

Office of the Assistant Secretary for Preparedness and Response (ASPR)
Instructions for Preparing a Noncompeting Continuation Application
Catalog of Federal Domestic Assistance (CFDA): 93.889

Funding Opportunity Announcement Number (FOA): EP-U3R-19-001
Hospital Preparedness Program (HPP) Cooperative Agreement
Application Deadline: April 28, 2020

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Eligibility

This award will be a continuation of funds intended only for recipients previously awarded under EP-U3R-19-001, the FY 2019-2023 Hospital Preparedness (HPP) Cooperative Agreement funding opportunity announcement (FOA), hereafter referred to as the HPP FOA.

For this award, the anticipated funding levels are included in the HPP fiscal year (FY) 2020/budget period 2 funding table, which begins July 1, 2020, and ends June 30, 2021. The funding table is located at the end of this document.

Application Submission

ASPR requires recipients to submit a noncompeting continuation application, through GrantSolutions.gov. Applications must be submitted by 11:59 pm ET on April 28, 2020.

If you encounter any difficulties submitting the application through Grantsolutions.gov, please contact the GrantSolutions help desk at 866-577-0771 or email help@grantsolutions.gov prior to the submission deadline.

Late or incomplete applications could result in an enforcement action such as a delay in the award or a reduction in funds. ASPR will accept requests for a deadline extension on rare occasions and after adequate justification has been provided.

Federal Financial Report Submission

Semi-annual and annual Federal Financial Reports (FFRs) SF-425 are required and must be submitted to the HHS Payment Management System (PMS). Annual FFRs are submitted no later than 90 days after the end of the budget period. The annual FFR for HPP FY 2020/budget period 2 (July 1, 2020 – June 30, 2021) is due to HHS PMS September 30, 2021.

General Application Packet Tips

- Properly label each item of the application packet
- Each section should use single spacing with one-inch margins.
- Use 12-point font.
- Number all pages.
- GrantSolutions allows several file types (e.g., Word, Excel, PDF) to be uploaded within the system, excluding zip files.
- ASPR strongly recommends submission of the required documents in GrantSolutions in advance of the deadline to ensure time to troubleshoot any problems with the only submission system.

Checklist of Required Contents of Application Packet

In order to be eligible to receive a FY 2020 HPP continuation award, all recipients must submit the following documents through [GrantSolutions.gov](https://grantsolutions.gov):

- a. Standard Form 424 Application for Federal Assistance
- b. Standard Form 424A Budget Information for Non-Construction Programs
- c. Standard Form 424B Assurances for Non-Construction Programs
- d. Standard Form LLL Disclosure of Lobbying Activities
- e. Progress Update for FY 2019/budget period 1
- f. Project Narrative
- g. Detailed FY 2020/budget period 2 Work Plan

- h. Budget Narrative; this information is provided in two attachments, “Budget Justification Report” and “Budget Detail Report”
- i. Indirect Cost Rate Agreement
- j. MYTEP – joint HPP/PHEP plan
- k. EMSC support letter
- l. HCC Sub-recipient scope of work
- m. HPP Organizational Chart

Optional attachments:

- 1. Bona Fide Agent Status Documentation, if applicable
- 2. Recipient Level Direct Costs (RLDC) Waiver Request and Letters of Support, if applicable
- 3. Isolated Hospital Classification Request, if applicable
- 4. Inventory Management Program Protocol, if applicable

Continued funding is subject to the availability of funds and satisfactory progress, which is measured in part by the timely submission of required reports.

Application and Submission Information

Deadline for submission of applications is **April 28, 2020**, 11:59 ET. Applications must be submitted electronically via GrantSolutions.gov. If you need assistance in accessing this application, please contact the GrantSolutions help desk via email at help@GrantSolutions.gov or you may call the Help Desk at (202) 401-5282 or (866) 577-0771.

Progress Update for FY 2019/budget period 1 (July 1, 2019 – December 31, 2019)

In the report titled “Progress Update,” recipients must report on progress toward achieving objective for the current FY 2019/budget period 1. Describe progress on completing activities, including outcomes and outputs. Describe any risks or challenges that might affect the ability to achieve outcomes or to complete activities in the work plan. Identify any issues that ASPR program support could help to overcome these challenges. The Progress Update report is generated in the PERFORMS system.

Project Narrative

For the continuation application, the Project Narrative should address the Pandemic and All-Hazards and Advancing Innovation Act of 2019 (PAHPAIA) requirements described below and the strengths and weakness identified and corrective actions taken related to the annual HPP/PHEP annual at-risk populations exercise.

Maximum of four pages, single-spaced, 12-point font, 1-inch margins, number all pages. The project narrative must address:

- 1. PAHPAIA mandates new requirements for jurisdictional all-hazards public health emergency preparedness and response plans. Specifically, to be eligible for HPP funding, recipients must include in their continuation applications a narrative description of how they will meet these new PAHPAIA requirements (in addition to those outlined in the FY 2019-2023 HPP FOA).
- 2. As outlined in the FY 2019-2023 HPP FOA, report in the following year’s funding application the strengths and weaknesses identified and corrective actions taken to address weaknesses from the annual joint HPP/PHEP at-risk populations exercise.

Applicants must submit the Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it into GrantSolutions.gov. Failure to follow the format and guidance may negatively impact the review of the application.

Detailed Work Plan for FY 2020/budget period 2 (July 1, 2020 – June 30, 2021)

Applicants must develop and submit a detailed FY 2020/budget period 2 work plan that describes their planned activities for addressing the Objectives and Activities described in Appendix A and Appendix C of the FY 2019-2023 HPP FOA, including:

- Application Requirements
- Capabilities Objectives and Activities
- Intended Activity Outcomes
- HPP readiness and operations phase

Applicants will complete the detailed FY 2020/budget period 2 work plan in PERFORMS and save it.

Applicants must name the file “Detailed FY 2020/Budget Period 2 Work Plan” and upload it as a separate PDF file at [GrantSolutions.gov](https://www.grantsolutions.gov) with the other application documentation.

ASPR recommends applicants approach the development of their work plans based on the most recently completed Capabilities Planning Guide (CPG) self-assessment that incorporates their current jurisdictional risk assessments and priorities (jurisdictional HVA, jurisdictional risk assessment (JRA), or Threat and Hazard Identification and Risk Assessment (THIRA) as well as state-specific data in the National Health Security Preparedness Index (NHSPI)). Applicants must also ensure planned activities adhere to Public Health Service (PHS) Act, HPP requirements, and HPP-PHEP joint activities. ASPR encourages recipients to build and sustain each capability to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies, regardless of size or scenario.

Budget Narrative/Justification

Applicants must submit an itemized budget narrative. Applicant must name this file “Budget Narrative” and upload it as a PDF file at [GrantSolutions.gov](https://www.grantsolutions.gov). When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. This information is provided in two attachments, “Budget Justification Report” and “Budget Detail Report,” which can be generated in the PERFORMS system. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs
- Total indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

- 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 recipients under such a plan.
- Travel for program implementation should be justified and related to implementation activities.
- Budgets that include costs for equipment (e.g., communications equipment) must be detailed in the budget narrative.

Match

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

Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions.

Please refer to title 45 of the Code of Federal Regulations (CFR) § 75.306 for match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, must be included in the FY 2020/budget period 2 application for funds, follow procedures for generally accepted accounting practices, and meet audit requirements.

Exceptions to Matching Funds Requirement:

- The match requirement does not apply to the political subdivisions of Chicago, Los Angeles County, or New York City.
- Pursuant to department grants policy implementing 48 USC 1469a(d), any required matching (including in-kind contributions) of less than \$200,000 is waived with respect to cooperative agreements to the governments of AS, Guam, USVI, or CNMI (other than those consolidated under other provisions of 48 USC 1469). For instance, if 10 percent (the match requirement) of the award is less than \$200,000, then the entire match requirement is waived. If 10 percent of the award is greater than \$200,000, then the first \$200,000 is waived, and the rest must be paid as match.
- The match requirement is also waived for the freely associated states, including PW, FSM, and RMI.
- Matching does not apply to future contingent emergency response awards that may be authorized under section 311 of the PHS Act unless such a requirement were imposed by statute or administrative process at the time.

Maintenance of Effort

According to section 319C-2 of the PHS Act, recipients must maintain expenditures for health care preparedness at a level that is not less than the average level of such expenditures maintained by the recipient for the preceding two-year period. This represents a recipient's historical level of contributions or expenditures (money spent) related to federal programmatic activities that have been made prior to the receipt of federal funds. The maintenance of effort (MOE) is used as an indicator of non-federal support for health care preparedness before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past. The definition of eligible state expenditures for health care preparedness includes:

- Appropriations specifically designed to support health care preparedness as expended by the entity receiving the award; and
- Funds not specifically appropriated for health care preparedness activities, but which support health care preparedness activities, such as personnel assigned to health care preparedness responsibilities, supplies, or equipment purchased for health care preparedness from general funds or other lines within the operating budget of the entity receiving the award.

Recipients must document the total dollar amount in the budget narrative within cooperative agreement funding applications. Recipients must be able to account for MOE separate from accounting for federal funds and separate from accounting for any matching funds requirements; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any sub-recipient matching funds requirement where applicable.

MOE does not apply to future contingent emergency response awards that may be authorized under section 311 of the PHS Act unless such a requirement were imposed by statute or administrative process at the time.

Reporting Requirements

Recipients are required to electronically submit an end-of-year program progress report 90 days after the budget period ends.

Additional Programmatic Requirements

Requirements outlined in the FY 2019-2023 HPP FOA remain in effect and continue into FY 2020/budget period 2. Following are additional requirements or clarifications.

Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA) Requirements

HPP recipients must address new provisions outlined in PAHPAIA, which the President signed into law on June 24, 2019.

HPP Funds for Response

PAHPAIA amended section 319C-2 of the PHS Act to allow HPP funds to be used for response activities (emphasis added):

The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award competitive grants or cooperative agreements to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for, and response to, public health emergencies in accordance with subsection (c), including, as appropriate, capacity and preparedness to address the needs of children and other at-risk individuals.

This change in HPP's authorization provides needed flexibility to recipients. HPP funds may, on a limited, case-by-case basis and prior approval, be used to support response activities to the extent they are used for HPP's primary purpose: prepare communities and hospitals for public health emergencies and to improve surge capacity. The two emergency situations when recipients may use HPP funds during a state or locally-declared emergency, disaster, or public health emergency outlined in the FY 2019-2023 HPP FOA remain in effect. Additional guidance may be provided during a particular emergency. ASPR may issue guidance during particular events (such as the COVID 2019 response) that may provide additional flexibility beyond what is listed in the FY 2019-2023 HPP FOA.

The request to use an actual response as a required exercise and to pay salaries with HPP funds for up to seven (7) days will be considered for approval under these conditions:

- A state or local declaration of an emergency, disaster, or public health emergency is in effect.
- No other funds are available for the cost.
- The recipient agrees to submit within 60 days (of the conclusion of the disaster or public health emergency) an AAR, a corrective action plan, and other documentation that supports the actual dollar amount spent.

Note: A change in the scope of work is required to use an actual event as an exercise whether or not funds are needed to support salaries. Also, regardless of the amount of money used in response to an event, the recipient is still required to meet all the requirements of the original award.

New Preparedness and Response Plan Requirements

PAHPAIA mandates new requirements for jurisdictional all-hazards public health emergency preparedness and response plans. Specifically, to be eligible for HPP funding, recipients must include in their funding applications a narrative description of how they will meet these new PAHPAIA requirements (in addition to those outlined in the FY 2019-2023 HPP FOA):

- Describe the mechanism the recipient will implement to utilize the Emergency Management Assistance Compact, or other mutual aid agreement, for medical and public health mutual aid, and, as appropriate, the activities the recipient will implement in its Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program, to improve enrollment and coordination of volunteer health care professionals seeking to provide medical services during a public health emergency, which may include:
 - (i) providing a public method of communication for purposes of volunteer coordination (such as a phone number)
 - (ii) providing for optional registration to participate in volunteer services during processes related to State medical licensing, registration, or certification or renewal of such licensing, registration, or certification, or
 - (iii) other mechanisms as the State determines appropriate;
- Partner, as appropriate, with relevant stakeholders, including public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies;
- Integrate information to account for individuals with behavioral health needs following a public health emergency;
- Partner with health care facilities, including hospitals, nursing homes, and other long-term care facilities, to promote and improve public health preparedness and response; and
- Include critical infrastructure partners, such as utility companies, in planning to help ensure that infrastructure will remain functioning during, or return to function as soon as possible, after a public health emergency.

Evidence-Based Benchmarks and Withholding Requirement

ASPR continues to specify a set of benchmarks for FY 2020/budget period 2 consistent with those outlined in the FY 2019-2023 HPP FOA as required by section 319C-2(i) of the PHS Act (which refers to section 319C-1(g)). Recipients must continue to submit required progress reports and program and financial data by the deadline, including budgets and work plans; progress in achieving evidence-based benchmarks (BMs) and objective standards; performance measures data, including data from health care coalitions; outcomes of annual preparedness exercises including strengths, weaknesses and associated corrective actions; and accomplishments highlighting the impact and value of the HPP activities in their jurisdictions.

HPP recipients that fail to “substantially meet” benchmarks or to submit a pandemic influenza plan are subject to withholding of a statutorily-mandated percentage of the award in subsequent years, consistent with section 319C-1(g) of the PHS Act. PAHPAIA amended section 319C-1(g) of the PHS Act by modifying the fiscal year during which the HHS Secretary may withhold amounts from entities that fail to achieve benchmarks. This language specifically changes the withholding from “*for the immediately preceding fiscal year*” to “*for either of the two immediately preceding fiscal years*”, providing flexibility for recipients to come into compliance with program benchmarks. This new language is effective beginning with fiscal year 2019.

ASPR is required to treat a failure to substantially meet the benchmarks and a failure to submit to the Secretary a pandemic influenza plan as separate withholding actions. For example, a recipient failing substantially to meet the benchmarks described below and failing to submit the required pandemic influenza plan could have 10 percent withheld for each failure for a total of 20 percent of the amount the entity was eligible to receive for no more than one of the first two fiscal years immediately following the fiscal year in which a recipient experienced a failure. If the situation remains unchanged, ASPR would be required to assess 15 percent for each failure for a total of 30 percent for the third consecutive fiscal year in which a recipient failed to meet the benchmark requirements and submit the pandemic influenza plan. The percentages continue to increase with each successive failure or failures. Alternatively, if one of the two failures are corrected the third year but one remained, ASPR is required to withhold 15 percent of the third-year funding.

HPP FY 2020/Budget Period 2 Benchmarks and Pandemic Influenza Planning Requirements

	Description	Recipient	HCC	Possible % of Withholding
HPP BENCHMARKS (BMs): All recipients				
BM1	Recipients must execute subawards with each HCC within 90 calendar days from the start of each budget period.	X		10%
BM2	Recipients must submit quarterly Federal Financial Reports (FFRs) within 30 calendar days of Notice of Award deadlines during each budget period.	X		
BM3	Recipients must submit a joint multiyear training and exercise plan (MYTEP) with each budget period application package (uploaded into PERFORMS or other program management system, when available).	X		
BM4	HCCs must have a draft response plan annex addressing burn care surge or infectious disease preparedness and surge completed and uploaded in the Coalition Assessment Tool (CAT) by April 1, 2021. The final response plan annex must be submitted with the FY 2020 Annual Progress Report (APR) and uploaded into the CAT.		X	
BM5	Within the first 60 days of each budget period, all recipients must provide a detailed spend plan, including all budget line items, to all HCCs within their jurisdiction and any interested health care entity.	X		
BM6	Within 30 days following receipt of the subaward, all funded HCCs must submit their final budgets to the recipients and upload a copy into the Coalition Assessment Tool (CAT). The budget should identify the percent of funding received from the recipient, other federal sources, and non-federal sources.		X	

	Description	Recipient	HCC	Possible % of Withholding
BM7	Within 30 days following receipt of the subaward, all funded HCCs must submit an annual work plan and training plan (uploaded into the CAT), developed in collaboration with their stakeholders and based on their current hazard vulnerability analysis (HVA) and resource analysis, to include medical equipment and supplies, real-time information sharing, communication systems, training, exercises, lessons learned, and health care personnel necessary to respond to an emergency.	X	X	
BM8	Within the first 90 days of each budget period, all recipients and HCCs must provide ASPR an updated pre-event specific essential elements of information (EEI) template (uploaded into the CAT). ASPR will provide recipients with a list of all required post-event and special-event EEIs for incorporation into state, local, and HCC reporting systems.	X	X	
BM9	HCCs must complete the Coalition Surge Test (CST) annually. Hospitals located in approved jurisdictions (AS, CNMI, FSM, PW, RMI, Guam and USVI) or officially classified as an isolated frontier hospital, must develop a surge scenario and exercise it annually utilizing the Hospital Surge Tool (HST), in lieu of the CST. Data must be uploaded into the CAT.		X	
PANDEMIC INFLUENZA PLANNING: All recipients				
Submit updated pandemic influenza plans	To meet the requirement for a pandemic influenza plan, all HPP recipients must submit required program data such as the capability self-assessment and program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of at-risk individuals.	X		
Total Potential Withholding Percentage				20%

Process for Technical Assistance and Appeals

- In a cooperative agreement, the federal government is substantially involved in the program activities, above and beyond routine grant monitoring. During the project period, ASPR will monitor and evaluate the defined activities within the agreement and recipient and sub-recipient progress in meeting work plan priorities. The recipient must ensure reasonable access by ASPR or their designees to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of ASPR funds under this agreement.
- Recipients must have in place fiscal and programmatic systems to document accountability and improvement and must demonstrate these systems during site visits.
 - Recipients must plan and participate in site visits at least once every 12-24 months.
 - ASPR encourages recipients to invite HPP field project officers (FPOs) and senior ASPR staff to attend or observe events such as scheduled exercises, regional meetings, jurisdictional conferences, senior advisory committee meetings, and coalition meetings supported by HPP funding.
- Recipients must participate in mandatory meetings and trainings, whenever possible. ASPR considers the following meetings mandatory; recipients should budget travel funds accordingly:
 - Annual preparedness summit sponsored by the National Association of County and City Health Officials
 - Directors of Public Health Preparedness annual meeting sponsored by the Association of State and Territorial Health Officials
 - National Health Care Coalition Preparedness Conference, as specified by ASPR
 - Training for medical countermeasure (MCM) coordinators sponsored by ASPR and other MCM regional workshops
 - Other mandatory training sessions that may be conducted via webinar or other remote meeting venues
- Recipients must maintain all program documentation for purposes of data verification and validation. ASPR strongly encourages recipients to develop internal electronic systems that allow jurisdictions to share documentation with HPP FPOs, including evidence of progress completing corrective actions for weaknesses identified during exercises and drills. In FY 2019/budget period 1, ASPR increased the emphasis on verification and validation of requirements to identify strengths and potential gaps, better review and evaluate progress, and provide technical assistance (TA)
- Recipients must engage in TA planning. Recipients must actively work with their HPP FPOs to properly identify, manage, assess progress of, and update TA plans at least annually. ASPR encourages HCCs, health care organizations and other stakeholders supporting the provision of care during emergencies to use ASPR's TRACIE system to identify existing TA resources.

Temporary Reassignment

PAHPAIA reauthorized Section 319(e) of the PHS Act, which provided the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of federally funded state, tribal, and local personnel during a declared Federal Public Health Emergency upon request by a state or tribal organization; the temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS Act programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Recipients could consider this authority in their MCM response plans.

HPP FOA Clarifications

HPP FOA Clarification: HCC Clinical Advisor and HCC Readiness and Response Coordinator

ASPR has clarified the HCC clinical advisor position to reflect chemical, biological, radiological, nuclear, and explosives (CBRNE) familiarity or willingness to learn instead of required and revised the language from clinical leadership to clinical input. All HCCs **must fund at least 1.0 full-time equivalent (FTE)** (combined and may include in-kind support of dedicated time) to support the following two staffing requirements:

- **Clinical Advisor:** individual(s) should be a physician, advance practice provider, or registered nurse and should be from a lead or co-lead hospital or health care organization and be clinically active (i.e., works shifts/sees patients). Involvement in emergency services or response activities is preferred and knowledge of medical surge issues and familiarity with or willingness to learn CBRNE, trauma, burn, and pediatric emergency response principles is required. Role of the clinical advisor(s) is to:
 1. Provide clinical input to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies.
 2. Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
 3. Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.
 4. Assure that the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and act as a resource for health care facilities to improve their mass casualty surge capabilities and capacity.
 5. Assure that subject matter experts are available locally or in coordination with receiving specialty hospitals to provide consultation and support patient transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situation (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable).
- **HCC Readiness and Response Coordinator (RRC):** role of the coordinator is to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, or support the response activities of the coalition according to their plans.
 1. The HCC RRC can only be assigned to a single HCC; however they are strongly encouraged to coordinate with neighboring HCCs to improve planning and operational readiness.

2. The HCC RRC is not required to live within the geographic boundaries of their HCC; however, their work duties are expected to occur within their HCC geographic area to strengthen their relationship with stakeholders and improve their ability to support HCC response activities. The individual should reside within a reasonable commuting radius, such that the individual can be present to work on-site with the HCC and its members on a daily basis.
3. The HCC RRC is responsible for ensuring that the HCC meets all HPP performance measures and benchmarks with special attention to the HCC response plans, roles, and operations.

HPP FOA Clarification: Crisis Standards of Care CONOPS

ASPR has clarified the Crisis Standards of Care CONOPS to better describe what is required by the recipient to define their role and conduct exercises with their health care coalitions. By the end of FY 2020 or budget period 2 (BP2) recipients **must** submit a new or updated Crisis Standards of Care (CSC) concept of operations (CONOPS) that integrates the following elements, as applicable (**Note:** This is the functional description of state-level activities during crisis situations and does not constitute a comprehensive CSC plan although this is highly encouraged.):

- Roles and responsibilities of state agencies during a crisis care situation
- Potential indicators and triggers for state actions
- Actions the state will take to support prolonged crisis care conditions that cannot be rapidly addressed through standard mutual aid or other mechanisms
- Operational framework for state-level information management and policy development, including real-time engagement of subject matter experts for technical support as well as coordination and decision processes for the allocation of scarce resources (e.g., pharmaceuticals or personal protective equipment (PPE) to the health and medical sector that are subject to state influence or control
- Legal and regulatory state actions that may be taken to can support health care strategies during crisis care conditions, including, as applicable:
 1. State declarations and their powers
 2. Credentialing and licensure support for intrastate and interstate assistance
 3. Provider protection from liability during disasters
 4. Support for alternate systems of care in both in health care facilities and alternate environments (such as alternate care sites)
 5. Relief from specific regulations that may impede appropriate billing and collection for services rendered under crisis conditions
 6. State agency support for crisis care (e.g., EMS regulatory agency relief, hospital licensure requirements, state fire marshal)

The recipient should provide an update on other CSC activities in the jurisdictions that are not required above but are critical to the success of an overarching CSC planning effort such as exercises, community engagement activities, description of the ethical basis for CSC, clinical decision tools, provider education on CSC concepts or hospital and EMS system guidance for CSC application.

By the end of FY 2021 or budget period 3 (BP3), the recipient's Crisis Standards of Care CONOPS **must** be incorporated and validated in an HCC-level exercise. Principal focus should be on policy and scarce resource management coordination between the health care coalitions and the recipient. This may involve, but is not limited to, communications, identification of alternate sources or strategies to address a deficit in space, staff, or supplies (or a combination of these factors), and resource allocation decision-making, as necessary at the coalition and recipient levels for competing resource demands.

HPP FOA Clarification: FY 2020 Coalition-Level Specialty Surge Annex

ASPR has clarified the FY 2020/budget period 2 complementary coalition-level special surge annex requirement. Due to the Coronavirus Disease 2019 (COVID-19), HCCs **must** develop the Burn Care Surge Annex or the Infectious Disease Preparedness and Surge Annex in FY 2020/budget period 2. The recipient and HCCs **must** validate their Burn Care Surge Annex or Infectious Disease Preparedness and Surge Annex via a standardized tabletop/discussion exercise format submit the results and data sheet to ASPR.

HPP FOA Clarification: Specialty Surge Annex Tabletop/Discussion Exercise Format and Data Sheet

ASPR has clarified the special surge annex tabletop/discussion exercise format and data sheet requirement for each required specialty surge annex, i.e., FY 2019 Pediatric Care Surge Annex, FY 2020 Burn Care Surge Annex or Infectious Disease Preparedness and Surge Annex, FY 2021 Burn Care Surge Annex or Infectious Disease Preparedness and Surge Annex, FY 2022 Radiation Emergency Surge Annex, and FY 2023 Chemical Emergency Surge Annex). Recipients and HCCs **must** validate their specialty surge annexes via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning. The data sheet is a web-based form, being developed as a module in the Coalition Assessment Tool (CAT) where the data can be input directly. Detailed instructions will be provided regarding the specific information that should be entered into the CAT.

HPP FOA Clarification: Incorporation of Transfer Agreement in Specialty Surge Annex

ASPR has clarified the requirement for incorporating transfer agreements into corresponding specialty surge annexes. Transfer agreements with pediatric, trauma, and burn centers should be referenced in the corresponding health care coalition specialty surge annexes. HCCs are not required to obtain a copy of all transfer agreements nor do they need to be included in the annex; however, HCCs should be capable of demonstrating their knowledge of existing transfer agreements that support each specialty surge annexes. HPP FPOs will verify the availability of transfer agreements during recipient site visits. ASPR understands that some specialty centers do not use written transfer agreements but will always accept referrals subject to resources available. If this the case, a statement by the specialty center to this effect will suffice.

HPP FOA Clarification: HCC Surge Estimator Tool Due Date

Going forward, ASPR has changed the due date for the HCC Surge Estimator Tool to March 31. HCCs **must** complete the HCC Surge Estimator Tool by March 31, 2022, to support determination of their surge capacity. Only *hospitals that provide emergency services* will be included. HCCs will NOT submit individual hospital metric information to ASPR. Information will be aggregated at the coalition level.

HCCs will review and update their HCC Surge Estimator Tool data at a minimum every two years, but are encouraged to update upon any major changes in their HCC membership. The HCC Surge Estimator Tool data is due March 31, 2020/2022/2024. If March 31 falls on a weekend, the HCC Surge Estimator Tool data will be due on the last business day of the month.

HPP FOA Clarification: Sub-recipient Scope of Work

ASPR has clarified the sub-recipient scope of work submission requirement. The sub-recipient scope of work is only required for health care coalitions (HCCs) The sub-recipient **must** briefly outline all required HCC activities, responsibilities, and intended outcomes and outputs of work performed via sub-recipient contracts, per capability for each HCC. It should also explain all related tasks, duties, and limitations relevant to the recipient's expected results and project goals. This is required for each intended HCC sub-recipient. The applicant **must** upload the sub-recipient scopes of work into PERFORMS. An optional HCC sub-recipient scope of work template is available in the PERFORMS Resource Library.

HPP FOA Clarification: HCC draft annual work plan and budget

Beginning in FY 2020, the submission of the HCC draft annual work plan and budget are not included in benchmark 7 (BM7). In FYs 2020-2023, all funded HCCs **must** submit their draft annual work plan and budget to the recipient by January 31 to inform the recipient's application process. To meet benchmark 6, HCC must submit their final budget within 30 days of receipt of their subaward. To meet benchmark 7 (BM7), HCCs must submit their final work plan within 30 days of receipt of their subaward. The HCC training plan must be submitted with the final HCC work plan is submitted.

HPP FOA Clarification: Inventory Management Program Protocol

All HPP recipients, HCCs, or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds **must** submit Inventory Management Program Protocols for all cached materials. The Inventory Management Program Protocol should be included in the purchaser's (recipient and HCC) work plan. The recipient protocol should be uploaded into PERFORMS, and the HCC protocol should be uploaded into the CAT with the work plan.

HPP FOA Clarification: Recipient Level Direct Costs and Letters of Support

ASPR has clarified the letters of support submission requirement to support Recipient Level Direct Costs waiver requests. Recipients may retain direct costs for the management and monitoring of the HPP cooperative agreement during the FY 2019-2023 project period. Because the goal of HPP is to support HCCs and their health care system partners, in FY 2020/budget period 2, recipients must limit their costs for personnel, fringe benefits, and travel to no more than 18 percent of the HPP cooperative agreement award. HPP requests that recipients continue to strive to decrease these costs to allow more funds to be available to HCCs. By the end of FY 2023/budget period 5, recipients must limit these costs to no more than 15 percent of the HPP cooperative agreement award.

ASPR will consider requests for exemptions on a case-by-case basis. Requests for exemption must be submitted annually with the application (in GrantSolutions.gov) in the format of a letter to the HPP Programmatic POC (please see contact information at the end of this announcement). The letter should contain the amount and percentage of funds the recipient requests to use for personnel, fringe benefits, and travel, and a justification explaining the reasons for the additional costs and the recipient's plan for reducing these costs in future fiscal years. Recipients must request exemptions with the application, as post-award exemption requests will not be accepted. Recipients should submit letters of support from the HCCs and the jurisdiction's hospital association to strengthen requests for exemption, indicating these entities understand and agree with the amount the recipient is retaining for personnel, fringe benefits, and travel.

HPP FOA Clarification: Recipient Level Direct Costs Exemption for Select Jurisdictions

ASPR has clarified Recipient Level Direct Costs (RLDC) exemption for select jurisdictions. Due to their unique nature, the territories: American Samoa, Guam, Northern Mariana Islands, and the U.S. Virgin Islands and the Freely Associated States: Palau, Marshall Islands, and Federated States of Micronesia are exempt from the RLDC cap and do not need to submit an RLDC waiver request.

HPP FOA Clarification: Due Dates

Where due dates referenced in the original FOA fall on holidays, this is clarified to mean the next business day following the holiday. Where due dates referenced in the original FOA fall on a weekend, this is clarified to mean the last business day preceding the weekend. Where due dates referenced in the original FOA as the last day of the month, this is clarified to mean the last business day of the month.

Anticipated Award Date

The anticipated award date is **July 1, 2020**

Agency Contacts

For Grants Management Assistance and information on budget and business aspects of the application, please contact:

Virginia Simmons
Chief Grants Management Officer
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Thomas P. O'Neill House Office Building
Washington, DC 20515
Tel: (202) 260-0400
E-mail: Virginia.Simmons@hhs.gov

For HPP programmatic assistance, please contact:

Jennifer Hannah
Deputy Branch Chief
National Healthcare Preparedness Programs
U. S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Thomas P. O'Neill House Office Building
Washington, DC 20515
Tel: (202) 245-0722
E-mail: Jennifer.hannah@hhs.gov

Funding Table

HPP Fiscal Year 2020/Budget Period 2 Funding

Recipient	FY 2020 Total Funding Available
Alabama	\$3,145,268
Alaska	\$1,111,466
American Samoa	\$279,211
Arizona	\$4,716,474
Arkansas	\$2,099,822
California	\$23,171,118
Chicago	\$2,818,423
Colorado	\$3,281,648
Connecticut	\$2,261,523
Delaware	\$1,086,723
Florida	\$11,800,098
Georgia	\$7,950,996
Guam	\$356,511
Hawaii	\$1,276,715
Idaho	\$1,318,146
Illinois	\$8,353,473
Indiana	\$3,956,143
Iowa	\$2,049,436
Kansas	\$2,009,918
Kentucky	\$2,803,092
Los Angeles County	\$9,142,488
Louisiana	\$2,934,248
Maine	\$1,122,201
Marshall Islands	\$268,164
Maryland	\$5,297,615
Massachusetts	\$4,090,461
Michigan	\$5,799,153

Recipient	FY 2020 Total Funding Available
Micronesia	\$283,060
Minnesota	\$3,399,515
Mississippi	\$2,062,902
Missouri	\$3,626,688
Montana	\$1,099,880
Nebraska	\$1,401,496
Nevada	\$2,531,286
New Hampshire	\$1,106,453
New Jersey	\$5,370,096
New Mexico	\$1,581,141
New York	\$9,895,682
New York City	\$7,486,901
North Carolina	\$6,083,849
North Dakota	\$1,071,922
Northern Mariana Islands	\$278,796
Ohio	\$7,059,431
Oklahoma	\$2,549,685
Oregon	\$2,614,621
Palau	\$255,889
Pennsylvania	\$7,702,626
Puerto Rico	\$2,590,019
Rhode Island	\$1,071,962
South Carolina	\$3,147,824
South Dakota	\$1,083,466
Tennessee	\$4,013,830
Texas	\$15,577,836
Utah	\$2,373,046
Vermont	\$1,067,602
Virgin Islands (US)	\$305,421

Recipient	FY 2020 Total Funding Available
Virginia	\$6,857,550
Washington	\$4,367,027
Washington, DC	\$1,187,386
West Virginia	\$1,400,530
Wisconsin	\$3,417,594
Wyoming	\$1,076,454
FY 2020 HPP Total Funding	\$231,500,000

Attachments

Attachment A: Instructions for Completing Required Forms (SF 424, Budget (SF 424A), Assurances (SF 424B), Disclosure of Lobbying Activities (SF LLL)

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 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.

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.
 - Continuation
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:** Insert your Grant number (i.e. U3REP190__ _).
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 [GrantSolutions.gov website](http://GrantSolutions.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 [GrantSolutions website](http://GrantSolutions.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 5th 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.)

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 recipient 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

A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. This information is provided in two attachments, “Budget Justification Report” and “Budget Detail Report,” which can be generated in the PERFORMS system. 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-recipient (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/recipient 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 (e.g., attend national HCC preparedness conference for TA on specialty surge annex development), 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 recipients, “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-recipients.

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 four items – 1) a list of contractors indicating the name of the organization; 2) the purpose of the contract; 3) the estimated dollar amount; and 4) how the contract support HPP, e.g., explain the nature of the services provided and the relation to activities in the work plan or reference where it is described in work plan. 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 75.327 General Procurement Standards, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative. Please reference 45 CFR 75 Appendix II Contract Provisions for Non-Federal Entity Contract Under Federal Awards.

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 recipient’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-recipients 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 Recipient 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.

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.

Disclosure of Lobbying Activities (SF LLL) - 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.