooperative agreement to facilitate the award process so that state and local health departments receive their PHER funding as quickly as possible. A grant allows for the maximum flexibility within this process. CDC is expected to exercise its normal oversight and stewardship responsibilities and functions in administering the PHER grant program.

## **Program Implementation**

PHER awardees are expected to use this funding to assess their current capabilities in pandemic influenza response and to address remaining gaps in two focus areas described below.

### **Focus Area 1: Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities**

- Conduct accelerated planning activities to identify and address gaps in existing plans and to initiate implementation of activities in preparation for a possible mass vaccination campaign. Planning should include both vaccination and community mitigation activities, which can be complemented by the use of other countermeasures such as antiviral drugs. Costs for training and education of the public health workforce to support these activities will be approved if they are within the scope of the grant.
- All awardees must have comprehensive, up-to-date plans in place no later than **September 15, 2009**, for a potential mass vaccination campaign. However, a decision to implement a vaccination program will not be made until early September; therefore, flexibility should be built into the planning and mobilization process. CDC does not plan at this time to require awardees to submit their mass vaccination plans for review. However, letters of assurance indicating mass vaccination plans have been updated should be submitted to PERFORMS.

### **Focus Area 2: Awardee Activities for Laboratory, Epidemiology, Surveillance, and Other Associated Pandemic Preparedness and Response Activities**

- Ensure a robust capacity to detect and monitor influenza illness and viruses through laboratory testing, epidemiology, surveillance, public health investigations, and other associated pandemic response activities.
- Costs of equipment (such as molecular diagnostics, specimen storage freezers, and information technology equipment for laboratory personnel), consumables (such as swabs, transport media, pipet tips, and personal protective equipment), equipment maintenance (including equipment maintenance contracts), and training and education of the public health workforce will be approved if they are within the scope of the grant.

## **Funding**

A total of \$260 million is available for the first budget period. Future funding is subject to availability of funds. Funding allocations have been determined using a population-based formula based on the 2006 census data. Awards are not subject to matching funds or maintaining state funding requirements.

Funding may be used for costs related to accelerated efforts to prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human influenza viruses, to enhance public health infrastructure critical to public health preparedness and response, and to reimburse awardees for activities already conducted relating to the H1N1 response including the following:

- Hiring of staff
- Direct assistance for hiring of temporary CDC staff assigned to awardees
- Initiating contracts (contracts should only be executed following a decision by the federal government to initiate a mass vaccination campaign and should allow for termination for convenience and de-obligation of funds remaining if a decision is made to not conduct a full-scale vaccination campaign)
- Purchasing supplies that will be needed during the event

- Pre-award costs may be incurred up to 90 days prior to the issuance of the notice of award related to 2009 H1N1 response activities
- Travel related to pandemic preparedness activities

### **Funding to Local Public Health Departments and Tribes**

It is expected that a significant portion of the funds will be distributed to and utilized at the local level for activities related to antiviral drug distribution/dispensing, community mitigation, and mass vaccination. Therefore, CDC strongly encourages states to work closely with local and tribal entities and governments to assure preparedness at all levels of government and access to the funding necessary to achieve this goal.

### **Application Requirements**

Electronic applications are due by **2 p.m. EDT on Friday, July 24, 2009**, and must be submitted electronically via [www.grants.gov](http://www.grants.gov). Funding applications must include:

- A brief project narrative (5-7 pages) describing current resources and gaps in laboratory, epidemiology, surveillance, mass vaccination preparedness, antiviral drug distribution/dispensing and administration, community mitigation planning, and/or other pandemic preparedness gaps and how those gaps will be addressed with this funding.
- A high-level budget and justification to support program activities for the upcoming budget period. Awardees should submit separate budgets for the two focus areas that reflect a 12-month budget period.
- Form SF-424A

Note: [www.grants.gov](http://www.grants.gov) does not provide templates for developing applications. Awardees should develop their applications in Word/Excel and upload them into [grants.gov](http://grants.gov).

### **Notice of Awards**

CDC will issue the notices of awards by **July 31, 2009**, upon submission of acceptable application materials. The conditional awards will include up to 50% of the funding allocation for each jurisdiction, with the remaining 50% being released upon receipt of additional information due within 30 days of the awards.

### **Additional Requirements Due within 30 Days of Award**

Within 30 days of receiving PHER funding, awardees will be required to submit detailed gap analyses, work plans, and revised budgets to CDC via PERFORMS. The gap analyses, work plans, and revised budgets are due by **11:59 p.m. EDT on August 31, 2009**. Restrictions will be removed after the additional information is provided.

- **Gap Analysis:** A gap analysis tool, provided by CDC to all awardees within 15 days of the award, should be used by awardees to identify remaining gaps in state/local, territorial, and/or tribal pandemic preparedness in the two focus areas to be addressed with this funding. CDC recognizes that awardees will have previously developed a budget with their application submission. This budget will need to be revised and submitted into PERFORMS based on the gap analysis.
- **Work Plan:** Awardees will be required to prioritize remaining gaps, determine which gaps are the most critical/highest priority areas and develop work plans to describe how these gaps will

be addressed during the PHER Budget Period 1. CDC will provide a work plan template to all awardees within 15 days of the award.

- **Budget Revision:** Awardees will be required to submit detailed, line-item budgets to reflect how funding will be directed to those gaps identified as their PHER Budget Period 1 priorities and to support the work identified in their Budget Period 1 work plans. Additionally, awardees that are planning to request direct assistance (DA) are required to submit a DA form and revise the budget to reflect a DA request. Awardees will need to enter their detailed line-item budgets and justifications into PERFORMS. There is no provision in place to transfer the budget information submitted with the initial application into PERFORMS.

### **Reporting Requirements**

- Mid-year progress reports
- End-of-year progress reports
- Annual financial status reports (FSRs) with a breakdown of the two focus areas.  
Note: Normal carry-over procedures apply to the PHER grant. FSRs should identify remaining unobligated funds. PHER funding is not subject to carry-over limits outlined in the Pandemic and All-Hazards Preparedness Act.

Note: The official CDC-RFA-TP09-902-H1N109 funding opportunity announcement posted on [www.grants.gov](http://www.grants.gov) takes precedence over information contained in this document.