

Notice of Funding Opportunity (NOFO) for the Regional Emerging Special Pathogen Treatment Centers (RESPTCs) Technical Assistant Call Transcript

September 1, 2022

Call Transcript

00:00:02.340 --> 00:00:06.599

Laura Hillard: I will now pass it over to the Jennifer Hannah, to start today's presentation.

00:00:08.470 --> 00:08:43.330

Jennifer Hannah: Thank you, Laura. Good afternoon and thank you for the opportunity to meet today. My name is Jennifer Hannah, and I'm The Deputy Director of ASPR's National Health Care Preparedness Program, or NHPP Branch. It is my pleasure to be with all of you today as we discuss the new Regional Emerging Special Pathogen Treatment Center or RESPTC Cooperative agreement notice of funding opportunity. Next slide, please.

During this session I will provide opening remarks, and then provide award information relevant to the notice of funding opportunity for the RESPTC and we will also cover important grant management information and provide additional details on the application review process. Next slide please.

Before we dive into the presentation, I want to thank all of you for joining today's RESPTC NOFO Technical Assistance call. Your expertise and efforts remain critical in determining the future direction of RESPTCs. As part of the National Special Pathogen System, also known as the NSPS, ASPR looks forward to the fruitful efforts that will result from the release of this new RESPTC NOFO. Next slide, please.

But first we would like to start with some background information on the RESPTC and their role in the National Special Pathogen System. In March two thousand and twenty, ASPR announced the launch of the NSPS, a nationwide system-based network approach, that builds on existing infrastructure and investments in preparing for special pathogen threats. The NSPS includes four components: the National Emerging Special Pathogen Training and Education Center or NETEC, sixty-two Hospital Preparedness Program or HPP Cooperative Agreement recipients and their fifty-five State or jurisdiction special pathogen and treatment centers, or SPTC, fifty-three hospital associations across all fifty States and the District of Columbia, New York City, and Puerto Rico, and ten regional emerging special pathogen treatment centers, or RESPTC, previously referred to as a regional Ebola and other special pathogen treatment centers, which will be expanded to thirteen RESPTCs through the new NOFO. As a regional hub for the NSPS network, RESPTCs play an essential role in realizing the NSPS of Care Strategy. Through the four NSPS components, ASPR supports the urgent preparedness and response activities and needs of hospitals, health systems and health care providers on the front line of special pathogen response. Next slide, please.

The ten RESPTCs located in each of the ten HHS regions, as seen in the national distribution of RESPTCs in the United States, can receive, within a few hours, a confirmed special pathogen of the patients, that is either from their regions across the United States, or medically evacuated from outside of the United States as necessary. To enhance health care readiness for special pathogens, ASPR will expand the number of RESPTCs from ten to thirteen. A successful RESPTC expansion will lead to some relief to some HHs regions, having two RESPTCs within the same region. Please note this NOFO includes information regarding the necessary planning

and coordination needed between RESPTC, which reside in the same HHs region. Next slide please.

In alignment with the core functions outlined in the NSPS of Care Strategy, all RESPTC will exhibit the ability to develop, disseminate, and maintain standards and guidance for special pathogen care, field research, capability and capacity to participate in special pathogen research, provide training that maintains a diverse and specialized workforce, enable access to high quality, equitable care through safe, patient care delivery, printing, communication, and coordination among partners, the region and across the NSPS, and monitor and evaluate performance operations and readiness within the region and across the NSPS. Together these hospitals will have the enhanced capability and capacity to care for highly pathogenic infectious diseases and serve as regional hubs for the NSPS to prepare healthcare facilities and providers in their region. Next slide, please.

Now we'll be discussing the NOFO and important award information. Next slide.

The goal of a NOFO is to sustain and improve health care system preparedness for emerging special pathogens and to expand the regional hospital network as part of the National Special Pathogen System. To accomplish this, as for is awarding a total of twenty-one million dollars in funding for the RESPTC. Applicants will apply for funding via the NOFO, which covers two RESPTC awards. Part A, for the existing ten RESPTCs and Part B, for new RESPTC applicants. Through Part A of the NOFO, ASPR will award twelve million dollars in funding, or one point two million dollars per RESPTC, as part of a limited competition to the ten existing RESPTC eligible applicants to sustain a regional network for special pathogen care. Through Part B of a NOFO, ASPR will award nine million dollars in funding, or three million dollars per RESPTC, as part of an open competition to up to three eligible health care facilities which will serve as new RESPTC. Next slide, please.

Now let's discuss the applicant's eligibility. Applicant eligibility information can be found in Section three of a NOFO within the eligibility information section. Eligible applicants for Part A include the existing ten health care facilities which serve as RESPTCs. Eligible applicants for Part B include healthcare facilities, such as hospitals and academic medical centers. Please note that the existing ten RESPTCs are not eligible for funding through the part B of the NOFO. Next slide, please.

Successful recipients must meet the special requirements outlined in Section one of the NOFO on page six. First, all recipients will develop a plan that must include, signed written agreements among all states or jurisdictions in the region. To establish this plan, new RESPTCs will need to coordinate with an existing RESPTC and should include emergency medical services, or EMS, and interfacility plans to accommodate patient movements from any point in the region to the designated hospital. In addition to this plan, all facilities identified to serve as a RESPTC will meet the special requirements relevant to location, specifications, facility capabilities, political capacity, training and building research, capability and capacity. Please refer to the special requirements section outlined in the NOFO for additional detail. Next slide, please.

Now we will be discussing the grants management and application information for the NOFO. I will turn it over to my colleague, Nancy Brown. Nancy Brown is a Senior Grants Management Specialist with the Office of Resource Management within ASPR. Next slide.

00:08:44.570 --> 00:14:36.570

Nancy Brown: Thank you, Jennifer, and good afternoon, everyone. Application, submission information, and required forms can be found in Section four titled application submission information of the NOFO. All applicants must register for grants.gov prior to submitting an application for the RESPTC NOFO. After registration, applicants will then be able to obtain the application materials for grants.gov. For additional information, please reference the registration and application submission information under the applicant tab in grants.gov. The application package for this NOFO includes, the SF-424, the application for Federal assistance, the SF-424A, for the budget information for non-construction programs, the SF-424B, which is assurances, the disclosure of lobbying activities, project abstract summary, and the Budget and Project narrative. You could also upload supporting documents, for example, the indirect cost rate agreement, or CVs. For completing your application, please read all the instructions in the RESPTC NOFO, and be sure to submit all required application forms. If required application forms are not submitted, the application will not be reviewed. Applications are due at 5:00 P.M. Eastern time on September the twenty second, two thousand and twenty-two. Next slide.

The Project Narrative. Please refer to the Project Narrative section of the NOFO for additional details on the required components of the Project Narrative. The components of the Project Narrative should not exceed sixty pages and must be submitted in the following format. Font must be Times New Roman, and no less than eleven point, black and white, no color please, one-inch margins on all sides, double spaced, one column, one-sided. All pages must be numbered consecutively from beginning to end. Additionally, the Project Narrative should be uploaded in grants.gov in PDF file format. Please also keep in mind that the Project Narrative is the most important part of the application and should be a clear and concise description of the project. The proponents that count as part of the sixty-page limit include, the background, required components, current capacity, approach to work plan, and performance measurement and evaluation strategies. Next slide, please.

Please note, we see the views that accept funds through the NOFO are Part A and Part B, must address all activities within their Project Narrative. As Jennifer discussed above, the RESPTC activities are online for four functions outlined in the NSPS of Care Strategy which includes standards and guidance, building research flexibility and capacity, workforce and training, support for safe patient care delivery, communication and coordination and monitoring and evaluation. Next slide, please.

The required electronic submission. All applications need to be submitted electronically. To ensure a successful electronic submission, please make sure you are registered with SAM.gov and that the registration is active. This may take up to seventy-two hours after registry to become active. So, we suggest registering for SAM's today. SAM.gov registration is needed if you want to apply for Federal funding as a primary recipient. A Unique Entity Identifier or UEI, formerly known as the DUNS number, will be needed when filling out the SF-424. If you already registered with SAM.gov and previously had a DUNS number, your UEI is already assigned. If you go to the website and look into your account, you'll see your UEI number. If you are new to SAM.gov, you will receive a UEI number when you register. If your registration clears the same day, that means that if you have no issues being validated during the process of registering for SAM.gov, you will get your UEI immediately. If you don't, then you'll have that seventy-two hour hold I spoke of earlier, and then you will have to follow their directions to get your actual validation process with this SAM.gov. We also recommend the applicants plan to start their

online submission early and avoid waiting until the day the application is due. Additionally, we recommend the applicants ensure they know all requirements for online submission. Items to keep in mind regarding application requirements include, keeping a Project Narrative as a single document, keeping your budget narrative as a single document, dividing the attachment so they can be uploaded to the system, and paying attention to the board accounts. Next slide, please.

While we began introducing health care information and tips regarding applications throughout this presentation, we'd like to reiterate tips to aid applicants during the application process. First, do not wait until the last minute to apply. This will help avoid any problems that may result in application submission delays and other circumstances that result in ineligibility. Second, please ensure of the selected business official, keep regular contact with your organization and engaging on a daily basis. Since this individual will receive all documentation regarding the application. Also keep in mind, you will receive confirmation when you submit your application to SAM.gov. If your application is ineligible, expect to receive a letter from the Government stating that your application has been deemed ineligible. Next slide, please.

I will now turn back to Jennifer to continue the discussion on the application review process.

00:14:40.000 --> 00:18:36.090

Jennifer Hannah: Thank you, Nancy. Next slide, please.

An objective review committee comprised of reviewers who are experts in the field will evaluate each application that passes the screening criteria. Based on the application review criteria, the reviewers will comment on and score the applications focusing their comments and scoring decisions on the identified criteria. Final award decisions will be made by ASPR. ASPR will consider the review panel's recommendations, programmatic and grants management compliance, reasonable of the estimated costs proposed, and the likelihood that the proposed project will result in the expected benefit. Next slide, please.

For a successful application, eligible applicants must meet all of the requirements defined in this NOFO. Eligible applicants will be evaluated against the following criteria: Applicants can receive a maximum of ten points for the background. Part A applicants will primarily use the background to provide core background information, while Part B applicants should use the space to explain why they are the best choice to serve as a RESPTC. Applicants can receive a maximum of sixty points for the required components. All applicants must provide answers to the required components. Please pay attention to which required components require only a statement of commitment, while others require a work plan and a statement of commitment. Applicants can receive a maximum of twenty points for the desired component. This portion focuses on applicants' ability to demonstrate experience and capabilities for desired components, or nice to have capabilities. Applicants can receive a maximum of eight points for the performance measure and evaluation strategy. This portion of the scoring criteria focuses on applicant's ability to monitor and collect data on performance measures specified by ASPR. Lastly, applicants can receive a maximum of two points for the budget. Applicants will receive points if the budget is adequately justified and consistent with the NOFO and the activities proposed by the applicant. Next slide, please.

Now that we've discussed the application submission and review processes. Let's discuss how applicants will receive award administration information. Regardless of the outcome, each applicant will receive a written notification of the outcome of the objective review process, which

will include a summary of the Objective Review Committee, assessment of the application. Excuse me. Essentially, your strengths and weaknesses. For successful applicants, the notice of award will be sent electronically by September thirtieth, which will set forth the following: amount of funds granted, terms and conditions of the award, effective date of the award, budget period for which initial support will be given, non-federal share to be provided, if applicable, a total project period for which the support is contemplated. Next slide, please.

We will now open up a discussion for any outstanding questions. Please enter your written questions into the chat and use the raise hand icon to ask a question verbally.

00:18:37.450 --> 00:18:57.450

Laura Hillard: Thank you, Jennifer. I do see a few questions in the chat already. First, we do want to note that these slides will be shared after the presentation, for everyone who asked about that. The second question is from David Bolton, and he asks, can you clarify Part B funding? Is it three million in total for just the first year, and then additional funds for years two through five? Um, and I'll pass that to Jennifer.

00:18:57.920 --> 00:19:37.700

Jennifer Hannah: It's three million dollars for the first year. That's the first twelve-month budget period. For the four subsequent years, because this is a five-year project, this cooperative agreement has a five-year project period. For the subsequent four years, the funding level will be subject to the availability of funding. So, the three million dollars for the Part B is for a twelve-month period. For the Part A, the one point two million is for the first budget period or for that first twelve-month period as well.

00:19:39.260 --> 00:19:49.549

Laura Hillard: Thank you, Jennifer. The second question is from Krista, and she asks, how do you define key personnel? And also do you have a specific CV template that you want to be used?

00:19:53.490 --> 00:20:25.550

Jennifer Hannah: We do not have a specific CV template to use, I would recommend minimizing the CVs to approximate about five pages and key personnel are those individuals that are essential to the success of your project. So that would be your Project Director, for example, or Principal Investigator, those individuals that play a substantive row in the execution and carrying out the project, as you have laid out within your application.

00:20:27.290 --> 00:20:34.050

Laura Hillard: Thank you, Jennifer. The next question is from Patricia, she asks, is the NIH bio sketch format acceptable?

00:20:37.640 --> 00:20:47.619

Jennifer Hannah: You know it's stated that we don't have a specific format, so if you are familiar with the NIH bio sketch format, then you can certainly format it in that way.

00:20:49.440 --> 00:21:02.299

Laura Hillard: Thank you. The next question is, do you expect that decisions on the new RESPTCs will be somewhat based on population density with those regions of greater population density being more likely to be funded?

00:21:06.090 --> 00:21:50.169

Jennifer Hannah: You know we've laid out what the review criteria are for all of these, for all of the applications, and the and they will be based upon that review criteria. It's how each of the applications will be weighted. It's how, you know, I think, that you should include as much information as possible, and that the Objective Review Committee can, you know, can review your application against the criteria. But then, also, as stated from the top around those special requirements centers that are laid out there, how to make sure that you are also meeting those special requirements that are included within the NOFO.

00:21:53.240 --> 00:22:00.779

Laura Hillard: Thank you. Stephanie Schulman asked if the sites that were previously awarded will need to reapply?

00:22:03.330 --> 00:22:17.980

Jennifer Hannah: Yes. All of the health care facilities, the ten health care facilities that are currently serving as our RESPTC, um, because the eligibility and the funding structure has changed will need to apply for that Part A of the NOFO.

00:22:20.980 --> 00:22:27.830

Laura Hillard: Thank you. Um, Susan Klein asked, if Part A funding is for the first year only?

00:22:30.620 --> 00:22:55.019

Jennifer Hannah: For part A, the funding level, I think as I stated the one point two million, is for the first year, and that is for the first twelve-month budget period of Part A and Part B have a project period of five years. Funding level for the four subsequent years, after this year's funding, is subject to the availability of funding.

00:22:58.070 --> 00:23:06.120

Laura Hillard: Thank you, Jennifer. Michelle Rogers asked for budget development, is it required to submit a one-year budget or a budget for years one through five?

00:23:10.720 --> 00:23:15.749

Jennifer Hannah: I think that's a question that we're going to pass to Nancy in Grants Management.

00:23:22.750 --> 00:23:36.159

Nancy Brown: Yes, if the notice of money opportunity says to submit a budget for five years, then you can do so.

00:23:40.360 --> 00:23:47.009

Laura Hillard: Thank you, Nancy. I see that David Wohl's hand is up, so I'm going to unmute him, and he can ask this question now.

00:23:47.020 --> 00:24:21.789

David Wohl: Thank you, Laura. This last point is really confusing, I think still to some of us. So, I just want to make sure. We don't have a lot of time, and we need to put in a budget. So, I think we need some clarity. Do we put in a twelve-month budget, or are we putting in a five-year budget? It sounds like we only could put in a one-year budget, because that's the amount of funding that's earmarked, and we don't know what we would be, you know, asking for for years two through five. So just clarity when we submit this on September twenty second. Are you looking for a budget that just includes for, Part B, just includes twelve-months?

00:24:31.630 --> 00:24:34.179

Jennifer Hannah: Nancy. I believe that's a question for you.

00:24:42.840 --> 00:25:12.590

Nancy Brown: I'm sorry I was talking, and I was muted, I'm checking up the NOFO right now, because if it states that you are to submit years one through five, then you have to submit years one through five. If you are talking about the Project Narrative, it is for sixty pages, you can submit years two through five in the attachment section.

00:25:06.600 --> 00:25:12.629

David Wohl: I guess we just trying to figure out how much how much we know to put in, because we don't know the limits for years, two through five,

00:25:12.903--> 00:25:14.765

Nancy Brown: As far as the budget, it's for one year.

00:25:16.880 --> 00:25:18.540

David Wohl: So, we should just submit the first-year budget for Part B. Okay, Thank you.

00:25:19.970 --> 00:25:28.199

Laura Hillard: Thank you, David. The next question is in the chat. It's from Judy Weber. How is the Part B geographic location considered in the grant award?

00:25:30.020 --> 00:26:16.429

Jennifer Hannah: You know, I say, that you know it's going to be based upon this. The special requirements that are included within the NOFO. Looking at the location specifications, facilities specifications, capability and capacity, and so on and so forth for that. There are no preferences or priority points currently related to the geographic location. But, as we stated within those special requirements that are included in that Section one of the of the NOFO, those are also part of the elements in which the Objective Review Panel will be reviewing and contemplating the application.

00:26:18.880 --> 00:26:27.140

Laura Hillard: Thank you, Jennifer. Craig DeAtley asked if you could elaborate on the written agreement at expectation with local and state officials?

00:26:33.570 --> 00:27:48.799

Jennifer Hannah: Sure. I think initially, we know that it may be somewhat challenging, of course, with this very short timeline, or very aggressive for the timeline to get letters of support from all of those surrounding, um, all of the surrounding states that are within a region. But please as much as you can make sure that you get those, because those are included, part of the scoring criteria. Um, as far as these are written agreement and expectation, I think much of that work, or that planning, will take care of it. It will also take place after the awards are made, because there will need to be some consideration in working alongside the other RESPTCs. If you are within a region that already has an RESPTC, but it is fully expected that the surrounding State will be working collaboratively and closely with the RESPTC within a region, understanding that you, as a health care facility will be serving as that RESPTC within that region.

00:27:51.830 --> 00:28:00.379

Laura Hillard: Thank you, Jennifer. Susan Klein asked if you could clarify what role the State Health Department is expected to be for this grant application?

00:28:02.930 --> 00:28:48.179

Jennifer Hannah: Well, what we know is with any infectious disease response, that the State Health Departments are going to be a part of that response. So, the facilities should be working closely, and there is an expectation that they still will work closely with those State Health Departments. It is at the discretion of the of the health care facility if they would like to provide funding to a state, but it is not required; but there is an expectation that the health care facility will be working alongside and with those health departments that are within those regions where the RESPTC will be located.

00:28:50.900 --> 00:29:02.210

Laura Hillard: Thank you. Craig DeAtley asked a follow up question. He said if there is no follow-on funding for years two through five, is this agreement/responsibility over?

00:29:07.330 --> 00:29:52.709

Jennifer Hannah: Well, what we said, it stated was that we didn't say that there was no funding for years two through five, we said that it's subject to the availability of funding, as you know, with any of our programs, you know it's depended upon the appropriation from Congress. So, we don't know what the funding level will be in years two through five, and we will work very closely with those awarded RESPTCs to share them with them what the funding level is at the point of time when we receive appropriation, and then they will, the health care facility, or the RESPTC, will develop a continuation application based upon that funding level.

00:29:55.460 --> 00:30:30.980

Laura Hillard: Thank you, Jennifer. Brian asked if we have an existing negotiated, indirect cost agreement that is high, due to our system housing research in which receives NIH grants, can we submit that agreement that request indirect costs at the level that is below the documented

threshold? For example, if our indirect cost agreement is set up forty percent, but we want a ten percent indirect cross for the purposes of this application. Um Brian, if I misread any of that, please feel free to come off mute.

00:30:34.680 --> 00:30:36.010

Brian Schmedinghoff: No, that was correct.

00:30:36.170 --> 00:30:37.410

Laura Hillard: Great, thank you.

00:30:37.580 --> 00:30:52.689

Nancy Brown: Hi, this is Nancy, but to answer his question yes, he can submit the IVC agreement, and says that he has for this project, ten percent is going to be the indirect cost, even though he has forty percent, he can use ten percent for his indirect cost.

00:30:53.440 --> 00:30:54.550

Brian Schmedinghoff: Thank you.

00:30:57.520 --> 00:31:09.719

Laura Hillard: Thank you, Brian, and Nancy. And we have a few more questions about the letters of support to receive in jurisdictions. William Fisher asked if letters of support are acquired from every State jurisdiction in the region?

00:31:12.880 --> 00:31:20.809

Jennifer Hannah: You should make every effort to get a letter support from each state within that region.

00:31:23.700 --> 00:31:30.529

Laura Hillard: Thank you, Jennifer. Patricia Davis asked, is it correct that F and A is limited to ten percent?

00:31:33.180 --> 00:31:42.859

Nancy Brown: It states in the forward that ninety percent of the funds will be rewarded and will have to go toward the direct cost, and the ten percent will be for indirect possible, so yes.

00:31:44.590 --> 00:31:57.300

Laura Hillard: Thank you, Nancy. Craig DeAtley asked, please clarify PPE Provision specifications outlined on page eleven. What is expectation to support other HCFs?

00:32:12.360 --> 00:33:32.799

Jennifer Hannah: I'm sorry, Craig I'm going through here to find that specific provision here. Okay, in reading this, I'm sorry I'm trying to pull it up, don't have it memorized. Sorry Craig. According to you know, according to the language here that we have within the with the NOFO, it states that you certainly can purchase PPE, you know, for your use as an RESPTC, but then

also to be able to, um, monitor the PPE with regarding other facilities within the region. And if I didn't answer that correctly, we will get you an answer following this meeting as well.

00:33:37.370 --> 00:33:49.749

Laura Hillard: Thank you, Jennifer. Bradley Goldberg asks, building on William Fisher's question on letters of support, what is meant by state or jurisdiction? Is it the Department of Health and state jurisdiction definition?

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Jennifer Hannah: We typically mean by primarily the, um, State Department of Health or Public Health.

00:34:07.860 --> 00:34:17.759

Laura Hillard: Thank you. Patricia Davis asks, could the answer for the project period be clarified?

00:34:19.060 --> 00:34:57.920

Jennifer Hannah: Certainly, the project period for the Regional Emerging Special Pathogen Treatment Center Cooperative agreement is five years. But you're currently, you're applying for this for the Five-Year Project period under this new cooperative agreement. Um, but you are submitting your budget and the detail project plan, primarily for the first year or this first year, or first twelve-month budget period, so, you'll have five twelve-month budget periods for a total of five one-year project periods.

00:35:01.510 --> 00:35:20.830

Laura Hillard: Thank you, Jennifer. Susan McLellan asked, in a few places there's a statement that about Part B applicants focusing primarily on building capacity. Given the extended responsibilities of RESPTCs, under this NOFO, to what extent can Part A include capacity building mechanisms?

00:35:23.920 --> 00:35:38.480

Jennifer Hannah: If a part A, or existing RESPTC, find that there are gaps in which they need to build capacity, then they too should be focusing on building up and out capacity as well.

00:35:41.840 --> 00:35:58.259

Laura Hillard: Thank you, Jennifer. I believe this question is for Nancy. Samuel asks, do existing RESPTC sites have to create a new account for the package mission, or can I use an existing account.

00:36:01.900 --> 00:36:24.149

Nancy Brown: No, no, it shouldn't. They should have already been assigned a UEI number. That's the number that they're going to put on their SF-424, so they don't need to get a new account if they don't know that number, then they should go to SAM.gov to acquire it from their account. As long as they're already registered with SAM.gov, that's what they need to also apply for this award in grants.gov.

00:36:26.000 --> 00:36:36.980

Laura Hillard: Thank you, Nancy. Craig asks can funding permit purchase of patient care, equipment, and its installation? So that is, that permitted in the funding?

00:36:42.130 --> 00:37:17.929

Jennifer Hannah: Craig, I think it's going to be depended upon what the what the equipment is. Keeping in mind, with the RESPTC, I would play very close attention to the funding restrictions that are outlined within the notice of funding opportunity, but I think it's going to be dependent upon what the equipment is and what the associated costs are. You know, without knowing exactly what the equipment is, then we're unable to really to make a determination about what would be allowable versus unallowable.

00:37:21.210 --> 00:37:38.470

Laura Hillard: Thank you, Jennifer. You're going to have a question about the funds for Part B um. So, Jason Campbell asked, understanding that Part B releases a hundred percent of allocated funds for three million dollars, or in the first twelve months, what is the total maximum possible available for Part B?

00:37:40.530 --> 00:38:00.009

Jennifer Hannah: Unfortunately, we're unable to answer that question. You know we don't have a crystal ball into what the appropriations will be looking like for the out year. We can only speak to the current fiscal year, and that's the, uh, the three million dollars for each of the new RESPTCs under Part B.

00:38:02.280 --> 00:38:11.210

Laura Hillard: Thank you. Uh, Susan asked a follow up question. What is the definition of other jurisdictions in which they need letters in the application?

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Jennifer Hannah: I think that would be dependent upon if there are, for example, if you weren't for directly funded cities, such as, like Chicago, New York City, largest Los Angeles County, then you would want your, and you would want your Health Department for those jurisdictions as well to be able to provide a letter of support.

00:38:49.810 --> 00:38:51.290

Laura Hillard: Thank you, Jennifer. I see Christopher has his hand up. Christopher, you are now unmuted, or you may now unmute to ask your question.

00:38:51.300 --> 00:39:38.169

Christopher Sulmonte: Okay, thank you so much. Um, and sorry to again repeat this question, but just so that there is clarity on this. So, for the application we're putting in our plans for the activities years one through five, with a focus on year one and then two through five. And then for the budget, we are putting out the budget for the period of the amount of money that we're asking for. So, Part A would be one point two million and Part B would be three million. Is that correct? The only reason I ask is that since we don't know the pledge of the amounts for years

two through five. I don't, I'm trying to figure out if you we are supposed to include years two through five, what we're supposed to base that on?

00:39:41.500 --> 00:39:57.049

Nancy Brown: So, and the forward does state that your project narrative has to be for five years. The budget that you submit could be for one year. Does that help?

00:39:57.060 --> 00:40:02.290

Christopher Sulmonte: Yes, so that, just that I verify, so, the project narrative is five years, but the physical budget's only one year?

00:40:02.720 --> 00:40:03.740

Nancy Brown: Correct.

00:40:04.060 --> 00:40:05.089

Christopher Sulmonte: Great, thank you.

00:40:07.510 --> 00:40:32.690

Nancy Brown: But in the SF-424, there will be a section where you could project the years amount. So, you'll see four columns there. You'll put the projected amount that you want to ask for the years two through five. That's no guarantee that those are the amount that you'll get, but that that section does have to be filled out, because that's going to basically cover years two to five in your project narrative.

00:40:33.740 --> 00:40:38.690

Christopher Sulmonte: So that we should put in whatever request we want for those? I'm just asking for clarity just to make sure that we're playing in things correctly so, that I don't have to reach out again.

00:40:38.700 --> 00:40:53.950

Nancy Brown: It'll be around the same amount that you're asking for year one. So, and year one, it's like if you ask for a million, then this has to be right around the same amount of money.

00:40:56.860 --> 00:40:57.950

Christopher Sulmonte: Thank you.

00:41:00.020 --> 00:41:13.629

Laura Hillard: Thank you, Christopher. Uh, Jennifer, Sharon asks, can you provide more details about who specifically should provide letters of support? Is it the Department of Public Health? Or is it someone specific there that should provide a letter?

00:41:16.560 --> 00:41:33.490

Jennifer Hannah: It should be the Department of Public Health. We didn't specify a specific office or group, but I think certainly you can start with the preparedness area within those Department of Health and Public Health.

00:41:37.760 --> 00:42:05.920

Laura Hillard: Thank you, Jennifer. Rene Osbourne asked, is a work plan to be included in the sixty-page project narrative or as an attachment? Is there a work plan format requirement, or a template to follow in this work plan information, entered straight into grants.gov? Also is it required there be two work plans, since one is to be attached for page twenty-two, which says, "Applicant must also attach a work plan describing how they will staff the beds."

00:42:12.150 --> 00:42:29.600

Nancy Brown: Do you want me to answer it? I was just going to say that the templates that we have are included at the end of the NOFO, so they look very similar to what you'll see when you go inside,

00:42:35.080 --> 00:42:48.330

Jennifer Hannah: And the only thing that I was going to add there also is that as a part of the project narrative, you should provide any descriptive information within that section which lays out the approach and the work plan.

00:42:52.380 --> 00:43:02.120

Laura Hillard: Thank you, Nancy and Jennifer. Craig asks, is it two hundred thousand dollars salary per person, or is it the total personnel cost?

00:43:05.850 --> 00:43:07.930

Nancy Brown: That's...

00:43:08.350 --> 00:43:15.410

Jennifer Hannah: Yes, I think that's written reference. Go ahead, Nancy. That's in reference to that executive level salary amount.

00:43:15.830 --> 00:43:25.770

Nancy Brown: Right. So, the executive salary amount shouldn't be for everyone. So, no. Like your secretary is not going to get paid the same as the P.I.

00:43:28.330 --> 00:44:00.089

Jennifer Hannah: So, I think the question was in fact, you're not limited to two hundred, three thousand seven hundred dollars for all personnel that are on this, all the cooperative, but all those personnel that are included on the cooperative agreement. If you were able to pull that off, Craig, I would really like to know your calculations, and how you would be able to do that? That's a maximum salary per person.

00:44:02.260 --> 00:44:13.559

Laura Hillard: Thank you so much. Alright, Caitlin asks, for Part B are multiple hospitals, for example, a pediatric and adult hospital, able to apply together to become a new RESPTC?

00:44:15.080 --> 00:44:48.960

Jennifer Hannah: So, only one facility can be the lead applicant. Where you may not have, I know that there is a pediatric component within this NOFO, so if your hospital does not have pediatrics included within the hospital, then you can certainly partner with a pediatric or Children's Hospital, or to be able to meet that particular capability. However, only one facility can be the lead applicant.

00:44:51.850 --> 00:44:57.390

Laura Hillard: Thank you, Jennifer. I see Erica has her hand up. Erica, you may now unmute and ask your question,

00:44:59.170 --> 00:45:08.170

Erika Cheung: Hi! My question is related to this, but is there any intention for us for to fund any standalone pediatric centers?

00:45:18.350 --> 00:45:23.620

Jennifer Hannah: I think that you would still have to be able to address how you would handle taking care of adults.

00:45:29.190 --> 00:45:30.449

Erika Cheung: Okay, thank you.

00:45:33.490 --> 00:45:47.870

Laura Hillard: Thank you, Erica. Ronnie asks, under support for the safe patient care delivery, can you elaborate on to ensure designated staff and equipment are available to buy telemedicine services to regional facilities?

00:45:57.470 --> 00:46:01.969

Jennifer Hannah: And if Rick Hunt is on, I'm going to ask him to elaborate on that.

00:46:08.200 --> 00:46:20.069

Richard Hunt: Yeah, I want um, and I heard it. It's about like, Laura can you just read it? I was glancing through the chat, and I was trying to find the specific wording of the question. Can we just reread it again?

00:46:20.080 --> 00:46:36.749

Laura Hillard: Absolutely. It's um from Ronnie Long at 3:34 P.M. And the specific question is under support for safe patient care delivery, can you elaborate on, in quotes, "ensure designated staff and equipment are available to provide telemedicine services to regional facilities."

00:46:37.270 --> 00:47:48.900

Richard Hunt: Yeah. And I let me, um, I'm not going to change the languages in the NOFO, okay? So, take that like, you know, at face value. Um, that being said, some context around it that might be helpful is um having that capability and capacity, um, certainly was important during the pandemic. One of the things that's very clear is the rules, the regulations, the State

licensing boards, all that around governing a provision of telemedicine, is a moving target, and I think, at least from my view, and Jennifer and Nancy correct me if I'm wrong, the intent is to make sure that that regional center has the capability capacity do that for equipment and staff that are able to provide it. Again, Jennifer and Nancy correct me if I'm wrong, but I think that's the intent behind it. Thanks, and over.

00:47:50.210 --> 00:48:21.089

Laura Hillard: Thank you, Dr. Hunt. Jennifer, in the chat, we have two questions about the IDC and management cost, so I'm going to read them both out loud. First is from Nancy Devino She asks, could you say something about the ten percent management costs? That's different than IDC, which we thought would be full cost since we are asked to upload IDC agreements. And then Lonnie asks, are we allowed to collect our federally approved IDC rate? This is different than a management cost for set percent cap at ten percent.

00:48:24.530 --> 00:49:11.980

Nancy Brown: Well, the NOFO does state that no less than ninety percent of the funds have to be used for the actual program and the response activities. And the remaining ten percent will be for indirect and direct cost for the management and monitoring of the cooperative agreement. So, the remaining amount can be used for indirect, and then, but I mean just because they have their indirect costs for an agreement, they can't, if they don't have, if they want to do forty percent of the ninety percent that we give them, then that will be higher. It will take less away from the ninety percent that what has to be used for the project. So, it's the ten percent that has to be used for direct and indirect for the management of the award.

00:49:13.390 --> 00:49:20.869

Laura Hillard: Thank you so much, Nancy. Alright, Patricia. I see your question, or your hand is up, so you may now unmute to ask your question.

00:49:21.820 --> 00:49:43.049

Patricia Davis: Thank you very much. Um, going back to the budget, I believe I understand that we are expected to provide a detailed budget for year one? If I understand correctly, we're supposed to still fill in the SF-424 for years two to five, in which case, how much detail is expected?

00:49:44.570 --> 00:50:05.550

Nancy Brown: If you're referring to what I was saying earlier, I said that there's a section in the 424 that has projected years. Let me pull it up so I can say exactly where it is. But there's a section that has four columns that when you put an amount for protected years. So, you'll see that in the budget, 424a it is.

00:50:05.580 --> 00:50:10.169

Patricia Davis: Okay, and so do we just put a gross amount in and not details?

00:50:10.900 --> 00:50:14.329

Nancy Brown: Well, you don't have any space up for details, so yes, just a gross amount.

00:50:14.380 --> 00:50:15.759

Patricia Davis: Great. Thank you.

00:50:22.320 --> 00:50:27.950

Laura Hillard: Thank you, Patricia. I see Christopher's hand us up, Christopher, you may now unmute and ask your question.

00:50:28.350 --> 00:51:11.639

Christopher Sulmonte: Thank you so much. I just had a clarification question on, um, one of the sections pertaining to the support for safe patient care delivery. Um, one of the lines specifically discusses providing funding as necessary to EMS agencies for special pathogen training preparedness. I'm just curious, and if the answer is that there's no clarity on that, that's fine. But is there anything that we're fundamentally looking for in terms of the application itself? Do we need to do a specific amount? Is there any determination on which EMS facility are we referring to? Is it just within our own states? We're partnering with our region, I guess. I'm just asking for clarity on that. It's a very general turn to just fund EMS.

00:51:24.640 --> 00:51:30.659

Jennifer Hannah: Are you able to tell me exactly what page your, um, you're on, if possible.

00:51:31.970 --> 00:51:56.859

Christopher Sulmonte: Sure, Sorry I was. I had a summary page of all of them together. I can pull the actual NOFO. You can feel free to move on to a different question while I pull that up.

00:51:56.870 --> 00:52:08.680

Laura Hillard: Okay, thank you. I'll come back to you in a few minutes. Um, Jennifer, there's a question from Sam Berger asking, can you define what is meant by health care facilities and ASPR funding through Part B?

00:52:12.150 --> 00:52:19.539

Jennifer Hannah: Health care facilities, as we stated, was either a hospital, for example, or the hospital, or an Academic Medical Center.

00:52:22.560 --> 00:52:31.969

Laura Hillard: Thank you, Jennifer. Patricia Davis, asks for budget years two through five in the SF-424, how much detail is expected?

00:52:34.060 --> 00:52:46.030

Nancy Brown: For years two to four, just the amounts. The SF-424 is not a document where you can input a lot of word information. It's basically for the announcement for applying for the actual award.

00:52:49.480 --> 00:52:53.350

Laura Hillard: Thank you, Nancy. Christopher, are you ready for us to come back to you?

00:52:54.800 --> 00:53:24.850

Christopher Sulmonte: Yes, I am. Perfect timing. So, it is on the bottom of page ten. It says, like it says, simply or as explicit as you want, providing funding as necessary to EMS agencies for special pathogen preparedness activities such as PPE training and exercise. So, I guess what I'm asking is more specifically since, I want to make sure that we're properly responding to the statement appropriately. That's why I'm asking for some clarity on that because I feel like it's a very wide margin of that statement.

00:53:47.860 --> 00:54:19.159

Jennifer Hannah: If I heard you correctly, it states that for EMS it's necessary for the, um, for training.

00:54:19.280 --> 00:54:27.559

Christopher Sulmonte: Correct, but it doesn't specify if we're talking about, primary EMS service, multiple EMS services in our region. That's I'm just asking for clarification, because for the purposes of a detailed budget or a narrative, I want to make sure we're lining up exactly with what we're being asked with.

00:54:29.210 --> 00:55:02.399

Jennifer Hannah: Well, keeping in mind that you would be serving as the RESPTC for the region. Then it would be, you know, as appropriate with what EMS agencies that you would be collaborating with to meet the intent of the NOFO. Whether that is, generally speaking for EMS within your state, or with broader, with looking at the region.

00:55:08.500 --> 00:55:09.600

Christopher Sulmonte: Okay. Thank you.

00:55:11.020 --> 00:55:16.369

Laura Hillard: Thank you, Christopher. John, I see your hand is raised. You may now unmute and ask your question.

00:55:17.720 --> 00:55:43.109

John Hallman: I was going to try to add clarity to Christopher's question. I believe all existing RESPTCs, and special pathogen centers have already trained EMS teams in place. So, I would suggest that Christopher reaches out to the RESPTC and talk to them about it.

00:55:53.660 --> 00:55:55.770

Christopher Sulmonte: No perfect. That's helpful. Thank you.

00:56:01.490 --> 00:56:12.899

Laura Hillard: Thank you, John. And we have a question from Alexander Tomix, he says, can you please clarify expectations to collaborate with other RESPTCs on policy agreements, et cetera?

00:56:22.080 --> 00:57:18.440

Jennifer Hannah: If there is more than one RESPTC within a region, uh, certainly any new RESPTCs will need to collaborate with the with the existing RESPTC. You see about exactly how that would work to having to a RESPTC within the region, I mean, how is the inner facility transfer of patients? How will the concept of operations work within that within that region for being able to provide services to all of those States within the region? We haven't provided a kind of a level of specificity, or what the expectation is for those, for those or any policy documents in an agreement, because we think that that plan will need to be worked out very closely with the existing RESPTC.

00:57:32.450 --> 00:57:46.329

Laura Hillard: Thank you, Jennifer. Um, I see we're now at time for everyone else who asked a question in the chat that we did not respond to, we will take note of it and follow up. We will also share these slides after the call. Um, and I'll pass it over to Jennifer for closing remarks.

00:57:57.240 --> 01:00:01.660

Jennifer Hannah: So, again I want to thank everyone for joining us today definitely want to thank you for your time and attention throughout the presentation, and for all of the excellent questions we know that we probably did not get to all of the questions, but, as Laura stated, and we will make sure that we capture all of them, and then we will ensure that we share those questions and those responses. If you have any further questions, or programmatic questions you can send those to me, Jennifer.Hannah@HHS.gov. My contact information is within the NOFO. If there was anything that we were not clear about, we'll certainly make sure that we clarify appropriately, um, especially around, I know the number of questions that we had regarding exactly how to handle the budget with the twelve-month budget, as well as the budget for subsequent years about how to us to address that. And then yes, I saw the in the chat, for someone asked about the responses to the questions that were asked, and we'll make sure that those questions and answers are also shared with everyone as questions come in. If they are not specific to a, to a certain applicant, then we will also make sure that those questions are shared with everyone, because we want everyone to have the same information available at the same time. I did see a question here that says, will the recording be available as well? Yes, the recording as well as the slides, will be made available. So, with that, thank you everyone. And we look forward to working with you through this very aggressive tamp timeline. Thank you again for your interest, and we look forward to receiving your applications. Thanks everyone have a great day.