

**HPP Fiscal Year 2023/Budget Period 5 Continuation Guidance Informational Call**  
*February 8, 2022*  
*Call Transcript*

00:00:02.120 --> 00:00:05.219

**Megan Wassef:** I will now pass it over to Jennifer Hannah, who will open today's call.

00:00:08.580 --> 00:12:14.440

**Jennifer Hannah:** Good afternoon, everyone, and thank you for joining today. I am Jennifer Hannah, Director of the National Health Care Preparedness Program (NHPP) Branch, and it's my pleasure to be with all of you today. As we discuss the HPP cooperative agreement FY 2023/BP5 non-competing continuation guidance. Next slide, please.

During today's call I will provide an overview of the continuation guidance application instructions. Afterwards Angela Krutsinger and David Csernak will provide an overview of the supplemental materials. Then I'll open the floor for a Q&A. During the Q&A, Virginia Simmons ASPR's Chief Grants Management Officer will be available to respond to grants management questions. Please feel free to ask questions in the chat box Throughout the presentation on the specific sections we are covering, and we will respond to them during the Q&A. Next slide, please.

I'll begin with an overview of the continuation guidance, application, packet and submission information. Next slide, please.

Only recipients that previously award that were awarded under the FY 2019 through FY 2023 HPP Cooperative agreement are eligible to apply for the continuation of funds. The continuation of funds is for the FY 2023 BP5 which begins on July 1<sup>st</sup>, 2023, and ends June 30<sup>th</sup>, 2024. Applications must be submitted electronically via grant solutions by 1159 PM ET on April 14<sup>th</sup>, 2023. Continued funding is subject to the availability of funds and satisfactory progress. Several minimum materials, including documents and templates for some of the required attachments, are provided in the PERFORMS resource library. The supplemental materials include the health care coalition scope of work, and the use of the ASPR template is optional. However, please ensure that all the requested information is included. If you use another format in lieu of the scope of work template, you may submit the final draft annual health care coalition work plan.

There is a recipient health care coalition work, plan checklist, and also new this year are a specialty surge annex exercise template for recipients to send to the health care coalitions to complete, in order to help you compile the information for the new health care coalition specialty surge annex and tabletop exercise summary table. Next slide, please.

In order to be eligible for an FY 2023 BP5 HPP continuation award, all recipients must submit the documents on this screen through grantsolutions.gov. Additionally, it is optional to attach the following to your application, if applicable, and those include the bona fide agent status documentation, the recipient level, and direct cost waiver request. Now, I just want to take a moment to provide additional details regarding the Recipient Level Direct Costs (RLDC) waiver request, or exemption request.

Recipients this year may retain direct costs for the management and monitoring of the HPP Cooperative Agreement. By the end of FY 2023 BP5, recipients should limit these costs to no

more than 15% of the HPP Cooperative Agreement award. You should note for FY 2023 BP5 recipients may deduct the cost of travel for a maximum of two recipient personnel for each mandatory meeting when calculating their final RLDC. And you can see on page 13 of the continuation guidance for a list of those meetings that ASPR considers mandatory request for the RLDC exemption. ASPR will consider requests for the exemptions of the 15% RLDC on a case-by-case basis. Requests for the exemption must be submitted annually with the application in Grant solutions in the format of a letter to the HPP programmatic point of contact. You can please see that that contact information at the end of the continuation guidance, and the requirements for the letter are outlined in the continuation guidance on pages nine and ten. Also, in addition to those, those that packet of optional application contents, if applicable, are the isolated hospital classification requests, as well as the inventory management program protocol that applies to both recipients as well as health care coalitions. Next slide, please.

So next I will review some of the requirements for the FY 2023 BP5 continuation application. Please note that we're not going to cover all of the requirements that were included within the continuation guidance. I wanted to let you know as well. We heard you last year that we wanted you to be able to find the requirements all in one place.

A reminder that PAHPAIA amended section 319C-1(g) of the Public Health Services Act describes the withholding of a statutorily mandated percentage of the award in subsequent years for HPP recipients that fail to "substantially meet" benchmarks or to submit a pandemic influenza plan. With the amended language, such a failure will result in the withholding of a specified percentage of the award "for either of the two immediately preceding fiscal years," effective FY 2019. The possible percent of withholding is detailed in the chart. ASPR is required to treat a failure to substantially meet the benchmarks and a failure to submit a pandemic influenza plan to the Secretary as separate withholding actions. Please note that the MRSE is required for FY 2023/BP5. The flexibility to complete the MRSE once in FY 2021/BP3 or FY 2022/BP4 no longer stands. Next slide, please.

Shown on this slide are the benchmarks, and these are withholding benchmarks. So, you want to play particular attention to those and make sure that you are addressing those requirements and meeting those benchmarks because they do impact the potential withholding of funding there. And you can see on the slide that we've made some changes regarding the benchmarks. I want to first call your attention to Benchmark 2, which was for the submission of quarterly federal financial reports. That benchmark has been continued since the way that the information is being collected has changed. So, Benchmark 2 no longer no longer applies.

Benchmark 3, the submission of the joint Multi-Year Integration Preparedness Plan, formerly known as the MYTEP, is waived. For Benchmark 7, as previously we noted in other continuation guidance documents, the Health Care Coalition annual work plan is the only requirement training plan we offer. For Benchmark 8, essential elements of information that are still suspended until further notice, and the change that was implemented last year was the completion of the annual Medical Response and Surge Exercise (MRSE). For Benchmark 9 for the pandemic influenza planning submission, we do not expect you to submit an updated pandemic inclusive influenza plan. We will collect that information as a part of your normal performance measures in order to meet that particular benchmark. Next slide, please

Pages 18 through 47 of the continuation guidance provide an overview of Appendix A, Which includes the 2019 - 2023 HPP funding opportunity, announcement, application, requirements,

and capabilities, objectives, and activities. Please note that all FY 2023 BP5 requirements are included and reflect the most current information. Appendix A Includes a variety of requirements which are summarized on this slide. The requirements include completion of the MRSE in place of the HCC Surge Estimator Tool, incorporating and validating CSC CONOPS plans in an HCC-level exercise, and validating the surge annexes. Next slide, please.

So, I wanted to take a moment to flag the following requirements that are included in the FY 2023/BP5 Continuation Application Instructions and are due in the upcoming budget period, keeping in mind that is, in addition to those requirements that were in place for all 5 years, but these are specifically focused on budget period 5. A requirement is to complete a jurisdictional risk assessment by the end of the project period. If you haven't already completed that participation in the NDMS patient movement exercise, you will need to do so at least once during the project period. Conducting a joint statewide exercise during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 health care preparedness and response capabilities. Also, the capabilities' national standards for state, local, tribal, and territorial public health. Incorporating and validating the CSC CONOPS Plan in an HCC-level exercise. Completing the HCC Surge Estimator Tool (of the MRSE exercise planning and evaluation tool), which will be amended to contain the surge estimator tool. Completing the chemical emergency surge annex out then, on the subsequent slides.

Just pointing out and highlighting about, completing the validation of the pediatric surge annex, radiation emergency surge annex, chemical emergency surge annex, burn care surge annex, and infectious disease preparedness and surge annex via a standardized tabletop exercise or discussion exercise format by the end of the project period.

So, for Appendix C, the U.S. territories and freely associated states, and isolated frontier hospitals should refer to pages 48 through 56 of the continuation guidance for Appendix C modifications. Although these recipients are encouraged to address all HPP activities outlined in the HPP funding opportunity announcement, including the use of healthcare coalitions for coordinating health care situational awareness, planning, training, and exercising. They may require the flexibility to focus their planning, training and exercise activities at the health care facility. Next slide, please.

Before I turn it over to Dave and Angela, I have been seeing some of the comments about slowing down the slides, and we'll certainly be able to go back to any of those that you may want to review or see again it once we get to the to the Q. A. We can certainly go back, and also just a reminder that we will be sharing a copy of the slides with all of you. So, with that I'm going to turn it over to Dave Csernak and Angela Krutsinger to cover the cooperative agreement supplemental materials.

00:12:17.000 --> 00:18:36.910

**Dave Csernak:** Well, thank you, Jennifer. Good afternoon, everyone. So, I'm going to briefly kind of roll through the four supplemental materials that Jennifer discussed earlier on in the presentation. The first one we're going to take a brief look at. Here is the optional HCC sub-recipient scope of work template. This is a template that we have provided in previous years. This year we updated it to include the additional exercise, the additional tabletop exercise for BP5, as well as updated the rest of the requirements for coalitions to align with the BP5 requirements. This template is not required. It is an optional template for you to utilize, to build your scope of work for coalitions, and it is currently available in the PERFORMS resource

library. If you would like a copy of it, you can either download it there or your FPO can send it to you via email. Next slide, please.

All right, then the new tool that we put together this year is the HPP specialty surge annex and tabletop exercise summary. This is something we put together in order to allow the coalitions to review the current status of each of their specialty surge annexes the completion of each of their tabletop exercises, as well as the status of the CONOPS, the crisis centers of care CONOPS validation exercise. The intent here is to make sure that as we're going into the final budget period, that as the recipient, you're fully tracking everybody's well aware of the current status of each coalition with the completion of these individual requirements, because over this project period, thanks to COVID-19, there' been a lot of flexibilities put into place in the changing of deadlines. So, we want to make sure everybody is tracking exactly what still is outstanding, and what needs to be completed by the end of BP5.

We have actually 2 separate tools associated with this. The first one I'll look at is the one on the right-hand side of your screen. It's an excel. Spreadsheet. This is the template summary that you're going to be uploading with your application as well in PERFORMS. This one here will allow you to list out multiple coalitions, one after another in order to only have to upload one document that contains the summary for all of your coalitions combined. On the left-hand side of your screen. You see what a word document and this is kind of a single coalition summary. This is something that we we've decided to provide as well to kind of allow you to just send this out to your coalitions, have each coalition fill it out, complete it, submit back the information to you if needed, and then that way you can take that and compile all that information onto the excel spreadsheet. What we don't want you to have to do is upload multiple documents for this for this one requirement. So, the word document is to hopefully help aid you in collecting all the current information and then once you complete the excel spreadsheet, which is the combined report, you'll just have to upload that with your application package. Okay, Next slide, please.

All right the FY 2023 BP5 recipient and HPP work plan development checklist is in the continuation application. Instructions are posted in the performance resource library. We highly encourage all the recipients and healthcare coalitions to carefully review the checklist and verify each requirement is clearly identified in their respective work plans and budgets. The checklist should also be utilized to verify all healthcare coalition. Requirements are clearly identified in the health care coalition scope of work, or the draft annual healthcare coalition work plan. If you have any questions regarding the work plan development checklist, please contact your assigned FPO for additional assistance. Additionally, we urge the recipients to be detailed in your budget justifications and remind you that anything in the budget must be tied to an activity in your work plan and budget planning numbers were released with the FY 2023 BP5 continuation guidance instructions. These planning numbers are based on the FY 2022 annual appropriation and the final funding allocation amounts will be released later. Next slide, please.

And here is a screenshot of the updated HPP budget and work plan development checklist. We did update this as well. For this year we reviewed a list of not only all the current requirements, but we also put in for recipients. There are a few programs administration notes towards the end of the checklist. And then for the coalition, there's a budgetary note at the end of their checklist. One of the things that we did update for this year is, we went through and associated each line item for you by capability, objective, and activity. Then, put the entire list in order from basically start to finish to hopefully make it easier for you as you sit down and perform and go through your work plan building process that you can start from the top, select your capability, select the

activity or the objective, select the activity, and then add that right into your work plan, and then check that item off of your list once you get through that an entire list. Obviously, you're free to go back and make any adjust additional ads to your work plan. But this way by trying to put it in order and associate exactly to which activity it needs to go to hopefully. That'll make your lives a little easier as you build and include these required activities in your work plan. This is also a checklist that the FPOs are going to utilize as they review, conduct, your application reviews. So, by going through and utilizing this, should hopefully reduce any potential discrepancies or missing activities from your work, plan and all that said I'll turn it back over to Megan.

00:18:36.910 --> 00:18:38.810

**Megan Wassef:** Great. Thank you so much, Dave.

00:18:38.890 --> 00:20:14.620

**Angela Krutsinger:** So, with that Megan, before you jump back in there. There are just a few questions in the chat that I'd like to try to cover very briefly. These documents are available in the PERFORMS resource library, and the question they come up about, "are they all required?" No, they are not. These are templates to make it easier for you, the checklist is available there to make it easier for HCC recipients, as you're doing your application and developing your work, plans, and scope of work. The scope of work is, of course, required for each HCC. And if the HCCs had the same scope of work, you only need to submit one scope of work. But if they're doing different activities, and of course they will need to be different, for each of the HCCs, and then the questions had come in several times in the chat asking about the specialty surge annex and tabletop exercise summary. Yes, it is required to be submitted with the BP5 application, however, for those recipients. They are already aware of what your HCCs have accomplished. The secondary form that is HCC-specific. You'll already have that information, so you wouldn't need to send that out to your HCCs to gather the information. So, I just wanted to address all this questions very briefly. Well, before we went on to the next section. Thank you.

00:20:14.620 --> 00:22:18.270

**Jennifer Hannah:** Great. Thank you so much, Angela. With that I think we'll move into our Q&A portion. We'll go ahead and open the line as well as the chat for questions as a reminder feel free to submit questions or raise your hands and ask a question verbally. I know we have some already in the chat, so we'll start at the top. There was a question about the crisis standards of care exercise, and it was for the crisis standards of care exercise requirement.

*"Is there any clarification if the response to COVID-19 will fulfill that requirement?"*

Thanks for that question, and we have, you know, carefully considered that question. It's been asked a number of times on previous on prior meetings. Our recommendation is that the recipient should work with your FPO to determine your eligibility for using COVID to meet that exercise requirement.

Because the crisis standards of care is managed at the state level, there must have been a formal activation of crisis stands of care based on the requirements and triggers that are identified in the CONOPS.

Also, the state and at least one health care coalition must have evaluated the effectiveness of their crisis standards of care CONOPS during an activation or deactivation and documented

their findings in an after-action report and improvement plan. A list of the crisis standards of care elements that are required to be incorporated and validated in the healthcare coalition level exercise are outlined in Appendix A.

I'm going through the chat here. I think most of these questions had been addressed by Angela's comments.

If there's anything else up, please feel free to submit that in the chat or raise your hand.

00:22:18.270 --> 00:24:12.550

**Virginia Simmons:** There was a question, I'm reading it from Walter James, who asked "will there be the possibility to apply for a no-cost extension at the end of BP5 in order to carry over some funds into the next project period?"

So, to everyone and thank you, James. Very good question definitely. There will be some time there. There'll be an available time for anyone who's interested in requesting a new cost extension. Typically, we ask for at least 90 days. But you know we are flexible. So at least no less than 30 days prior to the end of your project period. If you find that you need a no-cost extension, by all means, please do reach out to the ASPR Grants Office, and also your assigned project officers, as well to request prior approval for a no-cost extension. And please be mindful that the purpose of no-cost extensions typically is not to allow you to carry over funds. Rather, typically the purpose of a no-cost extension is to allow recipients to continue any work that they need and that they deem needs to be finished or has not been completed, and so the no-cost extension instructions will provide you with guidance on how to develop your prior approval request. And of course, the final objective is for you to carry over funds. I just wanted to just clarify that typically the no-cost extension is for the purpose of continuing your project period for any necessary work that you need to finish, and you'll need to justify that in your in your approval request. Thank you.

00:24:12.550 --> 00:24:14.640

**Jennifer Hannah:** Great, Thank you, Virginia. And it looks like a few more questions had come in the chat, and it looks like we have a hand up from Valerie Dempsey.

00:24:42.540 --> 00:25:29.990

**Valerie Dempsey:** Hi! This is Valerie. So, I have a question when looking at that specialty surge annex summary table. I believe it's the word version. Say, looking at the first one pediatrics, it was due in BP1. So, the annex is complete? If so, is the date now if they finish this, or accomplish this in year one? But it's been revised since, so what date do you want on there?

00:25:29.990 --> 00:25:38.950

**David Csernak:** Whichever date you feel is most appropriate. If you updated it, then you know you can put the most current date that is, is on there.

00:25:39.230 --> 00:25:42.629

**Angela Krutsinger:** Yeah.

00:25:43.620 --> 00:25:48.439

**Valerie Dempsey:** You should probably put the original date, because that gives --

00:25:48.530 --> 00:26:08.479

**Angela Krutsinger:** Exactly when you did it the first time, and many of these will be revised as things are happening. For example, with pediatric surge, with the recent RSV outbreaks that we had experienced, many folks have updated their pediatric surge annex. However, they accomplished it when it was due in Budget Period one, and as we hadn't had the flexibility at that time just to make sure that folks are accounting giving themselves credit for when they originally accomplished it, and not just for revisions.

00:26:25.320 --> 00:26:28.429

**Valerie Dempsey:** Okay, so we could put that date. And then, if, where it says, included in work plan, and then it only gives you the option of BP4 and 5?

00:26:35.050 --> 00:26:39.310

**Angela Krutsinger:** That's only for those items that had not been completed yet. So, if you completed the pediatric surge annex and BP1, then that's all you need.

00:26:48.570 --> 00:26:49.410

**Valerie Dempsey:** Okay. Thank you.

00:26:53.960 --> 00:27:03.180

**Jennifer Hannah:** Wonderful. Thank you. And another question that came through the chat. I don't believe that's been answered. Is the preparedness plan still an HPP requirement, or has it been truly archived?

The preparedness plan is still a 5-year requirement, you, don't, have to submit a new one. However, you should be revisiting and updating it as needed throughout the entire five-year project period.

00:27:21.940 --> 00:27:31.879

**Megan Wassef:** Great. Thank you, Jennifer, moving on to a couple of other questions.

*"What is the purpose of the BP4 work plan not being pre-populated into the BP5 application?"*

00:27:34.810 --> 00:27:43.080

**Jennifer Hannah:** As we made a decision that we would only populate the budget information because we wanted to make sure that we received as accurate information as is possible for Budget Period 5 for the work plan.

00:27:53.700 --> 00:28:01.900

**Megan Wassef:** Moving to the next question. Page 33. This is from James Moss, page 33. As I read this,

“HPP funds can be used to fund or support MRC deployed to hospitals for staffing shortages, and then goes on, I believe, to state that language,” ...And I don't believe there is a question there is that just supporting another one?

00:28:19.590 --> 00:28:21.650

**James Moss:** Hey, this is James. Sorry. That's always been a question, and it's been raised by our leadership at the state level too, because that's going to present some issues and some unique challenges. So just wanted to get some clarification on that, if, in fact HPP funds could be used to fund and support MRC volunteers to our acute care hospitals?

00:28:49.750 --> 00:28:54.220

**Jennifer Hannah:** For clarification. James, would that be? Are you asking in a response?

00:28:55.140 --> 00:28:56.040

**James Moss:** Yes.

00:28:56.900 --> 00:30:07.790

**Jennifer Hannah:** Okay, just a reminder that if for any funds that are that that you would like to expand for response that that does require prior approval for using those HPP funds. So, we're not saying no, that you can't use the HPP funding in order to support a medical reserve core, keeping in mind that the medical reserve core, or any other type of volunteers, would have to be to support health care activities. But if the context is within a response, any time that you use the HPP funds you do need to request prior approval.

I believe the rest of the questions in the chat had been covered by Angela.

00:30:07.790 --> 00:31:36.480

**Virginia Simmons:** Virginia, again. I noticed a question. It looks like a follow up to my response regarding their cost extensions. I'm sorry I'm a little slow here. I'm trying to pull it up.

Virginia Simmons: Oh, Miss Melissa Dunkerson has asked...

*“Is the HPP not allowing any BP5 NCEs (no-cost extensions) since this is the end of the five-year period? I am confused. Why? This is different information than what we received from the CDC?”*

So, everyone HHS agencies reserve the discretion to allow for no cost extensions based on their individual requirements. ASPR cannot speak for CDC. But at this time ASPR has no limitations on the submission for a prior approval of no-cost extensions for consideration of approval. But please be mindful. The no-cost extensions are not an automatic. That's why that prior approval is required, and approval is granted on a case-by-case basis. So, I hope that answers your question. If not, please let me know or send an email for further clarification if necessary. Thank you.

00:31:39.460 --> 00:31:48.770

**Jennifer Hannah:** Wonderful. Thank you so much, Virginia. It's looks like we have a hand raised from Michelle Hale.



00:31:50.160 --> 00:32:03.860

**Michelle Hale:** I thank you so much. I just wanted to clarify this GRA requirement. I was under the impression that the GRA was primarily led out by local health departments since the deliverable, and that HPP collaborates with that. So, if that is waving this requirement to the next project period. I still don't understand why ASPR wouldn't align with that. Did they expect the health care coalitions to lead out with this effort to wrap up this requirement for this project period?

00:32:22.150 --> 00:32:26.390

**Jennifer Hannah:** Michelle, yeah, right now we are not waving it, but we will have a conversation with our PET colleagues and follow up.

00:32:34.260 --> 00:32:35.340

**Michelle Hale:** Thanks, Jennifer.

00:32:39.360 --> 00:34:16.860

**Virginia Simmons:** And I believe we have another question here. Yeah. So, follow up questions related to carry over one. Yes, I will go ahead. I was in the process of sending it to the chat. I'll be more than happy to respond to that question. So again, any recipient that requests a prior approval for a no-cost extension. And it is so then, there for granted one. And what typically happens is that you have the option upon your prior approval request to request up to, and no more than, 12 months for no-cost extension. It could be no more than 12 months. But again, up to 12 months, and within that timeframe of that no-cost extension, if you find that you need to carry over funds unexpended funds from a previously awarded year. Just like any other time within that project period you will be required to submit a prior approval request, and your request for carryover will be a process just like it would within any normal year of your project period. It will be reviewed for consideration and the appropriate justification to authorize you to utilize those unobligated funds within that extension time period. So, absolutely, and again, it's not a guarantee, but you do have the option of submitting a carry over, a prior-approval carryover request within that extended time period. Thank you.

00:34:16.860 --> 00:34:23.599

**Jennifer Hannah:** Virginia, just for clarification, that is for a no-cost extension, not a carryover. Correct?

00:34:23.850 --> 00:36:23.750

**Virginia Simmons:** Well, yeah, well just to clarify. If the recipient was granted a no-cost extension per their submission of their prior approval requests for the no-cost extension. If that was awarded to them within up to 12 months of that time period, of that no-cost extension, if they happen to find that they need to carry over funds from the previous award years they may submit a prior approval request for a carryover offset funds, said unobligated funds within that within that five-year time, period, because again, the no-cost extension is just an extension of that five-year period. But, as I mentioned earlier, because typically recipients may want to request a no-cost extension to so that they can carry over funds within that five, that last year

from previous years, but we always emphasize that we do not award no-cost extensions to allow recipients to carry over unexpected funds. The purpose of a no-cost extension is to allow the recipient to continue funding critical program activities that they were not able to do within that five-year period. But again, just for re-emphasis, if you happen to be awarded that no-cost extension and you find that you need to carry over funds from that five-year period, you may request, you may submit a prior approval, request for carryover that has happened that often happens, and we will review it for approval. And again, it's normally typical, it often happens. Thanks. I hope that was helpful.

00:36:26.300 --> 00:36:39.339

**Jennifer Hannah:** I think, to put a finer point on that as well just a reminder as Virginia has stated with a no-cost extension. You are not allowed to do new work. It has to be work that you did not complete during the during the project period, so no new work is allowable under that no cost extension as well. It looks like everything else coming through the chat right now are just comments and feedback, so please feel free to submit any additional questions, or raise your hand.

00:37:28.520 --> 00:38:49.190

**Virginia Simmons:** So, there is no gap in funding or contracts and just know that I've pretty much clarified the no-cost extension. Again, it's just extending the project period up to 12 months, so you can, so you can continue the project activity within the scope of the approved award. And again, the carryover option is provided with a prior approval request and it's just a way to move on obligated funds from that that five-year period into that extended time period. And it would not be there wouldn't be no gap whatsoever with the new cost extension. It's just a time period added on to that that five-year period of performance.

00:38:49.190 --> 00:39:10.030

**Jennifer Hannah:** Megan, I believe we received a question here from Bobby Benn. And he says, "are you expecting to see a large increase in cost to offset price increases that have occurred over the last year?"

But, Bobby, are you able to provide us with some additional context for that question.

00:39:10.030 --> 00:40:02.590

**Bobby Benn:** Yeah. I mean, as we look at our cost, I'm on the HCC-side of the house. So, as we look at all of our supply cost everything we do every day, cost-of-living-wise has gone up substantially, and part of my grant program, of course, is everything from salary dollars to supply costs and everything else. Travel costs, everything. All those processes, you know. Last year we were held at level from the previous year. So, from BP3 to BP4, we saw zero cost increase allowed. Are we expecting to try to hold that same thing again this year, or are we going to see a cost-of-living increase allowance to offset some of these costs that we're seeing?

00:40:02.590 --> 00:40:35.640

**Jennifer Hannah:** Thanks for that additional context. And if I understand you correctly, Bobby, you're from a health care coalition? So, I think, certainly you'll need to be working closely with your recipient in order to have that discussion with them about increasing the cost and in regard regarding additional funding for the health care coalition. As costs do not determine the funding

level for the health care coalitions, for the recipients, that is something that we work through with the with the health care coalitions and the recipients.

00:40:35.640 --> 00:40:36.549

**Bobby Benn:** Thank you.

00:40:54.940 --> 00:41:01.940

**Jennifer Hannah:** I'm sorry, Megan, over to you, Teresa. I see your hand raised. Please, feel free to come off mute and ask your question live.

00:41:02.450 --> 00:41:33.630

**Teresa Ehnert:** Hi, Jennifer! Thanks. Quick question about the disposition of equipment. Now that it's at the end of a five-year, I didn't see anything specifically mentioned in the NOFO. But if there's any additional information ASPR can provide with regard to disposition of equipment, I know there is some old product we'd like to request disposition on.

00:41:33.630 --> 00:41:53.619

**Jennifer Hannah:** No, that's a great question. The NOFO noted, I think, in our reporting requirements section within our continuation guidance. We stated that we were providing some additional information regarding close out, and that certainly would be included in in that. I don't know if Virginia has anything that she wants to any comments that she wants to provide in response to that question.

00:41:59.740 --> 00:42:02.059

**Virginia Simmons:** Not at this time, unless you want to ask me something more specific, but absolutely. We can definitely provide more information on the close out.

00:42:14.730 --> 00:42:16.169

**Teresa Ehnert:** Great. Thank you so much.

00:42:16.760 --> 00:42:17.899

**Jennifer Hannah:** Thank you, Teresa, and I see that Bonnie had Bonnie Bailey had a comment regarding that question. But we certainly will be providing additional information regarding close out, so that will be forthcoming.

00:42:36.000 --> 00:42:59.420

**Virginia Simmons:** Yes, and I will. Yes, Bailey, I will definitely give some updated information on disposition of equipment, not a problem. And I will also cite the regulations as well that so I'll just speak, probably go into a little bit more details in the regulation in terms of disposition of equipment. And again, I'll cite the regulations.

00:42:59.420 --> 00:43:54.590

**Jennifer Hannah:** Thank you, Virginia, and thanks everyone for continuing to put comments and questions in that in the chat. And again, if you have any questions, please feel free to enter

them into the chat, and we'll do our best to respond to those, or you can raise your hand and ask those questions live. We will pause for a moment if it for anyone that may be still typing.

00:43:54.590 --> 00:43:59.700

**Virginia Simmons:** Jennifer, I'm providing the information now in the chat for everyone. Is that okay.

*In Chat: Recipients may dispose of equipment in accordance with any applicable State law but must also notify the cognizant awarding Agency within 120 days of disposition with forms SF-428, Attachment C and S where applicable per 2 CFR 200 3.313 and 45 CFR 75.320.*

00:44:00.980 --> 00:55:50.269

**Jennifer Hannah:** Yes, absolutely. Thank you, Virginia, okay, Thank you. Just a second. Well, Virginia is typing, please, for free to continue to ask any questions that you may have.

To remind you again. If you have any questions, please feel free to submit them in the chat or to raise your hand, and we are pausing for a moment while

We have a have a question here from Kelly Nadeau echoing the health care coalition's question about increases in funding. "Do you anticipate increases in funding levels to the awardees for increases to health care coalitions?"

And, Kelly, that's a good question. I'll have to answer a little bit broadly. As you know, the appropriation, the FY2023 appropriation. I'm not sure if we had an opportunity to share this with this group previously, but the FY2023 appropriation was increased this year, and the cooperative agreement funding total budget period funding will be increased from 231.5 million to 240 million. We are currently working on updating and refreshing the data for our funding formula at this time, and we will be providing those final award amounts later. So, there is an increase of 8.5 million for the HPP Cooperative Agreement for FY2020 by 2023. As stated earlier, you know the funding levels are always subject to the availability of funding, and also is very dependent upon the appropriated amount that we receive for the program and our other cooperative agreements as well, but there is an increase this year from 231.5 million to 240 million.

Thanks for your question [in chat]. Roseanne. Regarding the PERFORMS showing a date of April the 30<sup>th</sup>. So, the interim submission date very much like we did last year. The interim submission date right now is April 14<sup>th</sup>, of this year 2023. That's when you need to submit your all of your forms as well as your work plan, and all the documents that we identified as part of the application packet and in Grant Solutions.

Currently, the deadline in PERFORMS is set out to April 30 because we will be leaving the application module open until we have those final numbers, so that you can update your work plans and budgets accordingly without us having to reopen the application module. However, in the interim, that April 14<sup>th</sup> date does stand for you to go ahead and submit your initial applications in Grant Solutions using those planning numbers unless we have the final numbers before it's time to submit the submit the application. So, the date is kind of an artificial date in PERFORMS, because we are leaving the application module open until those final numbers are available, so that you won't have to have us to reopen the application module for you to update any your budget or any work plan and activities of the submit button will be grayed out until we

have the final numbers, and until you're able to submit that final application into PERFORMS. Of course, if we find that the numbers come in later than the final numbers, then, of course, we will then also upload, and probably adjust the submission information and documents within Grant Solutions as well, but those will be uploaded as a grant note.

So, the application deadline is April 14<sup>th</sup>, 2023, and you should be submitting your application, materials and Grant Solutions on that date.

A question here from Roseanne Prats is that she may have missed it, "but has the formal and final FOA been released? Or should we use the drafted version distributed?"

So that informal document was the official document as well, and also it was uploaded as a part of the non-competing continuation kit in Grant Solutions and we have eight, well, about seven minutes left before the top of the hour, so please, feel free to continue to submit any questions and comments that you may have within the chat or to, of course, be able to raise your hand, and you can answer your question live.

I saw a question that came in. "How much time should we have after you confirm the final numbers to submit the final application?"

It really is going to be dependent upon the timing of when we will have the final numbers. I mean. Our goal, of course, is to have those final numbers before you have to submit the application on April 14<sup>th</sup>. But it is depended upon us, you know, completing the inputs to the funding formula, running the funding tables and also obtaining the ASPR approval of the of the final funding table before we can release those numbers. So, it is going to be really dependent upon the timing when we will have the final numbers to determine what the timeline will be between receiving those numbers and submitting the final application.

So, I'm, not seeing any additional questions. I think we can go ahead and go to the next slide, please.

I certainly want to thank you all for participating on the call and providing the overview of the supplemental materials, and also responding to questions, and certainly want to thank Virginia Simmons for her assistance in providing those so specific or responding to those specific grants management questions as well. And I want to thank all of you, all of our recipients, as well as health care coalitions and others for joining us today.

Hopefully, we have provided you with a little bit more additional clarification regarding the requirements. And if you have any additional questions about the application process, please don't hesitate to reach out to your field project officer for any programmatic questions, and certainly reach out to your assigned grants management specialist for any questions that are specific to grants management.

But with that I think we're going to go ahead and conclude today's webinar, as I said, please feel free to reach out with any additional questions. As Megan stated at the top of the meeting, we will be providing the transcript, the link to the to the webinar as well as the slides. Following this this meeting, once we finish cleaning the transcript, and the recording, and get it posted we will be sharing that link with all of you. But again, thanks everyone for joining today, and we hope that you have a great day. Thank you.