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

Funding Opportunity Announcement Number (FOA): EP-U3R-19-001
Hospital Preparedness Program (HPP) Cooperative Agreement
Application Deadline: June 12, 2021

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Eligibility

This award will be a continuation of funds intended only for recipients previously awarded under EP-U3R-19-001, the FY 2019-2023 Hospital Preparedness (HPP) Cooperative Agreement funding opportunity announcement (FOA), hereafter referred to as the HPP FOA. This document provides recipients with instructions for preparing the noncompeting continuation application for fiscal year (FY) 2021 and serves as the mechanism for requesting fiscal year (FY) 2021/budget period 3 funding.

For this award, the anticipated funding levels are included in the HPP fiscal year (FY) 2021/budget period 3 funding table, which begins July 1, 2021, and ends June 30, 2022. The funding table is located at the end of this document.

Application Submission

ASPR requires recipients to submit a noncompeting continuation application through GrantSolutions.gov. Applications **must** be submitted by 11:59 pm ET on June 12, 2021.

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

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

Federal Financial Report Submission

Semi-annual and annual Federal Financial Reports (FFRs) SF-425 are required and must be submitted to the HHS Payment Management System (PMS). Annual FFRs are submitted no later than 90 days after the end of the budget period. The annual FFR for HPP FY 2021/budget period 3 (July 1, 2021 – June 30, 2022) is due to HHS PMS September 30, 2022.

General Application Packet Tips

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

Checklist of Required Contents of Application Packet

In order to be eligible to receive a FY 2021/budget period 3 HPP continuation award, all recipients **must** submit the following documents through GrantSolutions.gov:

a. Standard Form 424 Application for Federal Assistance
b. Standard Form 424A Budget Information for Non-Construction Programs
c. Standard Form 424B Assurances for Non-Construction Programs
d. Standard Form LLL Disclosure of Lobbying Activities
e. Progress Update for FY 2020/budget period 2 from PERFORMS
f. Detailed Work Plan for FY 2021/budget period 3 from PERFORMS
g. Budget Justification Report from PERFORMS
h. Budget Detail Report from PERFORMS
i. Indirect Cost Rate Agreement
j. Emergency Medical Services for Children (EMSC) support letter
k. Health Care Coalition (HCC) Sub-recipient scope of work or HCC annual final draft work plan
l. HPP Organizational Chart

Optional attachments:

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

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

Application and Submission Information

Deadline for submission of applications is **June 12, 2021**, 11:59 ET. Applications **must** be submitted electronically via GrantSolutions.gov. If you need assistance in accessing this application, please contact the GrantSolutions help desk via email at help@GrantSolutions.gov or you may call the Help Desk at (202) 401-5282 or (866) 577-0771.

Project Narrative

The Project Narrative consists of two reports generated in the PERFORMS system:

- Progress Update for FY 2020/budget period 2 (July 1, 2020 to December 31, 2020)
- Detailed Work Plan for FY 2021/budget period 3 (July 1, 2021 to June 30, 2022)

Applicants **must** save the "Progress Update for FY 2020/budget period 2" and the Detailed Work Plan for FY 2021/budget period 3" from the PERFORMS system and upload the reports into GrantSolutions.gov.

Progress Update for FY 2020/budget period 2 (July 1, 2020 – December 31, 2021)

In the report titled "Progress Update," recipients **must** report on progress toward achieving objectives for the current FY 2020/budget period 2. Describe progress on completing activities, including outcomes and outputs. Describe any risks or challenges, including COVID-19 pandemic response issues, that might affect the ability to achieve outcomes or to complete activities in the work plan. Identify any issues that ASPR program support could help to overcome these challenges. The Progress Update report is generated in the PERFORMS system.

Applicants **must** name the file "Progress Update for FY 2020/budget period 2" and upload it as a separate PDF file at GrantSolutions.gov with the other application documentation

Detailed Work Plan for FY 2021/budget period 3 (July 1, 2021 – June 30, 2022)

Applicants **must** develop and submit a detailed FY 2021/budget period 3 work plan that describes their planned activities for addressing the Objectives and Activities described in Appendix A and Appendix C of the FY 2019-2023 HPP FOA, including:

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

Applicants will complete the detailed FY 2021/budget period 3 work plan in PERFORMS and save it.

Applicants **must** name the file "Detailed FY 2021/Budget Period 3 Work Plan" and upload it as a separate PDF file at GrantSolutions.gov with the other application documentation.

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

In FY 2021/budget period 3, all HPP recipients **must** continue to address and comply with programmatic requirements outlined in the FY 2019-2023 HPP FOA, which remain in effect. Recipients should build or sustain their program's strengths and activities in accordance with the expectations and requirements stated within the HPP FOA, subject to any changes made in the FY 2020/budget period 2 continuation guidance or this continuation guidance.

Recipients should resume in FY 2021/budget period 3 relevant work plan activities as planned prior to the COVID-19 response to meet the HPP requirements outlined in the HPP FOA. Recipients should update their work plans as needed based on previously completed or partially completed activities, their immediate jurisdictional priorities, and lessons learned during the current COVID-19 pandemic response. ASPR expects to see evidence in FY 2020/budget period 2 and FY 2021/budget period 3 interim and final progress reports of how recipients have used the experience they gained from the COVID-19 response to strengthen their preparedness and response capabilities. Recipients should also be prepared to report on how they've used or plan to use HPP funds to address specific preparedness and response gaps identified in COVID-19 after-action reports and improvement plans.

HCC Sub-recipient Scope of Work/HCC Annual Final Draft Work Plan

ASPR has clarified the sub-recipient scope of work submission requirement for FY 2021/budget period 3. The sub-recipient scope of work is only required for health care coalitions (HCCs) This requirement may be met by submitting the sub-recipient scope of work or the HCC draft annual work plan submitted to the applicant to inform the FY 2021/budget period 3 application. The sub-recipient **must** briefly outline all required HCC activities, responsibilities, and intended outcomes and outputs of work performed via sub-recipient contracts, per capability for each HCC. It should explain all related tasks, duties, and limitations relevant to the recipient's expected results and project goals. It should also include the name, position title, salary, percent of time, and parent organization for the Clinical Advisor and Readiness Coordinator to document the 1.0 full-time equivalent (FTE) requirement. This is required for each intended HCC sub-recipient. The applicant **must**

upload the sub-recipient scopes of work or HCC draft annual work plans into PERFORMS. An optional HCC sub-recipient scope of work template is available in the PERFORMS Resource Library.

Budget Narrative/Justification

The Standard Form 424A (SF 424A) Budget Information for Non-Construction Programs is required as part of your cooperative agreement application and must be submitted through GrantSolutions.gov. Please refer to Attachment A for instructions for completing the SF 424. In addition to the SF 424A, the applicants must submit a budget narrative/justification.

The Budget Narrative/Justification consists of two reports generated in the PERFORMS system:

- Budget Justification Report
- Budget Detail Report

Applicants **must** save the "Budget Justification Report" and the "Budget Detail Report" from the PERFORMS system and upload the reports into GrantSolutions.gov.

Applicants **must** submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the HPP FOA and capabilities, objectives, and activities in the detailed work plan. This information is provided in two attachments, "Budget Justification Report" and "Budget Detail Report," which can be generated in the PERFORMS system. The budget narrative **must** include:

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

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

- If indirect costs are requested, it will be necessary to include a copy of the organization's current negotiated Federal Indirect Cost Rate Agreement or a Cost Allocation Plan for those recipients under such a plan.
- Travel for program implementation should be justified and related to implementation activities.
- Budgets that include costs for equipment (e.g., communications equipment) **must** be detailed in the budget narrative.

Match

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

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

Please refer to title 45 of the Code of Federal Regulations (CFR) § 75.306 for match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, **must** be included in the FY 2021/budget period 3 application for funds, follow procedures for generally accepted accounting practices, and meet audit requirements.

Exceptions to Matching Funds Requirement:

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

Maintenance of Effort

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

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

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

MOE does not apply to future contingent emergency response awards that may be authorized under section

311 of the PHS Act unless such a requirement were imposed by statute or administrative process at the time.

Recipient Level Direct Costs and Letters of Support

Recipients may retain direct costs for the management and monitoring of the HPP cooperative agreement during the FY 2019-2023 project period. Because the goal of HPP is to support HCCs and their health care system partners, in FY 2021/budget period 3, recipients **must** limit their costs for personnel, fringe benefits, and travel to no more than 18 percent of the HPP cooperative agreement award. HPP requests that recipients continue to strive to decrease these costs to allow more funds to be available to HCCs. By the end of FY 2023/budget period 5, recipients **must** limit these costs to no more than 15 percent of the HPP cooperative agreement award.

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

Recipient Level Direct Costs Exemption for Select Jurisdictions

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

HPP Funds for Response

The Pandemic All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) amended section 319C-2 of the PHS Act to allow HPP funds to be used for response activities. HPP funds may, on a limited, case-by-case basis and with prior approval, be used to support response activities to the extent they are used for HPP's primary purpose: prepare communities and hospitals for public health emergencies and to improve surge capacity. The two emergency situations when recipients may use HPP funds during a state or locally declared emergency, disaster, or public health emergency outlined in the FY 2019-2023 HPP FOA remain in effect. ASPR may issue guidance during specific events (such as the COVID 2019 response) that may provide additional flexibility beyond what is listed in the FY 2019-2023 HPP FOA.

Using a Declared Emergency as a Training Exercise

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

- A state or local declaration of an emergency, disaster, or public health emergency is in effect.
- No other funds are available for the cost.
- The recipient agrees to submit within 120 days (of the conclusion of the disaster or public health emergency) an AAR, a corrective action plan, and other documentation that supports the actual dollar amount spent.

Note: A change in the scope of work is required to use an actual event as an exercise whether or not funds are

needed to support salaries. Also, regardless of the amount of money used in response to an event, the recipient is still required to meet all the requirements of the original award.

Reporting Requirements

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

HPP FY 2021/budget period 3 Benchmarks and Pandemic Influenza Planning Requirements

PAHPAIA amended section 319C-1(g) of the PHS Act, which describes the withholding of a statutorily mandated percentage of the award in subsequent years for HPP recipients that fail to "substantially meet" benchmarks or to submit a pandemic influenza plan. With the amended language, such a failure will result in the withholding of a specified percentage of the award "*for either of the two immediately preceding fiscal years,*" effective FY 2019. The possible percent of withholding is detailed in the chart below. ASPR is required to treat a failure to substantially meet the benchmarks and a failure to submit a pandemic influence plan to the Secretary as separate withholding actions.

	Requirement Description	Recipient	HCC	Possible % of Withholding
HPP BENCHMARKS (BMs): All recipients				
BM1	Recipients **must** execute subawards with each HCC within 90 calendar days from the start of each budget period.	X		10%
BM2	Recipients **must** submit quarterly Federal Financial Reports (FFRs) within 30 calendar days of Notice of Award deadlines during each budget period.	X		
BM3	Recipients **must** submit a joint multiyear training and exercise plan (MYTEP) with each budget period application package (uploaded into PERFORMS or other program management system, when available). *The Homeland Security Exercise and Evaluation Program (HSEEP) provides fundamental principles for exercise programs, as well as a common approach to program management, design and development, conduct, evaluation, and improvement planning. HSEEP revisions in 2020 renamed the training and exercise plan to the integrated preparedness plan (IPP).* ***Note:*** *The IPP (formerly known as MYTEP) is waived for FY 2021/BP3.*	X		
BM4	HCCs **must** have a draft response plan annex addressing burn care surge or infectious disease preparedness and surge completed and uploaded in the Coalition Assessment Tool (CAT) by April 1, 2022. The final response plan annex **must** be submitted with the FY 2021 Annual Progress Report (APR) and uploaded into the CAT. For whichever of the two response plan annexes was completed in FY 2020, the remaining one **must** be completed		X	

	Requirement Description	Recipient	HCC	Possible % of Withholding
	in FY 2021.			
BM5	Within the first 60 days of each budget period, all recipients **must** provide a detailed spend plan, including all budget line items, to all HCCs within their jurisdiction and any interested health care entity.	X		
BM6	Within 30 days following receipt of the subaward, all funded HCCs **must** submit their final budgets to the recipients and upload a copy into the Coalition Assessment Tool (CAT). The budget should identify the percent of funding received from the recipient, other federal sources, and non-federal sources.		X	
BM7	Within 30 days following receipt of the subaward, all funded HCCs **must** submit an annual work plan and training plan (uploaded into the CAT), developed in collaboration with their stakeholders and based on their current hazard vulnerability analysis (HVA) and resource analysis, to include medical equipment and supplies, real-time information sharing, communication systems, training, exercises, lessons learned, and health care personnel necessary to respond to an emergency. ***Note:*** *The training plan is waived for FY 2021/BP3.*	X	X	
BM8	Within the first 90 days of each budget period, all recipients and HCCs **must** provide ASPR an updated pre-event specific essential elements of information (EEI) template (uploaded into the CAT). ASPR will provide recipients with a list of all required post-event and special-event EEIs for incorporation into state, local, and HCC reporting systems. ***Note:*** *HPP Essential Elements of Information (EEI) reporting is suspended until further notice. CMS, CDC, and ASPR leadership are in discussions regarding how to coordinate EEI reporting efforts.*	X	X	

	Requirement Description	Recipient	HCC	Possible % of Withholding
BM9	HCCs **must** complete the Coalition Surge Test (CST) annually. Hospitals located in approved jurisdictions (AS, CNMI, FSM, PW, RMI, Guam and USVI) or officially classified as an isolated frontier hospital, **must** develop a surge scenario and exercise it annually utilizing the Hospital Surge Tool (HST), in lieu of the CST. Data **must** be submitted in the end-of-year performance measures report, and the AAR/IP uploaded into the CAT.		X	
PANDEMIC INFLUENZA PLANNING: All recipients				
Submit updated pandemic influenza plans	To meet the requirement for a pandemic influenza plan, all HPP recipients **must** submit required program data such as the capability self-assessment and program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of at-risk individuals.	X		10%
Total Potential Withholding Percentage				20%

Programmatic Requirements

Requirements outlined in the FY 2019-2023 HPP FOA and those added or clarified in the HPP FY 2020/budget period 2 continuation guidance remain in effect and continue into FY 2021/budget period 3. Following are additional requirements or clarifications.

Modifications to Appendix A: 2019-2023 HPP FOA Application Requirements and Capabilities, Objectives, and Activities

FY 2021 /budget period 3 requirements that were impacted by PAHPAIA or clarified in previous continuation guidance, are included below. These reflect the most current information on each item included, and any requirement not included in this list may be referenced in the FY 2019-2023 HPP FOA. As described in the HPP FOA, these requirements are organized primarily by phase. Therefore, activities are numerically listed as appropriate under each phase and not necessarily in ascending order.

Application Requirements (formerly program activities)	Recipient	HCC	Fiscal Year	Validation Method
Recipients **must** maintain a current all-hazards public health and medical emergency preparedness and response plan that includes the following components: • Recipients establish and maintain advisory committees or similar mechanisms of senior officials from governmental and non-governmental organizations involved in homeland security, health care, public health, EMS, and behavioral health to help integrate preparedness efforts across jurisdictions and to maximize funding streams. • Recipients describe how they will use EMAC or other mutual aid agreements for medical and public health mutual aid to support coordinated activities and share resources, facilities, services, and other potential support required, and, as appropriate, the activities the recipient will implement in its Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program, to improve enrollment and coordination of volunteer health care professionals when responding to emergencies that impact the public's health, which may include: (i) providing a public method of communication for purposes of volunteer coordination (such as a phone number) (ii) providing for optional registration to participate in volunteer services during processes related to State medical licensing, registration, or	X		All 5	Submit plans to ASPR and CDC when requested and make them available for review during site visits

certification or renewal of such licensing, registration, or certification, or (iii)other mechanisms as the State determines appropriate; • Partner, as appropriate, with relevant stakeholders, including public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies; • Integrate information to account for individuals with behavioral health needs following a public health emergency; • Partner with health care facilities, including hospitals, nursing homes, and other long-term care facilities, to promote and improve public health preparedness and response; and • Include critical infrastructure partners, such as utility companies, in planning to help ensure that infrastructure will remain functioning during, or return to function as soon as possible, after a public health emergency.				

CAPABILITY 1: Foundation for Health Care and Medical Readiness	Recipient	HCC	Fiscal Year	Validation Method
PHASE 1: Plan and Prepare				
Objective 1: Establish and Operationalize a Health Care Coalition (HCC)				
Activity 3: Establish Health Care Coalition Governance				
All HCCs **must** fund **at least 1.0 full-time equivalent (FTE)** (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: • **Clinical Advisor**: individual(s) should be a physician, advance practice provider, or registered nurse. Clinical advisors should be from a lead or co-lead hospital or health care organization and be clinically active (i.e., works shifts/sees patients). Involvement in emergency services or response activities is preferred and knowledge of medical surge issues and familiarity with or willingness to learn CBRNE, trauma, burn, and pediatric emergency response principles is required. Role of the clinical advisor(s) is to: 1. Provide clinical input to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies. 2. Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance. 3. Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities. 4. Assure that the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of patients, including considerations of Medical Operations Coordination Cells (MOCCs), to avoid overloading single centers whenever possible and act as a resource for health care facilities to improve their mass casualty surge capabilities and capacity. 5. Assure that subject matter experts are available locally or in coordination with receiving specialty hospitals to provide consultation and support patient transfer prioritization in	X	X	All 5	Include in each HCC's Scope of Work or HCC annual final draft work plan submitted with the application

specialty surge (e.g., burn, pediatric) mass casualty situation (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable). 6. Review and provide input on crisis standards of care planning and education. • **<u>HCC Readiness and Response Coordinator (RRC)</u>**: role of the coordinator is to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, or support the response activities of the coalition according to their plans. 1. The HCC RRC can only be assigned to a single HCC; however, they are strongly encouraged to coordinate with neighboring HCCs to improve planning and operational readiness. 2. The HCC RRC is not required to live within the geographic boundaries of their HCC; however, their work duties are expected to occur within their HCC geographic area to strengthen their relationship with stakeholders and improve their ability to support HCC response activities. The individual should reside within a reasonable commuting radius, such that the individual can be present to work on-site with the HCC and its members on a daily basis. 3. The HCC RRC is responsible for ensuring that the HCC meets all HPP performance measures and benchmarks with special attention to the HCC response plans, roles, and operations. ASPR recognizes this may require some HCCs to shift priorities to personnel rather than supplies/equipment in their budgets; however, ASPR believes that the value gained through the clinical and operational guidance, coordination, training, and exercise coordination these FTEs can provide is essential to an HCC's ongoing readiness and ability to respond. In the event the HCC has insufficient funds, recipients and HCCs should consider various funding solutions that include, but are not limited to, the following options: • Reevaluation of the existing HCC funding formula or boundaries • Formal agreement with the parent organization to utilize in-kind				

funding for a portion of the FTE • Partner with a neighboring HCC to recruit and cost-share a clinical advisor when geographically and logistically appropriate				
Objective 3: Develop a Health Care Coalition Preparedness Plan				
Activity 1: Develop a Health Care Coalition Preparedness Plan				
To improve regional readiness and response coordination, HCCs located in jurisdictions with an identified Regional Disaster Health Response System (RDHRS) state or regional entity, should integrate strategies and tactics into their preparedness plan that promote communications, information sharing, resource coordination, and operational response planning between the HCC and the RDHRS entity. ***Note:*** *There are currently three RDHRS demonstration sites, located in Region 1, Region 7, and Region 8. For additional information, please see the RDHRS website.*		X	ALL 5	Upload in CAT
PHASE 3: Exercise and Respond				
Objective 4: Train and Prepare the Health Care and Medical Workforce				
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations				
(Joint HPP/PHEP Activity) HPP and PHEP recipients, and all HCCs, as part of a coordinated statewide effort, should conduct a joint statewide exercise (functional or full-scale exercise) once during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 Health Care Preparedness and Response Capabilities and the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, and in collaboration with cross-border metropolitan statistical area/Cities Readiness Initiative regions. All joint HPP and PHEP exercises, including MCM exercises, **must** include a surge of patients into the health care system.	X	X	Once every five years	AAR/IP information submitted in PERFORMS with APR

CAPABILITY 3: Continuity of Health Care Service Delivery	Recipient	HCC	Fiscal Year	Validation Method
PHASE 1: Plan and Prepare				
Objective 3: Maintain Access to Non-Personnel Resources During an Emergency				
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements				
All HPP recipients, HCCs, or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds **must** document the following: • Strategies for acquisition, storage, rotation with day-to-day supplies, and use • Inventory Management Program Protocols for all cached material • Policies relating to the activation and deployment of their stockpile • Policies relating to the disposal of expired materials • Strategies for aligning contracts, as appropriate ASPR encourages, when possible, regional procurement of PPE. This procurement approach may offer significant advantages in pricing and consistency for staff, especially when PPE is shared across health care organizations in an emergency. Additionally, in circumstances where HCC members are part of a larger corporate health system, a balance between corporate procurement and regional procurement should be considered. ***Note:*** *All HPP recipients, HCCs, or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds* ***must*** *submit Inventory Management Program Protocols for all cached materials. The Inventory Management Program Protocol should be included in the purchaser's (recipient and HCC) work plan. The recipient protocol should be uploaded into PERFORMS, and the HCC protocol should be uploaded into the CAT with the work plan.*	X	X	All 5	Should be included in purchaser's (recipient and HCC) work plan. Protocol required if purchasing material. Recipient protocol submitted in PERFORMS. HCC protocol submitted in the CAT.
CAPABILITY 4: Medical Surge	**Recipient**	**HCC**	**Fiscal Year**	**Validation Method**

PHASE 1: Plan and Prepare				
Objective 1: Plan for a Medical Surge				
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan				
HCCs **must** develop complementary coalition-level annexes to their base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs. Recipients should incorporate the HCC annexes into their jurisdiction's plan for awareness and to support coordination of state resources. In addition to the usual information management and resource coordination functions, each specialty surge annex framework should be similarly formatted and emphasize the following core elements: • Indicators/triggers and alerting/notifications of a specialty event • Initial coordination mechanism and information gathering to determine impact and specialty needs • Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources) • Access to subject matter experts – local, regional, and national • Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility) • Relevant baseline or just-in-time training to support specialty care • Evaluation and exercise plan for the specialty function ***Note:*** *ASPR has clarified the requirement for incorporating transfer agreements into corresponding specialty surge annexes. Transfer agreements with pediatric, trauma, and burn centers should be referenced in the corresponding health care coalition specialty surge annexes. HCCs are not required to obtain a copy of all transfer agreements nor do they need to be included in the annex; however, HCCs should be capable of demonstrating their knowledge of existing transfer agreements that support each specialty surge annexes. HPP FPOs will verify*		X	All 5	Upload in CAT

the availability of transfer agreements during recipient site visits. ASPR understands that some specialty centers do not use written transfer agreements but will always accept referrals subject to resources available. If this the case, a statement by the specialty center to this effect will suffice.				
Burn – in addition to the above consider: • Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents) • Burn-specific medical supplies • Coordination mechanisms with American Burn Association (ABA) centers/region • Incorporation of critical care air/ground assets suitable for burn patient transfer ***Note:*** *Due to the Coronavirus Disease 2019 (COVID-19), ASPR clarified this requirement, requiring that HCCs develop the Burn Care Surge Annex or the Infectious Disease Preparedness and Surge Annex in FY 2020/budget period 2. Whichever of the two is not completed in FY 2020/budget period 2* ***must*** *be completed in FY 2021/budget period 3.* *HCCs* ***must*** *have a draft response plan annex completed and uploaded in the Coalition Assessment Tool (CAT) by April 1, 2022. The final response plan annex* ***must*** *be completed by the end of FY 2021/budget period 3 and uploaded in the CAT and submitted with the APR.*		X	2020 or 2021	Upload in CAT
Infectious disease – in addition to the above consider: • Expanding existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all novel/high consequence infectious diseases • Developing coalition-level anthrax response plans • Developing coalition-level pandemic response plans • Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and		X	2020 or 2021	Upload in CAT

exercises/drills • Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations • Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity • Coordinating medical countermeasure (MCM) distribution and use by health care facilities for prophylaxis and acute patient treatment • Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available ***Note*:** *Due to the Coronavirus Disease 2019 (COVID-19), ASPR clarified this requirement, requiring that HCCs develop the Burn Care Surge Annex or the Infectious Disease Preparedness and Surge Annex in FY 2020/budget period 2. Whichever of the two is not completed in FY 2020/budget period 2* ***must*** *be completed in FY 2021/budget period 3. If the Infectious Disease Preparedness and Surge Annex is planned for FY 2021/budget period 3, the annex should incorporate lessons learned from COVID-19.*				
Recipients **must** submit a new or updated Crisis Standards of Care (CSC) concept of operations (CONOPS) that integrates the following elements, as applicable. (Note: This is the functional description of state-level activities during crisis situations and does not constitute a comprehensive CSC plan although it is highly encouraged.): • Roles and responsibilities of state agencies during a crisis care situation • Potential indicators and triggers for state actions • Actions the state will take to support prolonged crisis care conditions that cannot be rapidly addressed through standard mutual aid or other mechanisms • Operational framework for state-level information management and policy development, including real-time engagement of subject matter	X		2021	Submit with APR

experts for technical support as well as coordination and decision processes for the allocation of scarce resources (e.g., pharmaceuticals. Medical equipment and supplies, and/or personal protective equipment (PPE)) to the health and medical sector that are subject to state influence or control • Legal and regulatory state actions that may be taken to support health care strategies during crisis care conditions, including, as applicable: 1. State declarations and their powers 2. Credentialing and licensure support for intrastate and interstate assistance 3. Provider protection from liability during disasters 4. Support for alternate systems of care in both health care facilities and alternate environments (such as alternate care sites) 5. Relief from specific regulations that may impede appropriate billing and collection for services rendered under crisis conditions 6. State agency support for crisis care (e.g., EMS regulatory agency relief, hospital licensure requirements, state fire marshal) • Actions state will take to comply with federal nondiscrimination laws. • Actions state will take to engage the community and clinicians for crisis care planning and decision making should be included. States should include clinicians, who have already made or who may need to make future real-world CSC decisions. Dialogue between community representatives and clinicians will provide a critical opportunity for these groups to understand each other's perspectives and the profound challenges in real-world clinical crisis care decision making. The recipient should provide an update on other CSC activities in the jurisdiction that are not required above but are critical to the success of an overarching CSC planning effort such as exercises, description of the ethical basis for CSC, clinical decision tools, provider education on CSC concepts or hospital and EMS system guidance for CSC application. ***HPP FOA Clarification: Crisis Standards of Care CONOPS and Due Date*** *ASPR has clarified that the Crisis Standards of Care concept of operations (CONOPS)* ***must*** *comply with federal nondiscrimination laws. The Crisis*				

Standards of Care CONOPS should integrate the actions the state will take to engage the community and clinicians. The deadline to submit a new or updated Crisis Standards of Care CONOPS has been extended to the end of FY 2021/budget period 3. ***Non-Discrimination Requirements:*** *If you receive an award under this announcement, you* ***must*** *not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. You* ***must*** *ensure your contractors and sub-recipients also comply with federal civil rights laws. Civil Rights are not suspended or waived in the times of disaster, including COVID-19. The HHS Office for Civil Rights (OCR) enforces federal civil rights laws, including Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which prohibit discrimination on the basis of disability in HHS funded health programs or activities. These laws, like other civil rights statutes that OCR enforces, remain in effect. The HHS OCR provides guidance to recipients in complying with civil rights laws that prohibit discrimination on its OCR webpage. HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311, 47313, HHS OCR 2003, or on the HHS OCR guidance webpage.* ***For guidance and technical resources on Crisis Standards of Care****, please see ASPR TRACIE's resource page.*				
PHASE 3: Exercise and Respond				
Objective 1: Plan for a Medical Surge				
Activity 3. Incorporate Medical Surge into a Health Care Coalition Response Plan				

The recipient's Crisis Standards of Care CONOPS **must** be incorporated and validated in an HCC-level exercise. Principal focus should be on policy and scarce resource coordination between the health care coalitions and the recipient. This may involve, but is not limited to, adherence to federal nondiscrimination laws in decision making, communications, identification of alternate sources or strategies to address a deficit in space, staff, or supplies (or a combination of these factors), and resource allocation decision making, as necessary at the coalition and recipient levels for competing resource demands. ***HPP FOA Clarification: Crisis Standards of Care CONOPS HCC-level Exercise*** *ASPR has clarified that the due date for the recipient's Crisis Standards of Care CONOPS plan incorporation and validation in an HCC-level exercise is extended to FY 2022/budget period 4.*	X	X	2022	Submit with APR
Objective 2: Respond to a Medical Surge				
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response				
HCCs **must** complete the HCC Surge Estimator Tool by March 31, 2022, to support determination of their surge capacity. Only *hospitals that provide emergency services* will be included. HCCs will *NOT* submit individual hospital metric information to ASPR. Information will be aggregated at the coalition level. There are three distinct variables that vary significantly between hospitals and drive rapid development of surge capacity: 1) **Use of all available "staffed" beds** – including closed units that could be rapidly re-opened with appropriate staff (but are otherwise equipped and appropriate for inpatient care) 2) **Use of pre-induction, post-anesthesia, and procedural area beds** – can be used for temporary inpatient boarding/care usually at an intermediate care (telemetry) or higher level 3) **Surge discharge** – the ability to generate space or reduce the numbers of patients requiring evacuation by early discharge of		X	March 31, 2020/ 2022/ 2024	Upload in CAT

appropriate current inpatients. HCCs will review and update their HCC Surge Estimator Tool data at a minimum of every 2 years but are encouraged to update upon any major changes in their HCC membership. The HCC Surge Estimator Tool data is due March 31, 2020/2022/2024. If March 31 falls on a weekend, the HCC Surge Estimator Tool data will be due on the last business day of the month.				
Activity 4: Provide Pediatric Care During a Medical Surge Response				
Recipient and HCCs **must** validate their Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR. The data sheet is a web-based form in the Coalition Assessment Tool (CAT) located in Capability Four and the Exercise Tool. Four questions were added under activities 4, 5, 6, and 9 so that coalitions can enter information related to the specialty surge annexes. In the Exercise Tool, an 'Other Exercise Requirements' section was added with a question for each specialty surge annex relating to its validation through a tabletop exercise. These questions will be active for the years in which the exercise validation is due.	X	X	By the end of the five-year project period	Submit in APR; Submit in CAT
Activity 5: Provide Surge Management During a Chemical or Radiation Emergency Event				
Recipient and HCCs **must** validate their Radiation Emergency Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR. The data sheet is a web-based form in the Coalition Assessment Tool (CAT) located in Capability Four and the Exercise Tool. Four questions were added under activities 4, 5, 6, and 9 so that coalitions can enter information related to the specialty surge annexes. In the Exercise Tool, an 'Other Exercise Requirements' section was added with a question for each specialty surge annex relating to its validation through a tabletop exercise. These questions will be active for the years in which the exercise validation is due.	X	X	By the end of the five-year project period	Submit in APR; Submit in CAT
Recipient and HCCs **must** validate their Chemical Emergency Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR. The	X	X	By the end of the five-year	Submit in APR; Submit in CAT

data sheet is a web-based form in the Coalition Assessment Tool (CAT) located in Capability Four and the Exercise Tool. Four questions were added under activities 4, 5, 6, and 9 so that coalitions can enter information related to the specialty surge annexes. In the Exercise Tool, an 'Other Exercise Requirements' section was added with a question for each specialty surge annex relating to its validation through a tabletop exercise. These questions will be active for the years in which the exercise validation is due.			project period	
Activity 6: Provide Burn Care During a Medical Surge Response				
Recipient and HCCs **must** validate their Burn Care Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR. The data sheet is a web-based form in the Coalition Assessment Tool (CAT) located in Capability Four and the Exercise Tool. Four questions were added under activities 4, 5, 6, and 9 so that coalitions can enter information related to the specialty surge annexes. In the Exercise Tool, an 'Other Exercise Requirements' section was added with a question for each specialty surge annex relating to its validation through a tabletop exercise. These questions will be active for the years in which the exercise validation is due.	X	X	By the end of the five-year project period	Submit in APR; Submit in CAT
Activity 9: Enhance Infectious Disease Preparedness and Surge Response				
Recipient and HCCs **must** validate their Infectious Disease Preparedness and Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR. The data sheet is a web-based form in the Coalition Assessment Tool (CAT) located in Capability Four and the Exercise Tool. Four questions were added under activities 4, 5, 6, and 9 so that coalitions can enter information related to the specialty surge annexes. In the Exercise Tool, an 'Other Exercise Requirements' section was added with a question for each specialty surge annex relating to its validation through a tabletop exercise. These questions will be active for the years in which the exercise validation is due. ***Note:*** *HCCs may receive credit for the infectious disease annex exercise evolving from the COVID-19 response. The HCCs will respond to questions in the data sheet and upload the After-Action-Report (AAR) and Improvement Plan (IP) in the Coalition Assessment Tool (CAT).*	X	X	By the end of the five-year project period	Submit in APR; Submit in CAT

Modifications to Appendix C: FY 2019-2023 HPP FOA Capabilities, Objectives, and Activities for Territories, Freely Associated States, and Isolated Frontier Hospitals

Background:

This document applies to the following U.S. territories and the freely associated states:

- American Samoa (AS)
- Commonwealth of Northern Mariana Islands (CNMI)
- U.S. Virgin Islands (USVI)
- Territory of Guam (GU)
- Federated States of Micronesia (FSM)
- Republic of Palau (PW)
- Republic of the Marshall Islands (RMI)

It also applies to isolated frontier hospitals that reside within the Frontier and Remote Area Code, level 4, and have hospitals that are at least 60 miles apart.

The U.S. territories, freely associated states, and isolated frontier hospitals discussed in this appendix are each unique in their geographic location, physical infrastructure and health care resource limitations. Additionally, health care delivery and coordination of preparedness and response components are primarily, or in part, government centered. This shapes the development and operations of all health care facilities and health care coalitions (HCCs) that are aligned to these jurisdictions' political or geographic boundaries.

ASPR recognizes the ability for health care facilities to be resilient and maintaining continuity of patient care and business operations is vital. Many of the activities outlined in the FY 2019-2023 HPP FOA remain applicable to U.S. territories, freely associated states, and isolated frontier hospitals and should be addressed by their local HCCs or individual health care facilities. Although these recipients are encouraged to address all HPP activities outlined in the HPP FOA, including the use of HCCs for coordinating health care situational awareness, planning, training, and exercising, they may require the flexibility to focus their planning, training, and exercising activities at the health care facility. All deadlines for the modified activities identified below are identical to the deadlines listed in main body of the HPP FOA. To better facilitate support for these efforts, recipients have the ability to provide direct funding to health care facilities for the purposes of strengthening their individual capability and capacity to support acute care medical surge events.

Purpose:

U.S. territories, freely associated states, and isolated frontier hospital personnel managing the HPP cooperative agreement awards **must** apply the additional information, explanation, and guidelines provided under each of the following Health Care Preparedness and Response Capabilities, Objectives, and Activities and meet the overall HPP FOA requirements for the FY 2019-2023 project period.

U.S. territories, freely associated states, and isolated frontier hospitals **must** work to meet all other administrative, financial, programmatic assurances, and requirements found in the HPP FOA unless stated otherwise.

Capabilities, Objectives, and Activity Requirements

Capability 2: Health Care and Medical Response Coordination

Objective 1: Develop and Coordinate Health Care Organization and HCC Response Plans

Activity 2: Develop a Health Care Coalition Response Plan

U.S. territories and freely associated states **must** update and maintain a current all-hazards public health and medical response plan, **must** provide an opportunity for HCC members to review and provide updates and **must** allow for public comment in accordance with HPP FOA requirements. Jurisdictions **must** submit this all-hazards emergency preparedness and response plan to ASPR when requested and make it available during site visits.

Recipients **must** describe in their all-hazards public health emergency preparedness and response plans how they will use EMAC (if the jurisdiction has an EMAC agreement) or other mutual aid agreements that may exist in accordance with the HPP FOA requirement. As appropriate, recipients should also detail the activities the recipient will implement in its Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program, to improve enrollment and coordination of volunteer health care professionals when responding to emergencies that impact the public's health.

ASPR is aware that FSM, RMI, and PW do not use EMAC. As such, freely associated states **must** also include descriptions of any mutual aid agreements for public health and medical mutual aid between U.S. territories and freely associated states, using agreements with the U.S. Government, United States Agency for International Development (USAID), Department of Interior (DOI), etc.

U.S. territories, freely associated states, and isolated frontier hospitals **must** also include descriptions of any mutual aid agreements for public health and medical mutual aid to support coordinated activities and to share resources, facilities, services, and other potential support required when responding to public health emergencies.

The U.S. territories and freely associated states' jurisdiction HCC response plan **must** address required elements according to the HPP FOA, understanding items such as locations for multiagency coordination, provision of specialty care, and other elements may be minimal or structured uniquely.

Integration and collaboration with the government public health and medical leadership structure satisfies ESF-8 connectivity (e.g., it is understood FSM, RMI, and PW do not recognize emergency support functions).

Training, drills, and exercises help identify and assess how well a health care delivery system or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of an HCC member's workforce.

Jurisdictions **must** update their MYTEP to reflect all planned and confirmed HCC-based training and exercises and **must** include it with their annual application during the five-year project period, understanding the jurisdictions challenges with securing training in remote locations, status of existing occupational health and infection control programs, and other factors. The Homeland Security Exercise and Evaluation Program (HSEEP) provides fundamental principles for exercise programs, as well as a common approach to program management, design and development, conduct, evaluation, and improvement planning. HSEEP revisions in 2020 renamed the training and exercise plan to the integrated preparedness plan (IPP).

Note: *The IPP (formerly known as MYTEP) is waived for FY 2021/BP3.*

It is understood the jurisdictions of FSM, RMI, and PW do not recognize the National Disaster

Recovery Framework.

Capability 4: Medical Surge

Objective 1: Plan for a Medical Surge

Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan

Crisis Care Strategies: U.S. territories, freely associated states, and isolated frontier hospitals that coordinate during a medical surge response are more likely to effectively manage the emergency without state or United States Government (USG) assets or employing crisis care strategies. However, it is not possible to plan for all worst-case scenarios, and there may be times when the health care delivery system is stressed beyond its maximum surge capacity. During those scenarios, crisis care strategies may be employed and planned for well in advance. Planning for medical surge should follow the medical surge capacity and capability (MSCC) tiered approach, where successive levels of assistance are activated as the emergency evolves.

Recipients **must** submit a new or updated Crisis Standards of Care (CSC) concept of operations (CONOPS) that integrates the following elements, as applicable (**Note:** This is the functional description of state-level activities during crisis situations and does not constitute a comprehensive CSC plan although this is highly encouraged.):

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

- Actions U.S. territory or freely associated state will take to engage the community and clinicians for crisis care planning and decision making should be included. U.S. territories and freely associated states should include clinicians, who have already made or who may need to make future real-world CSC decisions. Dialogue between community representatives and clinicians will provide a critical opportunity for these groups to understand each other's perspectives and the profound challenges in real-world clinical crisis care decision making.

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

HPP FOA Clarification: Crisis Standards of Care CONOPS and Due Date

ASPR has clarified that the Crisis Standards of Care concept of operations (CONOPS) ***must*** *comply with federal nondiscrimination laws. The Crisis Standards of Care CONOPS should integrate the actions the state will take to engage the community and clinicians. The deadline to submit a new or updated Crisis Standards of Care CONOPS has been extended to the end of FY 2021/budget period 3.*

Non-Discrimination Requirements: *If you receive an award under this announcement, you* ***must*** *not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. You* ***must*** *ensure your contractors and sub-recipients also comply with federal civil rights laws. Civil Rights are not suspended or waived in the times of disaster, including COVID-19. The HHS Office for Civil Rights (OCR) enforces federal civil rights laws, including Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which prohibit discrimination on the basis of disability in HHS funded health programs or activities. These laws, like other civil rights statutes that OCR enforces, remain in effect. The HHS OCR provides guidance to recipients in complying with civil rights laws that prohibit discrimination on its OCR webpage. HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*

For guidance and technical resources on Crisis Standards of Care*, please see ASPR TRACIE's resource page.*

Specialty Surge: HCCs **must** develop complementary coalition-level (or facility-level) annexes to their base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs. Recipients should incorporate the annexes into their jurisdiction's plan for awareness and to support coordination of state resources. In addition to the usual information management and resource coordination functions, each Specialty Surge annex framework should be similarly formatted and emphasize the following core elements:

- Indicators/triggers and alerting/notifications of a specialty event
- Initial coordination mechanism and information gathering to determine impact and specialty needs
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources)
- Access to subject matter experts – local, regional, and national

- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility)
- Relevant baseline or just-in-time training to support specialty care
- Evaluation and exercise plan for the specialty function

Burn – in addition to the above consider:

- Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents)
- Burn-specific medical supplies
- Coordination mechanisms with ABA centers/region
- Incorporation of critical care air/ground assets suitable for burn patient transfer

Note: *Due to the Coronavirus Disease 2019 (COVID-19), ASPR clarified this requirement, requiring that HCCs develop the Burn Care Surge Annex or the Infectious Disease Preparedness and Surge Annex in FY 2020/budget period 2. Whichever of the two is not completed in FY 2020/budget period 2* ***must*** *be completed in FY 2021/budget period 3.*

Infectious disease – in addition to the above consider:

- Expanding existing Ebola CONOPs to enhance preparedness and response for all novel/high consequence infectious diseases
- Developing recipient and coalition-level anthrax response plans
- Developing recipient and coalition-level pandemic response plan
- Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills
- Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations
- Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity
- Coordinating medical countermeasure (MCM) distribution and use by health care facilities for use in prophylaxis and acute patient treatment
- Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available

Note: *Due to the Coronavirus Disease 2019 (COVID-19), ASPR clarified this requirement, requiring that HCCs develop the Burn Care Surge Annex or the Infectious Disease Preparedness and Surge Annex in FY 2020/budget period 2. Whichever of the two is not completed in FY 2020/budget period 2* ***must*** *be completed in FY 2021/budget period 3. If the Infectious Disease Preparedness and Surge Annex is planned for FY 2021/budget period 3, the annex should incorporate lessons learned from COVID-19.*

Additional Programmatic Requirements

SAFECOM Guidance Compliance

In FY 2021/BP3, recipients and sub-recipients that use federal preparedness funds to support emergency communications activities should comply with current SAFECOM Guidance.

The *SAFECOM Guidance on Emergency Communications Grants* (*SAFECOM Guidance*) is an essential resource for entities applying for federal financial assistance for emergency communications projects. It provides general information on eligible activities, technical standards, and other terms and conditions that are common to most federal emergency communications programs. Specifically, the *SAFECOM Guidance* provides guidance to applicants on:

- Recommendations for planning, coordinating, and implementing projects
- Emergency communications activities that can be funded through federal grants
- Best practices, policies, and technical standards that help to improve interoperability
- Resources to help grant recipients comply with technical standards and grant requirements

SAFECOM Guidance is recognized as the primary guidance on emergency communications grants by the Administration, Office of Management and Budget, and federal grant program offices. The Cybersecurity and Infrastructure Security Agency updates the document every year in close coordination with federal, state, local, tribal, and territorial stakeholders and partners. *SAFECOM Guidance* is applicable to all federal grants funding emergency communications.

Recipients (including sub-recipients) that are using federal funds for emergency communications activities should comply with the *SAFECOM Guidance for Emergency Communication Grants*, including provisions on technical standards that ensure and enhance interoperable communications. The most recent version of the *SAFECOM Guidance* is available at: https://www.cisa.gov/safecom/funding.

Process for Technical Assistance and Appeals

In a cooperative agreement, the federal government is substantially involved in the program activities, above and beyond routine grant monitoring. During the project period, ASPR will monitor and evaluate the defined activities within the agreement and recipient and sub-recipient progress in meeting work plan priorities. The recipient **must** ensure reasonable access by ASPR or their designees to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of ASPR funds under this agreement.

- Recipient **must** have in place fiscal and programmatic systems to document accountability and improvement and **must** demonstrate these systems during site visits.
- Recipients **must** plan and participate in site visits at least once every 12-24 months.
- ASPR encourages recipients to invite HPP field project officers (FPOs) and senior ASPR staff to attend or observe events such as scheduled exercises, regional meetings, jurisdictional conferences, senior advisory committee meetings, and coalitions meetings supported by HPP funding.
- Recipients **must** participate in mandatory meetings and trainings. ASPR still considers the following meetings mandatory, yet recognizes that due to the COVID-19 pandemic meetings may be completed virtually or even cancelled:

- Annual preparedness summit sponsored by the National Association of County and City Health Officials
- Directors of Public Health Preparedness annual meeting sponsored by the Association of State and Territorial Health Officials
- National Health Care Coalition Preparedness Conference, as specified by ASPR
- Training for medical countermeasure (MCM) coordinators sponsored by ASPR and other MCM regional workshops
- Other mandatory training sessions that may be conducted via webinar or other remote meeting venues

If a meeting will be held both in-person and/or virtually, ASPR encourages recipients to make the decision that feels most appropriate for their teams. If a required meeting during FY 2021/BP3 is only held in-person, ASPR and HPP Field Staff will work on a case-by-case basis to waive this requirement if recipients have concerns related to COVID-19 safety. ASPR encourages recipients to attend as many required meetings as possible while also prioritizing the safety of the recipient's staff.

- Recipients **must** maintain all program documentation for purposes of data verification and validation. ASPR strongly encourages recipients to develop internal electronic systems that allow jurisdictions to share documentation with HPP FPOs, including evidence of progress completing corrective actions for weaknesses identified during exercises and drills. In FY 2019/budget period 1, ASPR increased the emphasis on verification and validation of requirements to identify strengths and potential gaps, better review and evaluate progress, and provide technical assistance (TA)
- Recipients must engage in TA planning. Recipients **must** actively work with their HPP FPOs to properly identify, manage, assess progress of, and update TA plans at least annually. ASPR encourages HCCs, health care organizations and other stakeholders supporting the provision of care during emergencies to use ASPR's Technical Resources, Assistance Center, and Information Exchange (TRACIE) system to identify existing TA resources.

Temporary Reassignment

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

Anticipated Award Date

The anticipated award date is **July 1, 2021**

Agency Contacts

For grants management assistance and information on budget and business aspects of the application, please contact:

Virginia Simmons
Chief Grants Management Officer

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

For HPP programmatic assistance, please contact:

Jennifer Hannah
Deputy Branch Chief
National Healthcare Preparedness Programs
U. S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
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E-mail: Jennifer.hannah@hhs.gov

Funding Table

HPP Fiscal Year 2021/Budget Period 3 Funding

Recipient	FY 2021 Total Funding Available
Alabama	$3,145,268
Alaska	$1,111,466
American Samoa	$279,211
Arizona	$4,716,474
Arkansas	$2,099,822
California	$23,171,118
Chicago	$2,818,423
Colorado	$3,281,648
Connecticut	$2,261,523
Delaware	$1,086,723
Florida	$11,800,098
Georgia	$7,950,996
Guam	$356,511
Hawaii	$1,276,715
Idaho	$1,318,146
Illinois	$8,353,473
Indiana	$3,956,143
Iowa	$2,049,436
Kansas	$2,009,918
Kentucky	$2,803,092
Los Angeles County	$9,142,488
Louisiana	$2,934,248
Maine	$1,122,201
Marshall Islands	$268,164
Maryland	$5,297,615
Massachusetts	$4,090,461
Michigan	$5,799,153

Recipient	FY 2021 Total Funding Available
Micronesia	$283,060
Minnesota	$3,399,515
Mississippi	$2,062,902
Missouri	$3,626,688
Montana	$1,099,880
Nebraska	$1,401,496
Nevada	$2,531,286
New Hampshire	$1,106,453
New Jersey	$5,370,096
New Mexico	$1,581,141
New York	$9,895,682
New York City	$7,486,901
North Carolina	$6,083,849
North Dakota	$1,071,922
Northern Mariana Islands	$278,796
Ohio	$7,059,431
Oklahoma	$2,549,685
Oregon	$2,614,621
Palau	$255,889
Pennsylvania	$7,702,626
Puerto Rico	$2,590,019
Rhode Island	$1,071,962
South Carolina	$3,147,824
South Dakota	$1,083,466
Tennessee	$4,013,830
Texas	$15,577,836
Utah	$2,373,046
Vermont	$1,067,602
Virgin Islands (US)	$305,421

Recipient	FY 2021 Total Funding Available
Virginia	$6,857,550
Washington	$4,367,027
Washington, DC	$1,187,386
West Virginia	$1,400,530
Wisconsin	$3,417,594
Wyoming	$1,076,454
FY 2021 HPP Total Funding	**$231,500,000**

Attachments

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

This section provides step-by-step instructions for completing the four (4) standard federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all the information on these forms. ASPR does not require all the information on these Standard Forms. Accordingly, please use the instructions below to complete these forms in lieu of the standard instructions attached to SF 424 and 424A.

Standard Form 424

1. **Type of Submission:** (Required): Select one type of submission in accordance with agency instructions.

- Application

2. **Type of Application**: (Required) Select one type of application in accordance with agency instructions.

- Continuation

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

5b. **Federal Award Identifier**: Insert your Grant number (i.e. U3REP190_ _ _).

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information**: Enter the following in accordance with agency instructions:

a. **Legal Name** (Required): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the GrantSolutions.gov website.

b. **Employer/Taxpayer Number (EIN/TIN)** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

c. **Organizational DUNS** (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the GrantSolutions website.

d. **Address** (Required): Enter the complete address including the county.

e. **Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.

f. **Name and contact information of person to be contacted on matters involving this application**: Enter the name (first and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and e-mail address (required) of the person to contact on matters related to this application.

9. **Type of Applicant** (Required): Select the applicant organization "type" from the drop down list.

10. **Name of Federal Agency** (Required): Enter U.S. Assistant Secretary for Preparedness and Response

11. **Catalog of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the FOA.

12. **Funding Opportunity Number/Title** (Required): The Funding Opportunity Number and title of the opportunity can be found on page one of the FOA.

13. Competition Identification Number/Title: Leave this field blank.

14. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state, etc.).

15. **Descriptive Title of Applicant's Project** (Required): Enter a brief descriptive title of the project.

16. **Congressional Districts Of** (Required): **16a**. Enter the applicant's Congressional District, and **16b.** Enter all district(s) affected by the program or project. Enter in the following format: 2 characters state abbreviation – 3 characters district number, CA-005 for California 5th district. If all congressional districts in a state are affected, enter "all" for the district number, (e.g. MD-all for all congressional districts in Maryland). If nationwide enter US-all.

17. **Proposed Project Start and End Dates** (Required): Enter the proposed start date and final end date of the project. Therefore, if you are applying for a multi-year grant, such as a 3-year grant project, the final project end date will be 3 years after the proposed start date. The Grants Office can alter the start and end date at their discretion.

18. **Estimated Funding** (Required): Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable.

19. Is Application Subject to Review by State Under Executive Order 12372 Process? Check appropriate box

20. **Is the Applicant Delinquent on any Federal Debt?** (Required): This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative** (Required): To be signed and dated by the authorized representative of the applicant organization. Enter the name (first and last name required) title (required), telephone number (required), fax number, and e-mail address (required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ASPR program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a one-year budget.

Section A - Budget Summary

Line 5:Leave columns (c) and (d) blank. Enter TOTAL federal costs in column (e) and total non-federal costs (including third party in-kind contributions and any program income to be used as part of the recipient match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: Enter the breakdown of how you plan to use the non-federal share by object class category. [DOES NOT APPLY TO THIS FOA.]

Column 5: Enter the total funds required for the project (sum of Columns 3 and 4) by object class category.

Separate Budget Narrative/Justification Requirement

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

When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. This information is provided in two attachments, "Budget Justification Report" and "Budget Detail Report," which can be generated in the PERFORMS system. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-federal cash as well as, sub-contractor or sub-recipient (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a - **Personnel**: Enter total costs of salaries and wages of applicant/recipient staff. Do not include the costs of consultants, which should be included under 6h - Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6 - **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of personnel costs, provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c - **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. **NEW: Local travel is considered under this cost item not under the "Other" cost category.**

Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend national HCC preparedness conference for TA on specialty surge annex development), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d - **Equipment**: Enter the total costs of all equipment to be acquired by the project. For all recipients, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more *per unit*. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its sub-recipients.

Line 6e: **Supplies** - Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: For any grant award that has supply costs in excess of 5% of total direct costs (federal or non-federal), you must provide a detailed breakdown of the supply items (6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (5% x $100,000 = $5,000 – no breakdown needed).

Line 6f - **Contractual**: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line.

In the Justification: Provide the following four items – 1) a list of contractors indicating the name of the organization; 2) the purpose of the contract; 3) the estimated dollar amount; and 4) how the contract support HPP, e.g., explain the nature of the services provided and the relation to activities in the work plan or reference where it is described in work plan. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 75.327 General Procurement Standards, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative. Please reference 45 CFR 75 Appendix II Contract Provisions for Non-Federal Entity Contract Under Federal Awards.

Line 6g - **Construction**: While construction is not an allowable cost for this program, minor A&R is permitted.

Line 6h - **Other**: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (e.g. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to *individual* consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (e.g. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then it belongs in this section.

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the Work Plan or indicate where it is described in the Work Plan. Describe the types of activities for staff development costs.

Line 6i - **Total Direct Charges**: Show the totals of Lines 6a through 6h.

Line 6j – **Indirect Charges:** Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the HHS or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with HHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the federal share of your direct costs. Any unused portion of the recipient's eligible Indirect Cost amount that are not claimed on the federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

NOTE: If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-recipients are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

Line 6k - **Total**: Enter the total amounts of Lines 6i and 6j.

Line 7- **Program Income**: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as Recipient match should be described in the Level of Effort section of the Program Narrative.

Section C - Non-Federal Resources

Line 12: Enter the amounts of non-federal resources that will be used in carrying out the proposed project, by source (applicant; state; other) and enter the total amount in Column (e). Federal match is not required for this FOA.

Section D - Forecasted Cash Needs - Not applicable.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

Line 20: Section E is relevant for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

Section F - Other Budget Information

Line 22 - Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

Line 23 - Remarks: Provide any other comments deemed necessary.

Standard Form 424B - Assurances

This form contains assurances required of applicants under discretionary programs administered by the Assistant Secretary for Preparedness and Response. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

Disclosure of Lobbying Activities (SF LLL) - Certification Regarding Lobbying

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Non-Profit Status

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a state taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the HHS or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.