

1. DATE ISSUED MM/DD/YYYY 08/01/2018 | 2. CFDA NO. 93.074 | 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources  
2920 Brandywine Road  
Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated 05/22/2018  
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NU90TP921896-01-08 Formerly | 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 07/01/2017 Through 06/30/2022

7. BUDGET PERIOD MM/DD/YYYY  
From 07/01/2017 Through 06/30/2018

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
SEC391(A)317(K)OPHS42U.S.C.SEC241A 247B

8. TITLE OF PROJECT (OR PROGRAM)  
MISSOURI HPP AND PHEP COOPERATIVE AGREEMENT

9a. GRANTEE NAME AND ADDRESS  
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV  
920 Wildwood Dr  
Community and Public Health  
Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
Ms. Melissa Friel  
2302 Militia Drive  
P.O. Box 116  
Missouri State Emergency Management Agency  
JEFFERSON CITY, MO 65102-0116

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Patricia Bedell  
920 WILDWOOD DR  
Division of Administration  
JEFFERSON CITY, MO 65109-5796  
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER  
Brandi Jordan  
1600 Clifton Rd  
Atlanta, GA 30333  
Phone: (404) 639-7856

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)

|  |                      |                          |
|--|----------------------|--------------------------|
| I Financial Assistance from the Federal Awarding Agency Only                       |                      | <input type="checkbox"/> |
| II Total project costs including grant funds and all other financial participation |                      |                          |
| a. Salaries and Wages .....  | 4,765,229.00         |                          |
| b. Fringe Benefits .....   | 2,063,125.00         |                          |
| c. Total Personnel Costs .....   | 6,828,354.00         |                          |
| d. Equipment .....   | 800,000.00           |                          |
| e. Supplies .....  | 353,220.00           |                          |
| f. Travel .....  | 182,798.00           |                          |
| g. Construction .....  | 0.00                 |                          |
| h. Other .....   | 1,373,099.00         |                          |
| i. Contractual .....   | 18,872,776.00        |                          |
| j. TOTAL DIRECT COSTS →  | 28,410,247.00        |                          |
| k. INDIRECT COSTS  | 5,655,480.00         |                          |
| <b>l. TOTAL APPROVED BUDGET</b>  | <b>34,065,727.00</b> |                          |
| m. Federal Share   | 29,242,815.00        |                          |
| n. Non-Federal Share   | 1,477,229.00         |                          |

12. AWARD COMPUTATION

|   |                      |
|---|----------------------|
| a. Amount of Federal Financial Assistance (from item 11m)         | 29,242,815.00        |
| b. Less Unobligated Balance From Prior Budget Periods             | 0.00                 |
| c. Less Cumulative Prior Award(s) This Budget Period              | 14,772,294.00        |
| <b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>              | <b>14,470,521.00</b> |
| <b>13. Total Federal Funds Awarded to Date for Project Period</b> | <b>29,242,815.00</b> |

14. RECOMMENDED FUTURE SUPPORT  
(Subject to the availability of funds and satisfactory progress of the project):

| YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS |
|------|--------------------|------|--------------------|
| a. 2 |                    | d. 5 |                    |
| b. 3 |                    | e. 6 |                    |
| c. 4 |                    | f. 7 |                    |

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:  
a. DEDUCTION  
b. ADDITIONAL COSTS  
c. MATCHING  
d. OTHER RESEARCH (Add / Deduct Option)  
e. OTHER (See REMARKS)

c

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation
  - b. The grant program regulations.
  - c. This award notice including terms and conditions, if any, noted below under REMARKS.
  - d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.
- In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

FY-2018: Supplement Award  
HPP: \$3,776,390  
PHEP: \$10,694,131

GRANTS MANAGEMENT OFFICER Shicann Phillips

|                     |                      |           |                     |                     |
|---------------------|----------------------|-----------|---------------------|---------------------|
| 17. OBJ CLASS 41.51 | 18a. VENDOR CODE     | 18b. EIN  | 19. DUNS 878092600  | 20. CONG. DIST. 03  |
| FY-ACCOUNT NO.      | DOCUMENT NO.         | CFDA      | ADMINISTRATIVE CODE | AMT ACTION FIN ASST |
| 21. a. 8-921027R    | b. 17NU90TP921896    | c. 93.074 | d. TP               | e. \$862,657.00     |
| 22. a. 8-9213367    | b. 17NU90TP921896    | c. 93.074 | d. TP               | e. \$9,831,474.00   |
| 23. a. 8-939ZVNM    | b. 17NU90TP921896HPP | c. 93.074 | d. TP               | e. \$3,776,390.00   |
|                     |                      |           |                     | f. 75-18-0956       |
|                     |                      |           |                     | f. 75-18-0956       |
|                     |                      |           |                     | f. 75-18-0140       |

NOTICE OF AWARD (Continuation Sheet)

|                                |                           |
|--------------------------------|---------------------------|
| PAGE 2 of 2                    | DATE ISSUED<br>08/01/2018 |
| GRANT NO. 6 NU90TP921896-01-08 |                           |

| FY-ACCOUNT NO.  | DOCUMENT NO.         | CFDA      | ADMINISTRATIVE CODE | AMT ACTION FIN ASST | APPROPRIATION |
|-----------------|----------------------|-----------|---------------------|---------------------|---------------|
| 24.a. 7-939ZVNM | b. 17NU90TP921896HPP | c. 93.074 | d. TP               | e. \$0.00           | f. 75-17-0140 |

**Direct Assistance**

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel         | \$0.00              | \$0.00                 | \$0.00        |
| Fringe Benefits   | \$0.00              | \$0.00                 | \$0.00        |
| Travel            | \$0.00              | \$0.00                 | \$0.00        |
| Equipment         | \$0.00              | \$0.00                 | \$0.00        |
| Supplies          | \$0.00              | \$0.00                 | \$0.00        |
| Contractual       | \$0.00              | \$0.00                 | \$0.00        |
| Construction      | \$0.00              | \$0.00                 | \$0.00        |
| Other             | \$0.00              | \$0.00                 | \$0.00        |
| <b>Total</b>      | <b>\$0.00</b>       | <b>\$0.00</b>          | <b>\$0.00</b> |

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

6 NU90TP921896-01-08

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1. Missouri DHHS T&C Supplement FY18

Funding Opportunity Announcement (FOA) Number: CDC-RFA-TP17-17010201SUPP18  
 Award Number: 6 NU90TP921896SUPP-01  
 Award Type: Cooperative Agreement  
 Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards  
 Grant Recipient: Missouri Department of Health and Senior Services

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

The Public Health Preparedness Program Cooperative agreement are authorized by section 319C- 1, and the Hospital Preparedness Program Cooperative agreement are authorized by section 319C-2 of the Public Health (PHS) Act as amended. Although aligned under the dual agency established CFDA number 93.074 the two programs remain distinct and separate programs and are funded through two different appropriations.

Dual agency established CFDA number  
 93.074

All audits, etc should list these two CFDA number 93.074  
 93.889 – National Bioterrorism Hospital Preparedness Program  
 93.069- Public Health Emergency Preparedness

**AWARD INFORMATION**

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-TP17-17010201SUPP18, entitled Hospital Preparedness Program – Public Health Emergency Preparedness Cooperative Agreement Department of Health and Human Services, and application dated April 9, 2018, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$14,470,521** is approved for the Year 01 supplemental budget period, which is July 1, 2018 through June 30, 2019.

NOTE: This award provides funding for the realignment and orderly transition of the HPP/PHEP programs

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

| TYPE OF FUNDS | HPP         | PHEP         | Total Funding |
|---------------|-------------|--------------|---------------|
| FY 2018       | \$3,776,390 | \$10,694,131 | \$14,470,521  |

APPROVED FUNDING HPP: Funds in the amount of **\$3,776,390** are approved for the Year 01 supplemental budget period which is July 1, 2018 through June 30, 2019.

APPROVED FUNDING PHEP: Funds in the amount of **\$10,694,131** are approved for the Year 01 supplemental budget period which is July 1, 2018 through June 30, 2019 for the following program components:

Base **\$9,831,474** Cities Readiness Initiative (CRI) **\$862,657**

1: Cities Readiness Initiative (CRI): This award includes **\$862,657** to support Medical Countermeasure Dispensing and the Medical Material Management and Distribution

(MCMDD) capabilities. These funds are provided for medical countermeasure distribution and dispensing (MCMDD) for all-hazards events, which includes the ability of jurisdictions to develop capabilities for U.S. cities to respond to a large-scale biologic attack, with anthrax as the primary threat consideration. For State awardees, 75% of their allocated CRI funds must be provided to CRI jurisdictions in support of all-hazards MCMDD planning and preparedness. CRI jurisdictions are defined to include independent planning jurisdictions (as defined by the state and locality) that include those counties and municipalities within the defined metropolitan statistical area (MSA) or the New England County Metropolitan Areas (NECMAs).

**Level One Chemical Laboratory:** This award includes \$0, which must only be used for the purposes of maintaining and continuing development of Level One Chemical Laboratory capacity.

#### **Financial Assistance Mechanism: Cooperative Agreement**

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

All recipients and CRI local planning jurisdictions will be required to:

- maintain fully developed plans to respond to both EID and Category A agents and
- demonstrate readiness for a core set of response activities for both scenarios through some combination of drills, tabletop exercises, and functional exercises.
- The 18 identified CRI MSAs will be required to test their operational readiness to respond by conducting a full-scale exercise or responding to a real incident at least once every five years using an anthrax scenario.
- The remaining CRI MSAs will be required to test their operational readiness for an EID response by conducting a full scale exercise or responding to a real incident at least once every five years using an EID scenario.

CDC will implement additional monitoring and accountability measures to track recipient progress in achieving desired programmatic outcomes and financial performance levels. Monitoring and reporting activities also help to identify jurisdictions that may need additional guidance and assistance.

Using the PERFORMS program management system and the DCIPHER operational readiness review (ORR) data collection system, CDC will continue to review performance systematically. In addition, CDC will monitor recipient performance through site visits, ongoing consultation calls, and technical evaluation of various recipient reports. CDC may modify future PHEP base funding to reflect recipient performance in the following areas:

#### Fiscal Performance

CDC routinely monitors historical use of funding as demonstrated through fiscal management reports. Beginning in July 2019, CDC will review recipient spending rates over a three-year rolling basis and will provide targeted technical assistance to improve fiscal performance and consider adjusting base funding as needed for those at risk of lapsing funds.

#### Administrative Performance

CDC will continue to monitor compliance with PHEP reporting requirements and other grants management deliverables to ensure timely submission of critical program data. CDC will restrict funds for non-compliance and may modify base funding for continued noncompliance.

## Programmatic Performance

CDC will continue to assess recipient progress made across the six domains and their related strategies, activities, and outcomes as described in the CDC-RFA- TP17-1701 NOFO. CDC measures PHEP programmatic performance using a variety of methods, including collection of process measures, performance measures, and an operational readiness review (ORR) process. Recipients who do not meet specific programmatic outcomes may be subject to modified base funding.

In addition, CDC sets annual PHEP programmatic benchmarks and collects data accordingly. Recipients who fail to “substantially meet” the benchmarks are subject to withholding of a statutorily mandated percentage of the award the following fiscal year.

CDC will provide specific guidance on how these accountability standards will be enforced in a separate document that will be released by the beginning of the budget period.

**Direct Assistance (DA):** DA is awarded in the amount of **\$9,380** for Personnel and SAS-Other in this budget period.

**Technical Review Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, August 31, 2018, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Key Personnel:** In addition to the Principal Investigator/Project Director identified in this Notice of Award, the application and work plan included individuals considered key personnel. In accordance 45 CFR Part 75.308, the recipient must request prior approval from CDC to change the following individual/position:

Justa J. Brendel – Authorized Business Representative

**Budget Revision Requirement:** By August 31, 2018 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

In accordance with 45CFR 75.308(d), awardees are given expanded authority to carry forward unobligated balances to the successive budget period without receiving prior approval from CDC's Office of Grants Services.

**EXPANDED AUTHORITY:** In accordance with 45 CFR Part 75.308 (d), the grantee is given expanded authority to carryover unobligated balances to the successive budget period without receiving prior approval from the Office of Grants Services. The following restrictions apply with this authority:

1. The expanded authority can only be used to carryover unobligated balances from one budget period to the next successive budget period. Any unobligated funds not expended in the successive budget period must be deobligated and returned to Treasury as required.
2. The recipient must report the amount carried over on the Federal Financial Report for the period in which the funds remained unobligated.
3. This authority does not diminish or relinquish CDC and ASPR administrative oversight of the HPP/PHEP program. The CDC and ASPR program offices will continue to provide oversight and guidance to the award recipients to ensure they are in compliance with statutes, regulations, and internal guidelines.

4. The roles and responsibilities of the CDC and ASPR Program/Project Officers will remain the same as indicated in the Terms and Conditions of the Award.

5. The roles and responsibilities of the CDC, Office of Grants Services, Grants Management Specialist, will remain the same as indicated in the Terms and Conditions of the Award.

6. All other terms and conditions remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

Note: Awardees are responsible for ensuring that all costs allocated and obligated are allowable, reasonable, and allocable and in line with the goals and objectives outlined in CDC-RFA-TP17-17010201SUPP18 and approved work plans.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the cost sharing or matching alternative.

Cost sharing or matching alternative: Under this alternative, program income is used to finance some or the entire non-federal share of the project/program.

Note: The disposition of program income must have written prior approval from the GMO.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

Notice of Funding Opportunity (NOFO) Restrictions:

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

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds for construction or major renovations.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$187,000 per year.
- Recipients may use funds only for reasonable program purposes, including travel, supplies, and services.
- Recipients may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
- HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of items that can be reissued, such as vests, may be allowable.
- HPP and PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any requests for such must receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS as to allowability of costs.
- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP and PHEP recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- PHEP recipients cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.  
PHEP recipients can use funds to purchase caches of medical or non-medical countermeasures for use by public health first responders and their families to

ensure the health and safety of the public health workforce.  
PHEP recipients can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.

**Administrative Restriction(s):**

The following proposed expenditures are restricted pending submission of an itemized budget and/or method of calculation and satisfactory justification. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for further information.

PHEP Base: Production/distribution of brochures, CDs, presentations \$2,950 amount is restricted pending submission of an itemized budget and/or method of calculation.

PHEP Base: Supplies for training lab \$6,000 amount is restricted pending submission of an itemized budget and/or method of calculation.

PHEP Base: Media for bacterial culture \$5,000 + PHEP Base Chemistry Supplies in the amount of \$2,823 + \$4,062 + \$9,498 + \$3,222 + \$11,117 + \$7,102 + \$2,887 + \$2,830 + \$5,664 + \$1,000 + \$6,235 + \$10,105 + \$5,553 + \$4,807 + \$10,562 + \$434 + \$16,646 = \$118,497. All above expenditure amounts are restricted pending submission of itemized budget and/or cost breakdown.

PHEP Base: Replacement Desktop Computers \$2,400 amount restricted pending recipient provide cost breakdown and staff position who will be assigned to desktop. Recipient listed two (2) different price quotes with same budget justification in line item.

PHEP Base: General Office Supplies \$9,204 amount restricted pending recipient provides an itemized budget of all proposed office supplies for a staff of 31.

HPP Base: Computer (Planner III, Vacant) \$802 amount restricted pending recipient provide a hiring time line when this position is actually filled. Recipient required to provide name, anticipated hire date and justification of purchase.

HPP Base: Out-of-State Travel \$2,060 amount is restricted pending submission of an itemized budget and/or method of calculation. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for more information.

HPP Base: Out-of-State Travel \$2,060 + HPP Base Out-of-State Travel \$2,060 + HPP Base Out-of-State Travel \$2,742 = \$8,942. Amount is restricted pending submission of an itemized budget and/or method of calculation. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for more information..

PHEP Base: LRN-C Technical Meetings Out-of-State \$2,851 + PHEP Base In-State \$4,775 + PHEP Base In-State \$3,219 + PHEP Base Out-of-State \$1,888 + PHEP Base Out-of-State Travel \$1,982 + PHEP Base Out-of-State Travel \$1,576 + PHEP Base Out-of-State Travel \$2,751 + PHEP Base In-State Travel \$2,703 = \$21,745. Amount(s) is restricted pending submission of an itemized budget and/or method of calculation. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for more information.

**PHEP Base: State Emergency Management (SEMA) \$1,466,909 amount is restricted pending recipient provides contractual elements of information. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for more information.**

**HPP Base: Missouri Hospital Association \$1,298,011 amount is restricted pending recipient provides seven (7) elements of contractual information. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for more information.**

**HPP Base: Missouri Department of Mental Health \$83,877 amount is restricted pending recipient provides seven (7) elements of contractual information. Recipient is encouraged to review the attached CDC-OGS Budget Guidance for more information.**

**PHEP Base: Qiagen Qiacubes \$8,499 amount is restricted pending recipient provides an itemized budget and/or method of calculation. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**PHEP Base: Perkin Elmer Plate Washer \$2,232 amount is restricted pending recipient provides an itemized budget and/or method of calculation. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**PHEP Base: Roche Magnapure \$5,328 amount is restricted pending an itemized budget and/or method of calculation. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**PHEP Base: Life Technologies \$28,500 amount is restricted pending recipient provides an itemized budget and/or method of calculation. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**PHEP Base: SDC Charges \$46,339 amount is restricted pending an itemized budget and/or method of calculation. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**PHEP Base: Network Charges \$76,547 amount is restricted pending an itemized budget and/or method of calculation required to substantiate amount. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**HPP Base: Lunches \$660 amount is restricted pending recipient provide an itemized budget, date of event, tentative number of attendees, tentative list of refreshment items, clear justification. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**HPP Base: Patient Movement Plan Meetings \$3,000 amount is restricted pending recipient provides an itemized budget, dates of events, list of lunch items, clear justification. Expenditure will be redirected to the PHEP Base Other cost category if no response is provided within 30-days of issuance of award.**

**Programmatic Restriction(s):**

The following PHEP Budget related restrictions have been imposed as a result of the Technical Review performed by the PHEP Project Officer.

PHEP Base: Supplies \$16,646

PHEP Base: Contractual \$20,000

PHEP Base: Other QIAGEN Qiacubes (3) \$8,499

PHEP Base: Other Life Technologies Veriti Rapid Exchange Service \$949

PHEP Base: Other Registration Fees for Conferences \$1,000

Recipient is encouraged to review the attached PHEP Technical Review and respond within 30-days of issuance of award. Note: If recipient has already provided a response in writing to the PHEP Project Officer, please annotate next to those Programmatic Restrictions outlined in the PHEP Technical Review.

The following HPP Budget related restrictions have been imposed as a result of the Technical Review performed by the HPP Field Project Officer.

HPP Base: Contracts \$1,061,688 SEMA. \$53,084 is restricted for the ten regional coordinator positions at 5% due to the history and the current duties seeming to be duplicative, possibly supplanting. Recipient is encouraged to review the attached HPP Technical Review comments for further details.

HPP Base: Other \$1,760 for the two (2) line items related to meals. See OGS comments above.

HPP Base: Other \$3,000 Patient Moving Planning - \$1,100 is restricted for lunches.

HPP Base: Other \$660 Lunches for quarterly contractor's meeting. See HPP Technical Review comments for further details.

Additional PHEP Base funding in the amount of \$215,493 has been redirected to PHEP Base Other and is restricted pending the submission of a Work Plan via PERFORMS and GrantSolutions to reflect the redirection of these restricted funds.

**Indirect Costs:**

Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 7, 2017, which calculates indirect costs as follows, a Provisional is approved at a rate of 21.40% of the base, which includes, direct salaries and wages and excludes all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2017 to June 30, 2020.

**Matching Funds Requirement:** The required level of non-federal participation for HPP - \$377,639 and PHEP - \$1,070,351.

Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

ASPR and CDC may not award a cooperative agreement to a state or consortium of states under these programs unless the awardee agrees that, with respect to the amount of the cooperative agreements awarded by ASPR and CDC, the state will make available nonfederal contributions in the amount of 10% (\$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 nonfederal contributions. Please refer to 45 CFR 75.306 for match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, must be included in the Budget Period 1 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 sub divisions of Chicago, Los Angeles County, or New York City.
- Pursuant to department grants policy implementing 48 U.S.C. 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 American Samoa, Guam, the U.S. Virgin Islands, the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. 1469), the Freely Associated States including the Republic of Palau, the Federated States of Micronesia and the Republic of Marshall Islands. For instance, if 10% (the match requirement) of the award is less than \$200,000, then the entire match requirement is waived. If 10% of the award is greater than \$200,000, then the first \$200,000 is waived, and the rest must be paid as match."
- Matching does not apply to future contingent emergency response awards that may be authorized under 311, 317(a), and 317 (d) of the Public Health Service Act unless such a requirement were imposed by statute or administrative process at the time.

When a recipient requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the recipient must provide evidence with the carryover request.

**Maintenance of Effort (MOE) Requirement:** MOE represents an applicant/recipient historical level of contributions related to federal programmatic activities which have been made prior to the receipt of federal funds "expenditures (money spent)." MOE is used as an indicator of non-federal support for public health 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. Recipients must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

#### Maintenance of Funding/Maintaining State funding

(A) In general, an entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding 2 year period.

- Rule of construction

Nothing in this section shall be construed to prohibit the use of awards under this section to pay salary and related expenses of public health and other professionals employed by State, local, or tribal public health agencies who are carrying out activities supported by such awards (regardless of whether the primary assignment of such personnel is to carry out such activities).

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 nonfederal support for public health security and 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 public health security and health care preparedness includes:

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

MOF/MSF does not apply to future contingent emergency response awards that may be 317(a), and 317(d) of the Public Health Service Act unless such a requirement were imposed by statute or administrative process at the time.

## **REPORTING REQUIREMENTS**

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to [www.grantsolutions.gov](http://www.grantsolutions.gov) select "Reports"

from the menu bar and then click on Federal Financial Reports. The FFR for this budget period is due by September 28, 2019. Reporting timeframe is July 1, 2018 through June 30, 2019.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Management Officer listed in the contacts section of this notice before the due date.

Annual Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132 "Performance Progress and Monitoring Report", Expiration Date 8/31/2019. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Corey D. Taylor, Grants Management Specialist  
Centers for Disease Control and Prevention  
OD/ Environmental, Occupational Health & Injury Prevention Services Branch  
2960 Brandywine Road, MS: E-01  
Email: [WVE3@cdc.gov](mailto:WVE3@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

|                 |
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| Component: PHEP |
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| Document Number: 17NU90TP921896PHEP |
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| Component: HPP |
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| Document Number: 17NU90TP921896HPP |
|------------------------------------|

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

#### **PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS**

The final programmatic report format required is the following.

Final Performance Progress and Monitoring Report (PPMR): This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:  
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

Information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132 "Performance Progress and Monitoring Report", Expiration Date 8/31/2019.

### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:**

Corey D. Taylor, Grants Management Specialist  
 Centers for Disease Control and Prevention  
 OD/ Environmental, Occupational Health & Injury Prevention Services Branch  
 2960 Brandywine Road, MS: E-01  
 Atlanta, Georgia 30341  
 Telephone: 770-488-2730  
 Email: [WVE3@cdc.gov](mailto:WVE3@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**HPP Programmatic Contact:**

Angela Krutsinger PhD, MPH  
 Centers for Disease Control and Prevention  
 HPP Field Project Officer –Region VII  
 ASPR/OS/OEM/HPP  
 U.S. Department of Health and Human Services  
 Email address: [Angela.Krutsinger@hhs.gov](mailto:Angela.Krutsinger@hhs.gov)  
 Telephone: 816-426-3290

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:**

Shicann M. Phillips, Grants Management Officer  
 Centers for Disease Control and Prevention  
 OD/Environmental, Occupational Health & Injury Prevention Services Branch

2960 Brandywine Road, MS: E-01  
Atlanta, Georgia 30341  
Telephone: 770-488-2809  
Email: [IBQ7@cdc.gov](mailto:IBQ7@cdc.gov)

**Technical Review for CDC-RFA-TP17-1701 Supplement**

**Hospital Preparedness Program - Public Health Emergency Preparedness Cooperative Agreement Department  
of Health and Human Services  
CDC-RFA-TP17-17010201SUPP18**

**DATE:** April 27, 2018

**APPLICANT NAME:** Missouri State Department Health & Senior Services

**Application #:** NU90TP2018001874

**AMOUNT REQUESTED:** \$ 10,694,131 ( This recommended funding amount reflects the updated PHEP funding tables.)

**RECOMMENDATION:** In accordance with Public Health Emergency Preparedness (PHEP): section 319C-1 of the PHS Act (47 USC § 247d-3a) [or Hospital Preparedness Program (HPP): section 319C-2 of the Public Health Service (PHS) Act (42 USC § 247d-3b)], as amended, continuation funding is recommended. Please see Summary below for technical review details.

**REVIEWER:** Brandi Jordan

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**SUMMARY**

**I. Summary of Project:**

- Recipient reports that most work plan activities are ongoing and on schedule; however, the recipient does not provide sufficient narrative describing the status update for work plan activities and their corresponding outputs.
- To establish their priorities, the recipient used their jurisdictional risk assessments (JRAs), hazard vulnerability assessments (HVAs), Threat and Hazard Identification and Risk Assessment (THIRA), HHS Capabilities Planning Guide (CPG), after-action reports and improvement plans (AAR/IPs), state and local priorities and CDC requirements. The recipient's strategic priorities include:
  - Developing an integrated local ESF-8 plan and training to ensure a coordinated response for ESF-8 public health and medical response functions;
  - updating the state's public health emergency response plan;
  - developing a state public health and medical recovery plan;
  - conducting strategic planning to better sustain the state's medical surge assets;
  - updating the public health and medical annex of the state's Emergency Operations Plan, soliciting feedback from partners, and socializing the plan; and
  - conducting a full-scale exercise (FSE).
- The recipient is requesting funds to sustain efforts in the following domains:
  - Biosurveillance \$1,587,108
  - Information Management \$321,261

- Countermeasures and Mitigation \$807,565
  - Surge Management \$196,697
- The recipient is requesting funds to build efforts in the following domains:
  - Community Resilience \$706,401
  - Incident Management \$486,563
- Some of the expected outcomes for this budget period align with the PHEP logic model, including, but not limited to:
  - Timely assessment and sharing of essential elements of information
  - Timely communication of situational awareness and risk information
  - Timely coordination and support of response activities with partners
- The recipient did not request any technical assistance.

## **II. Major Strengths:**

- Work plan activities include ongoing sustainment activities.
- Several agencies within Missouri are responsible for work plan activities. The recipient has done an excellent job delineating which work plan activities will be completed by a particular agency in the Community Resilience domain work plan.
- The recipient continues to advance the Responder Safety and Health capability by developing a Responder Safety and Health Plan for SNS RSS team members. The recipient is developing a departmental safety health plan in efforts to enhance a culture of safety within the Department of Health and Senior Services. Also, the recipient is providing technical assistance to local public health agencies on responder safety and health issues.
- The recipient engages in the continuous quality improvement process by using corrective actions identified from full-scale, mass fatality exercises to improve mass fatality plans, procedures, and standard operating guides.

## **III. Major Weaknesses:**

- The progress update does not include sufficient narrative describing the completion status of activities and their corresponding outputs. Also, the recipient has discrepancies within the progress update where the activity is reported to be ongoing and on schedule, but the narrative indicates that the activity is delayed, discontinued, or no update can be provided.
- The PHEP-CRI subrecipient contract work plans do not include sufficient detail describing types of activities and deliverables subrecipients are expected to complete in BP1SUPP.
- The recipient does not appropriately link some outputs to planned activities for the following domains: Community Resilience, Information Management, Countermeasures and Mitigation, and Surge Management. Also, some outputs are not specific or measurable; therefore, it is unclear what will be produced or achieved.
- The recipient does not include the state's medical countermeasure (MCM) distribution and dispensing full-scale exercise (FSE) in their Multi-Year Training and Exercise Plan (MYTEP) or work plan.

## **IV. Recommendations:**

- Recipient should provide a work plan progress update that describes activities and outputs that have been completed or ongoing, as well as, provide written narrative describing activities and outputs that have not been started or are delayed or discontinued. Descriptions should accurately explain the cause of the delay or discontinuation.
- Recipient should revise the PHEP-CRI subrecipient work plan to include a description of types of activities the recipient is funding subrecipients to complete for each capability.

- Recipient should revise the work plan to ensure all outputs are reasonably linked to planned activities and update outputs to ensure that all outputs are specific and measurable.
- Recipient should ensure that the MYTEP includes the state's distribution and CRI dispensing FSE. Also, the work plan should be updated to include activities associated with conducting a MCM distribution FSE.

**V. Budgetary Recommendations for the Office of Grants Services:**

- The recipient received an additional \$136,969 as a result of the change in funding. During the 30 days when recipients are responding to their conditions of award, recipients can redirect the funds to whichever category they choose. The recipient must submit a work plan change request (in PERFORMS) and a budget redirection (in GMM) to reflect the additional dollars. The additional funds will be located in 'Other' on the budget worksheet in GMM.
- **Recommended restrictions:**
  - **PHEP-Base**
    - **Supplies:** Tissue culture supplies for influenza testing \$16,646 PHEP funds are not allowed to support seasonal influenza and normal respiratory laboratory testing. Per CDC LRNB SMEs PHEP funds are for bio-threats and emerging infectious diseases. Influenza and normal respiratory testing does not fit either of these categories.
      - Recommendation: Recipient should explore other federal funding sources, such as ELC, can be used to support these laboratory testing activities.
    - **Contractual:** ITSD \$20,000 Justification does not clearly link this item to public health or healthcare emergency preparedness activities.
      - Recommendation: Recipient should update budget justification and/or work plan to ensure this request is clearly linked to the work plan.
    - **Other:** QIAGEN Qiacubes (3) \$8,499 and Life Technologies Veriti Rapid Exchange Service \$949 According to the LRN-B SME these instruments are not used by the LRN-B program therefore PHEP funds should not be used to pay for their maintenance.
      - Recommendation: Recipient should explore other federal funding sources, such as ELC, can be used to support these laboratory testing activities.
    - **Other:** Registration Fee for Conferences \$1,000 Membership fees to attend conferences were reported in travel. This line item appears to be a duplication.
      - Recommendation: Recipient should submit any conference registration fees in Travel, unless the conference occurs locally and no travel will be provided.
- **Additional information is needed for the following budget line items:**
  - **PHEP-Base and PHEP-CRI**
    - **Contractual:** All contractual line items are missing itemized budgets and all PHEP-CRI contracts are missing scopes of work.
  - **PHEP-Base**
    - **Personnel:** Laboratory Manager Broadband 2 \$31,974; Associate Public Health Laboratory Scientist \$8,389; Public Health Laboratory Scientist \$5,592; Laboratory Manager Broadband 1 \$60,631; Program Coordinator \$84,169; Senior Epidemiology Specialist \$80,837; Senior Public Health Laboratory Scientist \$6,246; Senior Epidemiology Specialist \$77,579; Health Program Representative III \$33,046; Senior Office Support Assistant \$18,913; Senior Epidemiology Specialist \$77,576; Laboratory Manager Broadband 1 \$16,256; Project Specialist \$9,947; Senior Public Health

Laboratory Scientist \$9,369; State Epidemiologist \$96,624; Associate Public Health Laboratory Scientist \$13,981; Project Specialist \$9,947; Associate Public Health Laboratory Scientist \$6,316; Laboratory Manager Broadband II \$21,494; Health and Senior Services Manager 1 \$39,798; Laboratory Manager Broadband I \$32,339; Public Health Laboratory Scientist \$8,389; Health Program Representative III \$61,516; Senior Public Health Laboratory Scientist \$12,492; Budget justification indicates a different percent of FTE than the allocation label.

- Recommendation: Recipient should update all budget justifications to ensure budget justification and allocation labels match.
- Personnel: Epidemiology Specialist \$57,974 position is vacant. Vacancy may impact the recipient's ability to execute the proposed work plan.
  - Recommendation: The recipient needs to provide more information on when they plan to fill this position and how they plan to complete activities if the vacancy is not filled.
- Personnel: Program Coordinator \$26,858 budget justification does not describe the job duties.
  - Recommendation: Budget justification should be updated to describe job duties.
- Personnel: Health Program Representative III \$60,129 based on the budget justification this position should be cost shared with HPP.
  - Recommendation: Recipient should update budget justification to reflect cost share with HPP.
- Travel: Six trips to Local Public Health Agencies and/or hospitals \$1,146 line item is unclear who is travelling.
  - Recommendation: Recipient should update budget justification and provide all required travel information (e.g., a brief description of the travel, destination, types of persons who will travel, approximate dates of travel, etc.)
- Travel: Six trips to Local Public Health Agencies and/or hospitals \$1,146 line item appears to be a duplication and is unclear who is travelling.
  - Recommendation: Verify this is not a duplication of another allocation. Provide all required travel information (e.g., a brief description of the travel, destination, types of persons who will travel, approximate dates of travel, etc.).
- Travel: Trip to Atlanta \$1,454; Trip to West Palm Beach, FL \$1,982; Trip to Atlanta \$1,880; it is unclear how this trip supports the proposed work plan and/or the requirements of the cooperative agreement.
  - Recommendation: The recipient needs to provide more information on how this trip supports the proposed work plan or requirements of the cooperative agreement. Revisions to the budget justification and/or work plan may be needed.
- Travel: two trips to LPHA in Healthcare Coalition Region C \$797 line item is a possible duplicate line item.
  - Recommendation: Verify this is not a duplication of another allocation.
- Travel: Trip to Lake of the Ozarks \$668; Trip to CDC LRN National Meeting \$1591; 2 trips to CDC LRN-C Technical Meetings \$2,851; Trip to APHL Annual Meeting \$1504; Trip to San Antonio, TX SW Assn. of Clinical Microbiologist \$1,589; Trip to TBD \$1576; 2 trips to TBD \$2751; Trip to TBD \$438 line items do not itemize other costs.
  - Recipient should itemize other costs.
- Supplies: Replacement desktop computers \$800 and replacement desktop computers \$1,600 does not include the positions that are receiving updated desktops.



**Technical Review for CDC-RFA-TP17-1701 Supplement**  
**Hospital Preparedness Program - Cooperative Agreement Department of Health and Human Services**  
**CDC-RFA-TP17-17010201SUPP18**

**DATE:** 04/30/2018

**APPLICANT NAME:** Missouri Department of Health and Social Services

**GRANT #:** NU90TP921896

**AMOUNT REQUESTED:** \$3,719,273

**RECOMMENDATION:** In accordance with Hospital Preparedness Program (HPP): section 319C-2 of the Public Health Service (PHS) Act (42 USC § 247d-3b as amended, continuation funding is recommended. Please see Summary below for technical review details.

**REVIEWER:** Angela Krutsinger

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**SUMMARY**

**I. Summary of Project:**

Missouri Department of Health and Senior Services (MDHSS) continues to make progress on the BP1 work plan, and during the review provided an update as to the completion rate of their DRAFT HCC preparedness plans and other BP1 deliverables. For BP1 Supplemental grant (BP1S), the applicant is requesting \$ 3,719,273.

Some of the key priorities include:

- Maintain 7 operationalized regional healthcare coalitions (HCCs), each with a governance structure and capable of establishing an incident command structure to respond to an emergency incident; maintain and exercise interoperable and redundant communication strategies; coordinate regional resources and jointly determine the need for resources outside of the jurisdiction; and train and exercise with the local/state ESF-8 lead agencies.
- Finalize a state-level catastrophic patient movement plan that delineates the roles and functions of the local and state ESF-8 lead agencies, receiving and sending hospitals, emergency medical services, healthcare coalitions, emergency management and other ESF-8 and non-ESF-8 partners involved in the plan. The Plan includes detail regarding how the state will interface with the National Disaster Medical System (NDMS), if required during an incident.
- Establish EMResource as the primary electronic communication platform for all ESF-8 users with bridging of necessary and identified information to WebEOC to assure a common operating picture and situational awareness to non-ESF-8 partners. EMResource used to activate the seven regional

healthcare coalitions, conduct bed availability drills and queries during emergency incidents, as well as day-to-day information sharing and informational queries on an as needed basis.

**Work plan activities that address preparedness gaps:**

- HCCs' development of HCC response plans inclusive of all of the required elements.
- HCCs to provide data through the Coalition Assessment Tool (CAT) in January and June of 2019 documenting progress in development and sustainment of the HCC.
- Maintain seven operationalized regional healthcare coalitions that encompass the entire state.
- Maintain and build their information management systems and incident management accomplishments to support the core capabilities and incident objectives.
- No notice drills of the Medical Incident Coordination Team (M-ICT). COOP training and workshop for the HCCs. Recovery TTX in fall 2018, incorporating ESF-8 objectives to promote a return to normal operations for health care and to raise awareness of partners of the challenges facing access to healthcare. Fiscal preparedness TTX during the second quarter.
- Finalize a state-level catastrophic patient movement plan and purchase an electronic patient tracking system.
- Conduct two communication workshops on the role of PIO, the JIC and lessons learned. Two trainings each for WebEOC and EMResource/eICS to increase operational coordination during an incident/emergency.
- One-day preparedness and safety compliance course for healthcare providers to assist in the integration of current health care accreditation requirements.
- Develop an MRC strategic plan that includes determination of the role of local/regional MRCs to provide medical care in mass shelters.
- Address all of the BP1 Supplemental HPP grant requirements and performance measures.

**Technical Assistance (TA) requests:**

- Missouri has not requested any HPP technical assistance for BP1S, however, the region 7 ASPR RECs and FPO will continue to assist MDHSS in the New Madrid Seismic Zone planning (from BP1) once it is resumed and HP FPO will of course continue to provide monthly calls and TA as needed.

**II. Major Strengths:**

- **Information Management:** The applicant's innovative approach to situational awareness and information sharing using a variety of systems, providing training and templates to ensure that all users can access and use or share the information in an emergent event.
- **Medical Surge:** The applicant is very engaged in strengthening medical surge with a variety of mobile medical assets and teams maintained and kept deployment ready.
  - Missouri Behavioral Health Coalition's work group is engaged in planning efforts for behavioral health strike team/crisis counseling cadre.
  - Pediatric surge – Missouri's pediatric surge plan refined and exercised and a written strategy plan to increase MO DMAT-1 pediatric capabilities by June 30, 2019.
  - MO DMAT-1, 8 mass casualty trailers and a Mobile Medical Unit (MMU).
- **Work plan:** MDHSS has a very detailed, strong and ambitious (32 page) HPP work plan for BP1S that includes all requirements.

- They also included as attachments, the work plans for the various contractors and HCC providers (SEMA, STARRS, MARC and MHA) - which also cover the activities, timelines and outputs of Missouri's 7 HCCs through the BP1 Supplemental grant period - so the reviewer could see what the contractual funds went to support directly.
- **Promising Practices:** Missouri has continued several promising practices and added others for the BP1 Supplemental grant period. The operationalization of all seven HCCs, the tools created and maintained and now being further enhanced and developed demonstrate Missouri's commitment to HPP capabilities. Additional examples of these promising practices, not already captured in this review include:
  - Enhancements to EMResource and eICS - to include the development of a HCC dashboard in eICS, strengthened resource processes for HCOs with eICS and an information bridge between an EMS page in EMResource and WebEOC.
  - HCCs focus on areas of expertise to create different pieces needed for HPP preparedness and response, then sharing the output across the state/all HCCs.
  - Development of the state-wide pediatric planning initiative, as result of spring 2017 pediatric patient movement workshop and spring 2018 planning efforts.

### III. Major Weaknesses:

- **Progress Update Report for BP1:** There was little progress annotated in the progress update report for BP1 or updates on HCC progress on BP1 requirements (CAT updates, CST annual exercises, etc.) and a few discontinued and off-schedule items.
  - Applicant provided a minimal progress update 4-24-18 to the HPP FPO during the review process that did provide HCCs' communication drill, CAT and CST outputs for BP1.
  - Medical Surge - Three of the four surge activities reported as off schedule due to vacancy of the SEMA's Show Me-Response Coordinator.
    - i. This position was filled and the applicant feels they will be able to complete the off schedule activities by then end of BP1 grant year, June 30, 2019.
  - Incident Management – has an activity as “off schedule” that is actually discontinued for BP1.
    - i. Applicant confirmed this activity should be “discontinued” for BP1 and agreed to update the work plan accordingly. No specific funds allocated to this discontinued activity.
- **Work Plan:** With the personnel challenges and resource shifts Missouri has recently contended with, FPO is concerned that the BP1S work plan might be a bit ambitious and that not all the work plan deliverables will be accomplished.

### IV. Recommendations:

- Revise the BP1 work plan to delete the discontinued New Madrid Seismic Zone planning activity and will provide a more detailed progress report for BP1 for the end of year report that captures all BP1 HPP work plan progress and accomplishments.
- Review the work plan HPP activities and timeline and identify if there are any of the 111 activities/outputs can be accomplished before the 4<sup>th</sup> quarter to help them be successful in the coming grant year.

- CBRNE response capabilities are an important priority at ASPR. Consider conducting a comprehensive review of healthcare facility and coalition CBRNE capability to include review of plans, training, exercises and equipment caches.

**V. Budgetary Recommendations for the Office of Grants Services:**

- Additional information is needed for the following:
  - Personnel:
    - FPO is concerned that the position which coordinates the HPP for MDHSS (Program Coordinator - \$39,858/ Fringe: \$18,335) is only funded at 65%.
    - One new position, Planner III Vacant (Personnel: \$55,000/ Fringe: \$25,300) is vacant.
    - There appear to be some math and description discrepancies in three HPP funded personnel descriptions.
      - Recommendation:
        - During review process, MDHSS' HPP Program Coordinator informed HPP FPO she will be taking on principal investigator role (on an interim basis, as an additional duty) for MDHSS' BP1S cooperative agreement but also provided assurance that HPP work plan deliverables will be completed.
        - Communicate with the Grants Management Specialist and HPP Specialist regarding vacancies and plans to fill them. It is recommended that the recipient redirect funds if these positions are not filled within 90 days of the issuance of the award.
        - Applicant provided clarification that the amounts in the budget are accurate and updated descriptions for the HPP personnel for the various capabilities and objectives during the review process (see e-mails).
  - Contracts:
    - \$1,061,688 SEMA – based on the 2017 site visit findings, FPO asked MDHSS to provide more information and detail on what HPP gains in BP1S from SEMA for this amount. E.g. How many SEMA staff will be assigned to this, who do they report to and what will SEMA provide (as H&I various was attached to a large part of the funding in the SEMA workplan/budget breakdown attached in PERFORMS) and answers on specific concerns from the application (IT Support/Telecommunications/Vehicle Maintenance).
      - Recommendation:
        - During review process, applicant clarified that the SEMA State-wide budget shows two people working for a total of 1.65 FTE for HPP in BP1S. The SEMA DMAT budget shows 16 people working for a total of 2.65 FTE. This does not include the Various H&I DMAT staff positions that make up the DMAT teams. These individuals are hourly and intermittent (temporary) state employees and payroll only incurred for them when they are activated, training or exercising. MDHSS also provided an organizational chart for the SEMA staff and additional information on the specific concerns (see e-mails). FPO recommends that MDHSS ask SEMA to provide the other information requested and be prepared to demonstrate return on investment in the next site visit.

- **Recommended Restrictions:**

- **Contracts:**

- **\$1,061,688 SEMA – restrict \$53,084 for the ten regional coordinator positions at 5% due to the history and the current duties seeming to be duplicative, possibly supplanting. FPO had concerns on these positions in the BP1 application, was provided assurances during the review and then SEMA/MDHSS was unable to report out on any HPP tasks or accomplishments from them in BP1 site visit. All seven Missouri HCCs already have emergency management as core members.**

- **\$53,084: Capability >> Foundation for Health Care and Medical Readiness>>**

- Objective: 1.C1:O1: Establish a Health Care Coalition**

- Work Plan Justification: During BP1SUPP, the Regional Coordinator will work to strengthen the Emergency Management discipline representation and involvement in HCC.**

- **Other:**

- **Recommend restricting the \$1,760 for the two line items related to meals until OGS GMS approves them.**

- **\$3000 Patient Movement Planning – restrict the \$1100 for lunches.**

- **\$660 - Lunches for quarterly contractors' meeting**

- Meals always require OGS prior approval. Applicant should provide a draft agenda for those meetings to your OGS GMS with your request and copy the HPP FPO. It should reflect that participants will not have time to leave the meeting site to get lunch and if they left, they would miss critical meeting information.**

- **Recommended Disapproves:**

- **None.**

*Applicants must respond in PERFORMS and/or Grant Solutions to address programmatic Conditions of Award (COAs) as applicable. Contact your HPP FPO for further detail regarding programmatic COAs. Contact your Grants Management Specialist regarding terms and conditions of the Notice of Award.*

# Budget Preparation Guidelines

## Office of Financial Resources (OFR)

Preparing a budget can be one of the most confusing aspects of applying for a CDC grant or cooperative agreement. This document provides guidance for the preparation of a budget request and examples to help with the process. Adherence to this guidance will facilitate timely review and approval of a budget request.

### Salaries and Wages

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

#### Sample Budget

| Position Title and Name                       | Annual Salary   | Time        | Months           | Amount Requested |
|---|-----------------|-------------|------------------|------------------|
| <i>Project Coordinator<br/>Susan Taylor</i>   | <i>\$45,000</i> | <i>100%</i> | <i>12 months</i> | <i>\$45,000</i>  |
| <i>Finance Administrator<br/>John Johnson</i> | <i>\$28,500</i> | <i>50%</i>  | <i>12 months</i> | <i>\$14,250</i>  |
| <i>Outreach Supervisor<br/>(Vacant*)</i>      | <i>\$27,000</i> | <i>100%</i> | <i>12 months</i> | <i>\$27,000</i>  |
| <b>Total Personnel</b>                        |                 |             |                  | <b>\$86,250</b>  |

#### Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

##### Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of service and training, collects, tabulates and interprets required data, program evaluation and staff performance evaluation. This individual is the responsible authority for ensuring reports and documentation are submitted to CDC. This position relates to all program objectives.

### Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.



### Sample Budget

Fringe benefits computed by an established rate.

*Fringe Benefits Total \$ \_\_\_\_\_ 25% of Total salaries = Fringe Benefits*

If fringe benefits are not calculated using a percentage of salaries, itemize how the amount is determined for each salary and wage being requested.

**Project Coordinator Salary - \$45,000**

| Fringe Benefit       | Percentage of Salary | Amount Requested |
|----------------------|----------------------|------------------|
| Retirement           | 5%                   | \$2,250          |
| FICA                 | 7.65%                | \$3,443          |
| Insurance            | N/A                  | \$2,000          |
| Workers Compensation | N/A                  | \$               |
| <b>Total Fringe</b>  |                      | <b>\$7,693</b>   |

### Consultant Costs

This category should be used when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee of the grantee organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services, and must be obtained annually in order to re-establish the written agreement. Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to CDC for each consultant:

- Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
- Organizational Affiliation (if applicable):** Identify the organization affiliation of the consultant.
- Nature of Services to Be Rendered:** Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
- Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
- Number of Days of Consultation (basis for fee):** Specify the total number of days of consultation.
- Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
- Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the required information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

## Equipment

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. . However, in circumstances where your organization has a lower threshold, you may work with your CDC Grants Management Officer to establish a threshold that is consistent with your organization's policy.

All budget requests should individually list each item requested, and provide the following information: 1) number needed; 2) unit cost of each item; and 3) total amount requested. Also, provide a justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the *Other* category.

### Sample Budget

| Item Requested              | Number Needed | Unit Cost      | Amount Requested |
|-----------------------------|---------------|----------------|------------------|
| <i>Computer Workstation</i> | <i>2 ea.</i>  | <i>\$5,500</i> | <i>\$11,000</i>  |
| <i>Computer</i>             | <i>1 ea.</i>  | <i>\$6,000</i> | <i>\$6,000</i>   |
| <b>Total Equipment</b>      |               |                | <b>\$17,000</b>  |

### Sample Justification

The computer workstations will be used by the principal investigator and statistician to collect required data, perform data analysis, and generate reports. These computers will also support the daily operation of the project, routine correspondence, research, and electronic communication.

## Supplies

Individually list each item requested, and provide the following information: 1) specify the type of item, as appropriate; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.

### Sample Budget

| Item Requested                  | Type                        | Number Needed       | Unit Cost                                  | Amount Requested |
|---------------------------------|-----------------------------|---------------------|--|------------------|
| <i>Computer Workstation</i>     | <i>(Specify type)</i>       | <i>3 ea.</i>        | <i>\$2,500</i>                             | <i>\$7,500</i>   |
| <i>Word Processing Supplies</i> | <i>(Specify type)</i>       | <i>1 ea.</i>        | <i>\$400</i>                               | <i>\$400</i>     |
| <i>Educational Pamphlets</i>    | <i>N/A</i>                  | <i>3,000 copies</i> | <i>\$1</i>                                 | <i>\$3,000</i>   |
| <i>General Office Supplies</i>  | <i>Pens, pencils, paper</i> | <i>12 months</i>    | <i>\$20/month per person for 10 people</i> | <i>\$2,400</i>   |
| <b>Total Supplies</b>           |                             |                     |  | <b>\$19,900</b>  |

### Sample Justification

Office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from Vendor X and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

## Travel

Dollars requested in the Travel category should be for **recipient staff travel only**. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the *Other* category.

For In-State Travel, provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.

For Out-of-State Travel, provide a narrative justification including the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize Out-of-State Travel in the format described above for In-State Travel.

### Sample Travel Budget

Travel (In-State and Out-of-State)

Total \$ \_\_\_\_\_

#### Sample In-State Travel Budget

Travel (In-State): Total \$ \_\_\_\_\_

| Number of Trips | Number of People | Cost of Airfare | Number of Total Miles | Cost per Mile | Amount Requested |
|-----------------|------------------|-----------------|-----------------------|---------------|------------------|
| 1               | 2                | N/A             | 500 mi.               | \$0.27        | \$270            |
| 25              | 1                | N/A             | 300 mi.               | \$0.27        | \$2,025          |
| <b>Total</b>    |                  |                 |                       |               | <b>\$2,295</b>   |

| Per Diem or Lodging | Number of People | Number of Units | Unit Cost  | Amount Requested |
|---------------------|------------------|-----------------|------------|------------------|
| Per Diem            | 2                | 2 days          | \$37/day   | \$148            |
| Lodging             | 2                | 1 night         | \$67/night | \$134            |
| <b>Total</b>        |                  |                 |            | <b>\$282</b>     |

#### Sample In-State Travel Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

### Sample Out-of-State Travel Budget

Travel (Out of-State): Total \$ \_\_\_\_\_

| Number of Trips | Number of People | Cost of Airfare | Number of Total Miles | Cost per Mile | Amount Requested |
|-----------------|------------------|-----------------|-----------------------|---------------|------------------|
| 1               | 1                | \$500           | N/A                   | N/A           | \$500            |

| Per Diem or Lodging | Number of People | Number of Units | Unit Cost  | Amount Requested |
|---------------------|------------------|-----------------|------------|------------------|
| Per Diem            | 1                | 3 days          | \$45/day   | \$135            |
| Lodging             | 1                | 1 night         | \$88/night | \$88             |

| Ground Transportation? | Number of People | Amount Requested |
|------------------------|------------------|------------------|
| Yes                    | 1                | \$50             |

### Sample Out-of-State Travel Justification

The Project Coordinator will travel to CDC, in Atlanta, GA to attend the CDC conference.

## Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

### Sample Budget

| Item Requested            | Number of Months | Estimated Cost per Month | Number of Staff | Amount Requested |
|---------------------------|------------------|--------------------------|-----------------|------------------|
| Telephone                 |                  | \$                       |                 | \$               |
| Postage                   |                  | \$                       |                 | \$               |
| Equipment Rental          |                  | \$                       | N/A             | \$               |
| Internet Provider Service |                  | \$                       | N/A             | \$               |
| <b>Total Other</b>        |                  |                          |                 | \$               |

| Item Requested | Number Needed | Unit Cost | Amount Requested |
|----------------|---------------|-----------|------------------|
| Printing       | ___ documents | \$        | \$               |

### Sample Justification

For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

## Contractual Costs

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

## Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

## Indirect Costs

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs