



**U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Office of Emergency Management
Division of National Healthcare Preparedness Programs**

**Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic, Infectious Diseases
Division of Healthcare Quality Promotion**

**Funding Opportunity Announcement
and Cooperative agreement Application Instructions**

Funding Opportunity Title:
National Ebola Training and Education Center (NETEC) Program Expansion
(CFDA# 93.825)

Funding Opportunity Number: EP-U3R-15-003
Application Due Date: August 31, 2016

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I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

Title VI of Division G of the Consolidated and Continuing Appropriations Act, 2015 and section 311 of the Public Health Service Act, as amended.

Government agency

The Office of the Assistant Secretary for Preparedness and Response (ASPR), within the Office of the Secretary, U.S. Department of Health and Human Services (HHS), leads the nation's efforts to prevent, protect against, mitigate, respond to and recover from the adverse health effects of public health incidents. ASPR focuses on preparedness planning and response; federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems to prepare for, respond to, and recover from public health emergencies and medical disasters. ASPR also provides federal support, including medical professionals through its National Disaster Medical System, to augment state and local capabilities during an incident.

The Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. CDC increases the health security of our nation. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish its mission, CDC conducts critical science and provides health information that protects the nation against expensive and dangerous health threats, and responds when these arise. CDC's Division of Healthcare Quality Promotion (DHQP) works to protect patients; protect health care personnel; and promote safety, quality, and value in both national and international health care delivery systems. DHQP is the agency's lead on infection prevention and control, including creation of guidelines that are utilized in U.S. health care facilities.

Executive Summary

Beginning in March of 2014, West Africa experienced the largest Ebola virus disease (Ebola) outbreak on record. Unlike many smaller preceding outbreaks of Ebola, this particular outbreak spread to multiple African countries and caused (as of December 2015) more than 28,000 suspected human cases. In August 2014, the first American Ebola patient was flown to the U.S. for treatment. Additional patients have subsequently been medically-evacuated to the U.S. Two returned travelers were diagnosed and treated in Dallas, Texas and New York City, New York. Both of these experiences, as well as the secondary infections of two health care workers in a Dallas hospital, identified opportunities to improve preparedness for and treatment of suspected and confirmed patients with Ebola.

Under a separate funding opportunity announcement (FOA) published February 20, 2015, titled [Hospital Preparedness Program \(HPP\) Ebola Preparedness and Response Activities](#), HHS supported (1) development of a network of up to ten regional Ebola and other special pathogen treatment centers that can be ready within a few hours to receive a confirmed Ebola patient from their region, across the U.S., or medically-evacuated from outside of the U.S., as necessary; (2) state- or jurisdiction-designated Ebola centers that can

safely care for patients with Ebola in the event of a cluster of patients that overwhelms the regional and other special pathogen treatment centers; (3) assessment hospitals that can safely receive and isolate a patient until an Ebola diagnosis is confirmed and they are subsequently transferred; and (4) frontline health care facilities that may identify a potential patient with Ebola and transfer them to an Ebola assessment hospital. This network builds upon the state- and jurisdiction-based tiered approach released in December 2014, titled [*Interim Guidance for U.S. Hospital Preparedness for Patients under Investigation or with Confirmed Ebola Virus Disease: A Framework for a Tiered Approach*](#), which outlines the different roles U.S. acute health care facilities can play as an Ebola treatment center, assessment hospital, or frontline health care facility.

Recognizing the complex nature of preparing the U.S. health care system to safely assess and care for patients with suspected or confirmed Ebola, ASPR and the CDC also supported the development of a [*National Ebola Training and Education Center \(NETEC\)*](#), awarded July 1, 2015. The NETEC offers state health departments, regional Ebola and special pathogen treatment centers, state- and jurisdiction-based Ebola treatment centers, and assessment hospitals expertise, training, technical assistance, peer review, monitoring, recognition, and certification, if feasible. The NETEC builds a comprehensive set of activities and deliverables for public health departments, U.S. health care providers, and facilities needed to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or persons under investigation for Ebola, and develops and leads a national peer review and recognition program for regional Ebola and other special pathogen treatment centers and Ebola treatment centers.

Purpose

This supplemental FOA offers an important opportunity for the NETEC to address gaps in educational materials and technical assistance for the clinical management of Ebola and emerging infectious diseases and other special pathogens. This will also allow the NETEC to establish an infrastructure for information sharing and coordination of rapid clinical research and the development of readiness metrics for Ebola, airborne and other special pathogens of high consequence.

The applicant should propose providing sub-awards to other entities, such as state and local health departments, professional organizations (e.g., critical care, infectious diseases, patient safety, emergency preparedness, emergency medical services (EMS), exercise design, health care epidemiology and infection control, quality, research coordination experts), health care facilities, emergency medical services/transport agencies, waste management experts, and individuals and international groups with expertise in treating patients with Ebola and other special pathogens.

Project Outcomes

The additional areas of support include the following activities:

- Increase hospital readiness site visits conducted and include participation of regional Ebola and other special pathogen treatment center personnel in readiness site visits within their region

- Conduct an annual metric review and revision to include special pathogens (as agreed upon by CDC, ASPR, and the NETEC). Conduct continued evaluation, revision and validation of metrics annually for four years
- Establish educational curricula and develop educational material, resources and tools, supplemental activities
- Develop online educational materials, supplemental activities
- Establish a resource repository and on demand electronic-based technical assistance
- Establish 24/7 real-time telephonic support
- Establish a platform for real-time sharing and dissemination of clinical management information
- Coordinate research proposals and implement a master protocol

Implementation

Applicant must address all activities and strategies listed below in their application.

Activity A: Metrics, Readiness Assessment, and Annual Readiness Report

The NETEC, in collaboration with ASPR and CDC, and state health departments *will*, depending on the amount of requests from states and health care facilities, increase the number of hospital readiness site visits conducted for state- or jurisdiction-based Ebola Treatment Centers (ETCs) and a small number of assessment hospitals that require additional assistance; include regional Ebola and other special pathogen treatment center personnel in future readiness site visits within their region; and implement an annual metric review and revision to include preparedness and response metrics for Ebola and other special pathogens (as agreed upon by CDC, ASPR and the NETEC).

Strategy 1: Increase hospital readiness site visits conducted and include participation of regional Ebola and other special pathogen treatment center personnel in readiness site visits within their region.

The NETEC, in collaboration with ASPR, CDC, and other stakeholders will continue and expand its peer review and readiness site visits of state- and jurisdiction-based ETCs and some assessment hospitals that require additional assistance. The number of visits will depend on the amount of requests from state health departments and health care facilities. The NETEC will expand the flexibility of the structure of readiness site visits to incorporate the specific needs of each health department, health care facility, and/or EMS agency. Specifically, the NETEC will:

- Conduct up to an additional 60 hospital site visits/peer reviews for the duration of the project period (this number is highly dependent on the number of visits

requested by state health departments and health care facilities). Additional trips would allow all state- and jurisdiction-based ETCs (designated by State Health Officers), including those that never received a CDC Rapid Ebola Preparedness (REP) visit, to receive a NETEC readiness site visit. In addition, the NETEC will conduct assessment hospital readiness site visits, as directed by state health departments, ASPR and CDC, based on needs identified during their initial CDC Ebola Readiness Assessment (ERA) or state health department-led visit.

- The NETEC will provide technical assistance throughout the readiness site visit by disseminating the NETEC metrics (currently under development) self-assessment tool to each facility prior to the NETEC's arrival along with a request for applicable policies, procedures, and standard operating procedures (SOPs). The NETEC will review these documents prior to the visit to tailor the readiness site visit team to provide expertise in areas that require more focused assistance.
- The NETEC, in collaboration with health department assessment teams, will provide additional technical assistance to assessment hospitals to mitigate remaining significant capability gaps identified by the state health department or CDC during their initial visit.
 - The NETEC will coordinate post-visit telephone/web-based technical assistance and participate in a follow-up web conference after each readiness site visit to gauge a facility's progress in addressing any issues noted by the NETEC during their readiness site visit and provide technical assistance for additional issues arising since the readiness site visit.
 - Additional telephone/web based technical assistance will be provided as needed.
- The NETEC will also expand hospital readiness site visit/peer review teams to include personnel from the regional Ebola and other special pathogen treatment center facilities and EMS/transport agencies. This expanded participation in NETEC hospital readiness site visits/peer reviews will enhance regional collaboration and planning.
- The NETEC will assess and provide technical assistance to EMS agencies that collaborate with the hospitals involved in the NETEC's readiness site visits to ensure these transport agencies have resources and capabilities to safely care for, transport, and transfer a patient from anywhere in the region (including airports) to an assessment hospital or regional Ebola and other special pathogen treatment center. This includes well-trained staff led by medical oversight, having appropriate equipment and protocols, and completed exercises for Ebola and other special pathogens. The NETEC will also ensure that the EMS system trains and exercises in collaboration with regional Ebola and other special pathogen treatment centers to:
 - Identify a patient at risk for Ebola and other special pathogens;
 - Communicate and coordinate with health care facilities, health departments, and emergency management throughout the system;
 - Quickly implement protocols to effect personal protection of care providers such that there is consistency in the use of PPE and donning and doffing throughout the system;
 - Isolate the patient;
 - Provide patient care and transport;
 - Safely transfer the patient from homes/places of work/ground transport, or aircraft to the ambulance and from the ambulance to a facility; and

- Safely manage waste.

Strategy 2: Conduct an annual metric review and revision to include special pathogens (as agreed upon by CDC, ASPR, and the NETEC). Conduct continued evaluation, revision and validation of metrics annually for four years.

The NETEC, in collaboration with ASPR, CDC and other stakeholders, will continue to develop and refine metrics to measure facility and health care worker readiness to safely care for patients of Ebola and other special pathogens, as well as the process by which it will evaluate and validate metrics.

- Develop metrics that allow for the expansion of Ebola contact isolation metrics to account for precautions necessary for isolation of airborne infectious diseases and other special pathogens (as agreed upon by CDC, ASPR, and the NETEC).
- Establish an annual formal review and revision process that includes internal review of metric performance related to hospital assessment, exercise templates, education and technical assistance. The review process will include maintaining metrics in the online hospital assessment system as well as identifying best practices from hospital and EMS readiness site visit findings.
- Conduct an annual meeting to review and validate metrics. Participants should include subject matter experts from the three NETEC consortium institutions, external stakeholders from ASPR, CDC, regional Ebola and other special pathogen treatment centers, ETCs, and other domestic and international subject matter experts.

Activity B: Establish Educational Curricula and Develop Educational Materials, Resources and Tools

The NETEC will build an advanced education model to enhance resilience, empowerment, and knowledge within the U.S. health care structure related to care of a highly infectious disease patient. The NETEC, in collaboration with ASPR and CDC, will expand their current comprehensive curriculum and educational materials, resources, and tools. The materials will be consistent with existing ASPR and CDC materials, and should include information gathered from a wide range of experts in the field who have extensive experience caring for Ebola patients and other special pathogens, both domestically and internationally. The education model should be capable of rapidly including new knowledge as it emerges. In addition to educational curricula and materials, the awardee will support ASPR and CDC in reviewing national guidance for Ebola and other special pathogens as needed during outbreaks of emerging threats or emergency responses. The review will include input from multiple disciplines and expertise based on the topic of the guidance (e.g., critical care, infectious disease, nursing, occupational safety, environmental services). This activity will continue to allow participants the opportunity to obtain continuing education credit (CE, CME, etc.) appropriate to their discipline.

Strategy 1: Establish educational curricula and develop educational material, resources and tools, supplemental activities

The NETEC will supplement current educational resources by conducting additional annual in-person, advanced-level courses. These advanced courses will build on the NETEC's recently-completed infection control and preparedness courses and will incorporate patient care clinical training and simulations at simulation centers. Activities that will be performed under this strategy will include, but are not limited to:

- Create and facilitate additional educational courses covering ideal patient care strategies, train-the-trainer, research education, executive education, just-in-time vignettes and skills labs
- Teach 15 advanced-level courses to train up to 500 additional health care workers annually utilizing in-person courses, skills labs, and simulation labs
- Broaden training and exercises for ASPR-funded regional Ebola and other special pathogen treatment centers beyond Ebola to include other special pathogens (as determined by CDC, ASPR, and the NETEC).

Strategy 2: Develop online educational materials, supplemental activities

The NETEC will expand the course offerings in the Learning Management System to include virtual training for Ebola preparedness efforts by frontline health care facilities. Supplemental activities performed under this strategy will include, but are not limited to:

- Create online courses within the Learning Management System that will enable an unlimited number of health care workers to access the training courses and obtain continuing education credit appropriate to their discipline.
- Build upon existing ASPR and CDC Ebola preparedness training materials for facilities not designated as ETCs or assessment hospitals (i.e., frontline health care workers and facilities).
- Address gaps in current Ebola preparedness and training (i.e., Category A waste management, laboratory issues).
- Work with ASPR and CDC to plan and implement risk assessments in U.S. hospitals that are regional Ebola and other special pathogen treatment centers and ETCs to identify gaps in preparedness for emerging threats (i.e., preparing for an emerging respiratory threat).

Strategy 3: Review and provide technical input on national guidance

The NETEC will support ASPR and CDC to rapidly review and provide technical input on national guidance for Ebola and other special pathogens.

- The NETEC will work with ASPR and CDC to review national guidance for infection control measures and treatment of Ebola and other special pathogens as needed during outbreaks of emerging threats or emergency responses.
- NETEC will coordinate input from a variety of disciplines and experts in the review of national guidance.
- NETEC will assist ASPR, CDC, and coordinate with appropriate disciplines to support dissemination of national guidance.

Activity C: Virtual Technical Assistance

The NETEC will develop mechanisms to provide real-time technical assistance to health care facilities and providers via telephonic and web-based support for Ebola and other special pathogens.

Strategy 1: Establish a resource repository and on demand electronic-based technical assistance

The NETEC will expand NETEC.org to include a centralized and searchable repository of resources and develop a mechanism to quickly provide specialized technical assistance as requested.

- The NETEC will develop a robust, searchable repository for real-time use by facilities, including regional Ebola and other special pathogen treatment centers, Ebola Treatment Centers, assessment hospitals, frontline health care facilities, and EMS systems
 - The NETEC will develop a centralized repository to facilitate the provision of technical assistance.
- NETEC.org will be configured to allow facilities to submit requests for on demand SME-based technical assistance via email
 - The NETEC.org Technical Assistance email account will be actively monitored and all inquiries will be initially triaged and responded to within 48-72 business hours

Strategy 2: Establish 24/7 real-time telephonic support

The NETEC will establish 24/7 telephonic support to provide real-time technical assistance and consultation to health care facilities on clinical care issues. CDC is available to provide technical assistance on public health issues.

Strategy 3: Establish a platform for real-time sharing and dissemination of clinical management information

The NETEC, in coordination with ASPR, CDC and NIH, will establish a platform for coordination of rapid collection and analysis of clinical, virologic, and immunologic data, and disseminate new clinical knowledge to guide management of patients with emerging and special pathogens resulting in critical illness.

- Develop and implement an infrastructure, to include educational and information sharing platforms that already exist, and that supports data collection, analyses, and rapid dissemination of clinical knowledge to health care providers, ASPR, CDC, and NIH.
- Develop protocols and a web-based tool to understand pathogenesis, and response to clinical interventions to inform clinical management. Data elements should include, but not be limited to clinical, virologic, and immunologic data.

Activity D: Creation of the Special Pathogens Research Network

The NETEC, in collaboration with ASPR, CDC and NIH, will establish the infrastructure for a research network that will support rapid implementation of protocols for investigational interventions for Ebola and other special pathogens. The applicant should collaborate with a clinical research organization, and/or a network of organizations specializing in critical care and infectious disease research to support the development, design, planning, conducting, monitoring, and collation and interpretation of data from clinical trials. This collaborative will not directly fund research.

Strategy 1: Coordinate research proposals and implement a master protocol

The goal of this strategy is to coordinate research proposals and implement a master protocol to enable clinicians at the regional Ebola and other special pathogen treatment centers and other health care facilities to be prepared to consider, administer, and monitor experimental therapeutics and other interventions for Ebola and other emerging pathogens, in the event they receive a person under investigation (PUI) and/or a person confirmed to have one of these conditions. Activities that will be performed under this strategy will include, but are not limited to:

- Engage and maintain the 10 regional centers in a research network
- Engage research partners such as NIH, CDC, IRF, USAMRIID, DARPA, BARDA, DOD, and Department of State to coordinate research initiatives for emerging special pathogens that result in critical illness
- Create a master protocol for research
- Develop and implement a training protocol for the research staff at the regional centers, emphasizing special issues pertaining to emerging pathogens
- Develop model uniform policies and procedures for the conduct of clinical research in biocontainment units
- Develop universal case report forms and questionnaires that include clinical, virologic, and immunologic data
- Develop a web-based clinical data capture tool and database that have the capability to collect and coordinate data from the research network and can conduct rapid analyses to provide feedback that informs therapeutics and clinical management
- Hold an annual investigator's meeting with the clinical research teams from regional treatment facilities as well as other domestic and international partners in order to develop, discuss and revise protocols and research resources

- In collaboration with ASPR and CDC, create policies and procedures for a biorepository

Evaluation and Performance Measurement

ASPR and CDC will work with the awardee post-award to develop the evaluation and performance measurement strategy.

Eligibility and Funding Strategy

Eligible applicants are limited to health care facilities that have safely and successfully evaluated and treated patients with Ebola in the U.S. The applicant must work directly with the other health care facilities that have safely and successfully evaluated and treated patients with Ebola in the U.S. The applicant will collaborate, coordinate, plan, and work directly with the other facilities on appropriate activities described in this FOA, as well as distribute funds from this FOA to support those activities.

Program Guidelines

Under this cooperative agreement, the applicant must develop a consortium project and follow the guidance below.

- The eligible health care facility submitting the cooperative agreement application on behalf of the consortium should be designated as the applicant.

The award will be made to a single awardee with either a single lead project director/principal investigator (PD/PI) or multiple PD/PIs from multiple institutions. The decision to apply for a single PD/PI or a multiple PD/PI cooperative agreement is the responsibility of the investigators and the applicant organization.

All PD/PIs must be qualified and have appropriate expertise to serve as a PD/PI and the appropriate level of authority and responsibility to direct the project or program as part of the leadership team. Each PD/PI must have a defined role on the project.

All PD/PIs—even if from multiple institutions—share equally the authority and responsibility for leading and directing the project, intellectually and logistically.

All multiple PD/PI applications are required to include a leadership plan. The purpose of the leadership plan is to facilitate project outcomes, implement activities and strategies, and establish a decision-making process. The plan must describe a rationale for choosing the multiple PD/PI approach. The governance and organizational structure of the leadership team should be described, including communication plans, process for making decisions on project direction, and procedures for resolving conflicts. The roles and administrative, technical, and project responsibilities should be delineated for the PD/PIs.

Applicants must include budget allocation information for specific PD/PIs as part of the leadership plan.

The applicant organization must designate one of the PD/PIs as the contact PD/PI to serve as a primary point of contact with ASPR and CDC. The contact PD/PI must be listed first on the application and must be associated with the applicant organization. The contact PD/PI is responsible for communication between the PD/PIs and ASPR and CDC, but has no special authorities or responsibilities within the leadership team. Responsibilities of the contact PD/PI may include communication between the leadership team and ASPR and CDC, assembly of the application materials, and coordination of progress reports.

Multiple PD/PI applications will submit a single budget for the entire project, including a detailed budget for each consortium member. The budget must include a detailed budget for year one showing the personnel cost by individual salaries and fringe benefits, consultants, travel, supplies, and any other costs and estimated budget for years two through five.

The applicant can propose providing sub-awards to other entities, such as professional organizations, health care facilities, and individuals with expertise in infection control, patient safety, and quality.

The applicant is expected to detail their proposed collaborations as part of the cooperative agreement application. If the application is approved as submitted, no further approval is required unless, during performance, the awardee plans to undertake additional or alternative collaborations that would constitute a change in the scope of the approved project.

The following information must be provided to ASPR as part of an application that proposes consortium arrangements:

A listing of all proposed performance sites; those of the applicant organization and the consortium participant(s);

A scope of work for each consortium member that states the specific activities and strategies to be performed, identifies individual(s) responsible for overseeing, conducting and reporting results of the project, percent of time and effort for each individual, and the sum of funds to be received;

A separate letter of agreement or intent signed by the consortium member(s) that outlines the member(s) scope of work and attests to their good faith in carrying out the proposed scope of work if the application is approved and funded.

The signature (or electronic equivalent) of the Authorized Organizational Representative (AOR) on the application signifies that the applicant organization and all proposed consortium members understand and agree with the following statement:

"The appropriate programmatic and administrative personnel of each organization involved in this cooperative agreement application are aware of the ASPR consortium agreement guidelines and are prepared to establish the necessary inter-organizational agreement(s) consistent with those guidelines."

Administrative Requirements for Consortium Collaborations

The applicant must enter into a formal written agreement (subaward) with each consortium member that addresses the negotiated arrangements for meeting the administrative, financial, and reporting requirements of the cooperative agreement, including those necessary to ensure compliance with all applicable federal regulations and policies and facilitate an efficient collaborative venture.

At a minimum, this agreement (subaward) must include the following:

Identification of the individual who will serve as the consortium lead project director/principal investigator (PD/PI) and other individuals responsible for the project activity at each consortium participant along with their roles and responsibilities.

When multiple PD/PIs are involved at different organizations, only the contact PD/PI is required to have the official relationship with the applicant organization. PD/PIs in the leadership team at other organizations must have a documented relationship with a consortium organization, but need not be employees. Any consortium agreement must address the unique aspects to these individuals holding the PD/PI role.

Procedures to be followed in reimbursing each consortium member for its effort, including dollar ceiling, method and schedule of reimbursement, type of supporting documentation required, procedures for review and approval of expenditures of cooperative agreement funds at each organization and timing of applicable reporting requirements. This includes provisions on access to core facilities and resources and whether access will be provided as a fee-for-service.

If different from those of the applicant, a determination of policies to be followed in such areas as travel reimbursement and salaries and fringe benefits must be consistent with 45 CFR part 75.

A provision addressing ownership and disposition of data produced under the consortium agreement, including the provision that during the five-year period and after, ASPR and CDC will have right to reproduce, publish, or otherwise use any work subject to copyright that was developed, or for which ownership was purchased, under this award for federal purposes, and to authorize others to do so.

The applicant must include in consortium agreements (subawards) the applicable HHS and government-wide regulations outlined in 45 CFR 75 and HHS Grants Policy Statement to a consortium participant that is a non-profit organization. This includes the

application of Facilities and Administrative (F&A) rates in determining consortium budgets and the reimbursement of costs.

The applicant is responsible for negotiating F&A rates with consortium participants that receive awarded funds under ASPR grants, unless the consortium participant is a foreign organization, the award is for training purposes or the consortium participant has a negotiated rate agreement. If the consortium participant is a foreign organization or the award is for training purposes, F&A will be limited in accordance to policy for those classes of awards.

The applicant is responsible for obtaining ASPR's approval for any actions to be undertaken by consortium participants that require prior approval. Applicants may establish requirements for review of consortium participants' activities consistent with those requirements and with any authorities provided to the applicant; however, an applicant may not provide any authority to a consortium participant that the applicant has not been provided under its ASPR award.

The applicant must require consortium participants to comply with the requirements of 45 CFR 75 Subpart F, as applicable, for audit of ASPR cooperative agreement funds expended by consortium participants. A consortium participant also may be a direct ASPR awardee or contractor or may be receiving funds only under the consortium agreement. Regardless, if a non-Federal consortium participant meets the 45 CFR 75.501 threshold criterion of aggregate annual expenditures of \$750,000 or more under applicable federal awards, the awardee must receive a copy of that organization's single audit and take appropriate action based on any findings that relate to the consortium agreement. The applicant is responsible for establishing requirements, as necessary, to ensure compliance by for-profit and commercial organizations (including for-profit hospitals) as required by 45 CFR 75.501(h)(i)(j). If a consortium participant will not reach that expenditure threshold, the awardee is responsible for monitoring the organization's activities to ensure compliance with 45 CFR 75 requirements. The applicant may not require a consortium participant to have an audit and charge the audit costs to ASPR cooperative agreement funds unless required or authorized by 45 CFR 75.501.

Other Important Notes about this Funding Opportunity Announcement

II. AWARD INFORMATION

Cooperative Agreement Award

The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6305, defines the cooperative agreement as similar to a grant in that a thing of value is transferred to a recipient to carry out a public purpose. However, a cooperative agreement is used whenever substantial federal involvement with the recipient during performance is anticipated. The difference between grants and cooperative agreements is the degree of

federal programmatic involvement rather than the type of administrative requirements imposed.

The administrative and funding mechanism used for this program will be the cooperative agreement for which substantial ASPR and CDC programmatic involvement with awardees is anticipated during the performance period. This award is subject to the awardee(s) and collaborative requirements and responsibilities set forth in the Cooperative Agreement outlined in the program announcement under this funding opportunity and are hereby incorporated by reference as terms and conditions of this award.

<i>Estimated Total Project Cost:</i>	USD
<i>Estimated Funding Amount:</i>	up to \$12,000,000 subject to availability of funds
<i>Anticipated Number of Awards:</i>	1
<i>Project Period Length:</i>	45 months
<i>Budget Period Length:</i>	9 months
<i>Anticipated Start Date:</i>	October 1, 2016
<i>Expected Duration of Support:</i>	45 months
<i>Type of Assistance Instrument:</i>	Cooperative Agreement

ASPR may award all or part of the funds, up to \$12,000,000, subject to availability of funds.

III. ELIGIBILITY INFORMATION

Health care facilities that have safely and successfully evaluated and treated patients with Ebola in the U.S.

Cost Sharing and Maintenance of Funding

There is no cost sharing or match requirement for this project.

Maintenance of effort/funding is not required for this program.

Other Requirements

Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive federal funds constituting a grant, loan, or an award.

IV. APPLICATION AND SUBMISSION INFORMATION

Application Screening Criteria

1. Applications should be submitted electronically via <http://www.grants.gov> by August 31, 2016.
2. The Project Narrative section of the Application must be double-spaced, on 8 ½” x 11” plain white paper with 1” margins on both sides, and a font size of not less than 11.

The Project Narrative must not exceed 100 pages.

Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov>.

Contact person regarding this FOA is:

Melissa Harvey
Director, Division of National Healthcare Preparedness Programs
Telephone (202) 384-2146
Email: Melissa.Harvey@hhs.gov

Applicants must download the application package associated with this funding opportunity from grants.gov. If the applicant encounters technical difficulties with grants.gov, the applicant should contact grants.gov customer service. The grants.gov contact center is available 24 hours a day, 7 days a week, with the exception of all federal holidays. The contact center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the grants.gov support center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CDs, or thumb drives of applications will not be accepted.

Applicants are encouraged to submit their application prior to the due date.

Required Registrations

Central Contractor Registration (CCR) and Data Universal Numbering System (DUNS) Requirements:

Except for those entities exempt from requirements listed at 2 CFR §25.110(b) or (c) (individuals), effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV) or receive subawards directly from recipients of those grant funds to:

- Be registered in the CCR prior to submitting an application of plan;
- Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV/STAFFDIV; and

- Provide its DUNS number in each application or plan it submits to the OPDIV/STAFFDIV.

An award cannot be made until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients (e.g., direct subrecipient) must have a DUNS number at the time the subaward is made.

Applicants **must** provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. ASPR applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com/get-a-duns-number.html> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you **must** be registered in the System for Award Management (SAM). **Registration in the System for Award Management (SAM) is mandatory. Failure to register with SAM will lead to an application being deemed ineligible and will not proceed to peer review.** Due to the possibility of heavy traffic at the sam.gov website, applicants are strongly encouraged to register well in advance of the application due date. **SAM information must be updated at least every 12 months to remain active (for both recipients and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in SAM for the anticipated start date of the award. To create a user account, Register/Update an entity and/or Search Records go to SAM, at <http://www.sam.gov> or by phone at 1-877-252-2700.**

Grants.gov registration – All entities must register and/or renew registration with grants.gov prior to submitting an application. Grantees previously registered must assure that the registration is still valid and up-to-date. Registration and re-registration may take up to 10 working days to process. Failure to submit the application on time due to late registration will result in ASPR not accepting the application.

Application Screening Criteria

Applications must be submitted electronically via <http://www.grants.gov> by August 31, 2016 at 11:59 pm EDT.

Content and Form of Application Submission

The following required documents and sections must be included in the application package in order to be considered for funding.

Cover Letter (optional)

Cover letters should be addressed to the following:

Virginia Simmons
Chief Grants Management Officer
Acquisition Management Contracts and Grants
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Washington, DC 20201
Telephone: (202) 260-0400
E-mail: asprgrants@hhs.gov

Required Forms

SF424, SF424A, SF424B, Certification Regarding Lobbying, Proof of Non-Profit Status, Indirect Rate Agreement

Project Abstract

A project abstract must be completed in the grants.gov application forms. The project abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary or confidential information.

Project Narrative

A project narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting it via grants.gov. The narrative should address activities to be conducted over the entire project period, with a more detailed work plan for the first year. The project narrative should be succinct, self-explanatory, and submitted in the order outlined in this section.

The narrative must be submitted in the following format:

The project narrative must be double-spaced, on 8 ½” x 11” paper with 1” margins on both sides, and a font size of not less than 11. You may use smaller font sizes to fill in the Standard Forms and Sample Formats. Forms do not need to be double spaced. ASPR will not accept applications that exceed 100 pages. If the narrative exceeds the page limit, only the pages which are within the page limit will be reviewed.

The components of the project narrative counted as part of the 100 page limit include:

- Background
- Current capacity
- Approach and work plan
- Budget narrative and justification
- Performance measurement and evaluation strategy

Any other relevant additional information that does not count toward the 100 page limit including:

- Curricula vitae for key project personnel in the consortium
- Letters of agreement
- Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs
- Other documents, as needed

The project narrative is the most important part of the application, since it is the primary basis on which ASPR determines whether or not a project meets the minimum requirements for grants under Public Health Service Act, Section 311 (42 U.S.C. Section 243). The project narrative should provide a clear and concise description of the project. The following is a brief description of each required component:

Background

Applicants must describe the core background information relative to the project. The core background information must help reviewers understand how the applicant's response to the FOA will address the competency of health care and public health workers and the capability of health care facilities to deliver efficient and effective patient care.

Current Capacity

Address the consortium's current capacity to successfully implement the proposed project and associated activities, including describing staff and other infrastructure already in place in which to build upon, to meet project period outcomes.

Approach and Work Plan

Applicant must clearly identify the outcomes they expect to achieve by the end of the project period and provide a clear and concise description of the strategies and activities they used to achieve the project's outcomes. Briefly introduce the activity(ies) being proposed and describe what the expected outputs (e.g., milestones) will be over the first 12 months of the project and a higher-level description for each subsequent year.

Define the expected outcomes that align with resolving the problem of closing the gaps. The outcomes should define what changes or improvements will occur in health care facilities and public health departments. Outcomes should be well-defined, specific, measurable, realistically achievable, and contribute to closing the gaps identified in the problem statement. Ideally, outcomes should link to planned activities, quantify the targeted change, and include an estimated timeline for achieving the change. The applicant can include as many outcomes as needed.

List the intermediate activities the consortium will undertake, including tasks and estimated start and end dates, which will lead to the associated outcome and contribute to resolving the identified issue or problems. The applicant can include as many planned activities as needed.

List the proposed outputs that will be produced as a result of the planned activities, such as the development of metrics to evaluate health care facility readiness to serve in its intended role (regional or state Ebola treatment facility, or assessment hospital). The applicant can include as many planned outputs as needed.

Budget Narrative and Justification

A detailed budget with supporting justification must be provided and be related to activities that are stated in the applicant's work plan. The applicant must note the following budget-related issues:

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

The budget narrative or justification should be provided using the instructions included in Attachment A (Instructions for Completing Required Forms) of this FOA. Applicants are encouraged to pay particular attention to Attachment B (Budget Narrative/Justification Sample Format), which provides an example of the level of detail sought.

Performance Measurement and Evaluation Strategy

The applicant will be required to report on a small set of ASPR- and CDC-defined performance measures that will demonstrate, or show progress toward, the accomplishment of program outcomes of the cooperative agreement. ASPR and CDC expect to release information and guidance containing these required performance measures following the posting of the funding announcement.

As part of this application the applicant should describe in a brief narrative a plan to affirm and acknowledge the applicant's ability to collect and respond to required ASPR- and CDC-defined performance measures. The applicant may also describe how evaluation data will be shared with key stakeholders and used by the consortium to improve program

quality and demonstrate the value of this funding.

Additional Information

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in grants.gov. Note: appendices will not be counted toward the narrative page limit.

Submission Deadline Dates and Times

The deadline for the submission of applications under this FOA is August 21, 2016. Applications must be submitted electronically by 11:59 p.m. Eastern Time on August 21, 2016.

Intergovernmental Review

This FOA is not subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs."

Funding Restrictions

The following activities are not fundable:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may not use funds for construction, alternations, or renovations.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to carry out any program of distributing sterile needles or syringes for hypodermic injections of any illegal drug.
- Recipients may not use funds to advocate or promote gun control.
- Salaries may not exceed the rate of \$181,500 USD per year.
- Recipients may not use funds for lobbying activities:
- Pursuant to the Consolidated Appropriations Act, 2016 (P.L.114-113), (a) you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related

to any activity designed to influence the enactment of legislation, appropriations, regulations, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- Recipients may not use funds for fund raising.
- Recipients may not use funds for the cost of money even if part of the negotiated indirect cost rate agreement.
- Recipients may not use funds for vehicles.
- Recipients may not use funds for salaries for back filling of personnel.
- Recipients may not use funds for antibiotics for treatment of secondary infections.

Other Submissions Requirements

Complete Applications must be submitted through grants.gov.

V. APPLICATION REVIEW INFORMATION

Eligible applicants will be evaluated against the following review criteria.

Background - Maximum Points: 10

Provide a statement explaining why the PD/PIs and their associated institution(s) are best qualified to lead the consortium for the National Ebola Training and Education Center.

Required Components - Maximum Points: 60

- Does the applicant provide letters of agreement from other eligible consortium members? Points will be allocated based on the percentage of support from other eligible applicants. [10 points]
- Does the applicant propose appropriate distribution of funding and resources to consortium members to achieve the desired outcomes? [10 points]
- Does the applicant provide a scope of work for each consortium member that clearly delineates each member's roles and responsibilities to completing each activity and strategy outlined in this FOA. [30 points]
- Is the applicant's work plan achievable for the full project period, based on the proposed budget? [10 points]

Desired Components - Maximum Points: 20

- Does the consortium proposed by the applicant have a record of training U.S. health care facilities and providers to safely and successfully treat a patient with Ebola? If yes, how many providers/facilities have been trained?

Evaluation and Performance Measurement Strategy - Maximum Points: 10

Does the applicant demonstrate and affirm the ability to monitor and collect data on performance measures specified by ASPR and CDC?

Post-Award Requirements

Please note that applicants will be required to submit a detailed work plan that explains exactly how they will achieve their commitments. In order to expedite the funding process, the award itself will be largely based on the applicant's commitment to attaining levels of readiness.

Review and Selection Process

Eligible applications will be jointly screened for responsiveness by ASPR and CDC and the Office of Acquisition Management Contracts and Grants. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate applications that pass the screening criteria. The review panel will be comprised of reviewers who are experts in their field and may be drawn from academic institutions, non-profit organizations, state and local government, and federal government agencies. Based on the application review criteria, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by ASPR. In making these decisions, ASPR will take into consideration recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

VI. AWARD ADMINISTRATION INFORMATION

Award Notices

The Notice of Award is the authorizing document from the ASPR authorizing official, the Office of Acquisition Management Contracts and Grants, and the ASPR Office of Financial Planning and Analysis. The Notice of Award will be sent electronically upon successful review of the application. The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated.

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

Administrative and National Policy Requirements

The award is subject to OMB 2 CFR Part 200 (subparts A through D), HHS Administrative Requirements, which can be found in 45 CFR 75 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement (GPS) located at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR Part 75.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, 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. The HHS Office for Civil Rights provides guidance to grantees in complying with civil rights laws that prohibit discrimination. www.hhs.gov/ocr/civilrights/understanding/index.html. 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 Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) or www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html . You must ensure your contractors and subrecipients also comply with federal civil rights laws.

Smoke- and Tobacco-free Workplace

The HHS/ASPR strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/ASPR mission to protect and advance the physical and mental health of the American people.

ASPR Public Access Policy

The ASPR Public Access Policy requires all researchers receiving ASPR grants, cooperative agreements, or fixed amount awards to develop data management plans describing how they will provide for the long-term preservation of, and access to, scientific data in digital format. This ASPR Public Access Policy applies to any manuscript that is peer-reviewed and arises from any direct funding from an ASPR grant, cooperative agreement or fixed amount award awarded in FY16 or beyond. This policy ensures that the

public has access to the published results of ASPR funded grants, cooperative and fixed amount awards at the NIH NLM PubMed Central (PMC), a free digital archive of full-text biomedical and life sciences journal literature (<http://www.pubmedcentral.nih.gov/>). Under the policy ASPR-funded investigators are required by Federal law to submit (or have submitted for them) to PMC an electronic version of the final, peer-reviewed manuscript upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. On February 22, 2013, the White House Office of Science and Technology Policy (OSTP) released the memorandum entitled, Increasing Access to the Results of Federally Funded Scientific Research, which requires federal agencies to make the results of federally funded scientific research available to and useful for the public, industry, and the scientific community. This document establishes a governing policy to enable public access to digitally formatted scientific data created with ASPR funds.

Publications

Manuscripts resulting from funded work must be submitted directly to the NIH Manuscript Submission System (NIHMS) <http://www.nihms.nih.gov/>. At the time of submission, the submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Authors may own the original copyrights to materials they write and should work with the prospective publisher as necessary before any rights are transferred to ensure that all conditions of the ASPR Public Access Policy can be met. Authors should avoid signing any agreements with publishers that do not allow the author to comply with the ASPR Public Access Policy. The author's final peer-reviewed manuscript is defined as the final version accepted for journal publication on or after FY16, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this policy. Applicants citing articles in ASPR applications, proposals, and progress reports that fall under the policy, were authored or co-authored by the applicant and arose from ASPR support must include the PMCID or NIHMS ID. The NIHMSID may be used to indicate compliance with the ASPR's Public Access Policy in applications and progress reports for up to three months after a paper is published. After that period, a PMCID must be provided to demonstrate compliance.

Digital Data

ASPR-supported researchers must publish digital scientific data sets resulting from projects meeting the scope criteria above in a recognized scientific data repository capable of long-term preservation of the data and open access to the public within a proscribed time period of 30 months from the creation of the data set (if the data set has not been used in a peer-reviewed publication) or upon publication of a peer-reviewed publication based on the data set, whichever is sooner, unless this requirement has been waived in the

approved data management plan. ASPR will recognize intellectual property rights as appropriate, consistent with regulations and program policies, including considerations for intellectual property based on the type of data subject to those policies (e.g., varied embargo dates, conditions for delaying data release). For the purpose of this plan, proprietary interests include receiving appropriate credit for scientific work. If the outcomes of the research result in inventions, the provisions of the Bayh-Dole Act of 1980, as implemented in 37 CFR Part 401, apply.

Acknowledgement

ASPR Public Access Policy requires, all grantee publications, including: research publications press releases other publications or documents about research that is funded by ASPR must include the following two statements:

A specific acknowledgment of ASPR grant support, such as: *"Research reported in this [publication/press release] was supported by [name of the program office(s), or other ASPR offices] the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response under award number [specific ASPR grant number(s)]."* A disclaimer that says: *"The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response."*

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Reporting

Applicants funded under this announcement will be required to electronically submit program progress reports and Federal Financial Report (FFR) SF-425 via GrantSolutions (GS). Awardees will receive instructions for both reports with their Notice of Award. Final performance and financial reports are due 90 days after the end of the project period. For more information see Standard Terms and Conditions.

Progress Reporting: Applicants funded under this announcement will be required to electronically submit via GrantSolutions (GS) program progress reports. As part of the progress report financial information may be required per major category of expense, and by objectives.

Subaward and Executive Compensation Reporting: Applicants must ensure that they have the necessary processes and systems in place to comply with the sub-award and executive total compensation reporting requirements established under OMB guidance at [2](#)

[CFR Part 170](#), unless they qualify for an exception from the requirements, should they be selected for funding.

Quarterly Cash Transaction Reporting Recipients must report cash transaction data using the Federal Financial Report (FFR), SF-425. Recipients will utilize the SF-425 lines 10.a through 10.c to report cash transaction data to the Division of Payment Management. The FFR SF-425 (lines 10.a through 10.c) is due to the Payment Management System 30 days after the end of each calendar quarter. The FFR SF-425 electronic submission and dates for the new quarters will be announced through the Payment Management/SmartLink Payment System's bulletin board. Funds will be frozen if the report is not filed on or before the due date.

Federal Disbursement Reporting: The SF-425 will also be used for reporting of expenditure data to meet ASPR's financial reporting requirement. All other lines except 10.a through 10.c should be completed and submitted via GrantSolutions.

Tangible Property Report: Awardees will be required to submit an annual Tangible Property Report (SF 428) at the time the annual SF 425 is submitted to ASPR. Final SF 428 reports are due 90 days after the end of the project period.

Audits

If your organization receives \$750,000 or greater of Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F or regulations and policy effective at the time of the award.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify ASPR, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- (d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/ASPR if you learn either that—

- (a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- (b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Grants Management Officer:

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Acquisitions Management Contract and Grants
Washington, DC 20201
Attn: Virginia Simmons
Acting Chief Grants Management Officer
Telephone: (202) 260-0400
Email: asprgrants@hhs.gov

Project Officers:

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
National Healthcare Preparedness Programs

Washington, DC 20201
Attn: Richard Hunt, MD
Senior Advisor, Division of National Healthcare Preparedness Programs
Telephone: (202) 245-0760
Email: Richard.Hunt@hhs.gov

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion
Atlanta, GA 30047
Attn: Abbigail Tumpey, MPH, CHES
Associate Director for Communications Science
Telephone: (404) 639-1125
Email: ATumpey@cdc.gov

VIII. OTHER INFORMATION

Attachment A:
Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)

Attachment B:
Budget Narrative/Justification Format – Sample Format with Examples

Attachment C:
Project Work Plan - Sample Template

Attachment D:
Instructions for Completing the Summary/Abstract

**Attachment A: Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)**

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 of 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.

a. 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.

- New

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:** For new applications leave blank.

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 (CCR). Information on registering with CCR may be obtained by visiting the Grants.gov website (<http://www.grants.gov>).

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

c. Organizational DUNS (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>).

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

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

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

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

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

11. Catalog of Federal Domestic Assistance Number/Title (Required): 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 its 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. **NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

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).

b. 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 awardee match) in column (f). Enter the sum of columns (e) and (f) in column (g). There is no cost sharing or match requirement for this project.

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.

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

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. Cost breakdowns, or justifications, are required for any cost of \$1,000 or for the thresholds as established in the examples. 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-awardee (third party) in-kind contributions 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/awardee 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 (attend conference), 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 awardees, "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-awardees.

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 three items – 1) a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. 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, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g - **Construction:** Leave blank since construction is not an allowable costs for this program.

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 awardee’s eligible Indirect Cost amount that is 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. There is no cost sharing or match requirement for this project.

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-awardees 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 awardee match should be described in the Level of Effort section of the Program Narrative. There is no cost sharing or match requirement for this project.

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).

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.

c. Standard Form 424B - Assurances

This form contains assurances required of applicants under the discretionary funds programs administered by ASPR. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. 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.

Attachment B: Budget Narrative/Justification –Sample Format

The Budget Summary is used to determine reasonableness and allowability of costs for the project. All of the proposed costs listed must be reasonable, necessary to accomplish project objectives, allowable in accordance with applicable federal cost principles, auditable, and incurred during the budget period.

An allowable project cost meets the following criteria:

- Necessary for the performance of the award.
- Allocable to the project.
- In conformance with any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost.
- Consistent with the recipient's regulations, policies, and procedures which are applied uniformly to both federally-supported and other activities of the organization.
- Accorded consistent treatment as a direct or indirect cost.
- Determined in accordance with generally accepted accounting principles.
- Not included as a cost in any other federally-supported award.

The following four tests are used in determining the allowability of costs:

- **Reasonableness (including necessity).** A cost is reasonable if it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The cost principles elaborate on this concept and address considerations such as whether the cost is of a type generally necessary for the organization's operations or the grant's performance, whether the recipient complied with its established organizational policies in incurring the cost or charge, and whether the individuals responsible for the expenditure acted with due prudence in carrying out their responsibilities to the federal government and the public at large, as well as to their organization.
- **Allocability.** A cost is allocable to a specific grant, function, department, or other component, known as a cost objective, if the goods or services involved are chargeable or assignable to that cost objective in accordance with the relative benefits received or other equitable relationship. A cost is allocable if it is incurred solely to advance work under the grant; it benefits both the grant and other work of the organization, including other grant-supported projects or programs; or it is necessary to the overall operation of the organization and is deemed to be assignable, at least in part, to the grant.
- **Consistency.** Recipients must be consistent in assigning costs to cost objectives. Regulations regarding cost assignment must be consistent for all work of the organization under similar circumstances, regardless of the source of funding, to avoid duplicate charges.
- **Conformance.** Conformance with limitations and exclusions contained in the Terms and Conditions of award, including those in the cost principles, may vary by the type of activity, the type of recipient, and other characteristics of individual awards.

Budget Summary

Section A – Personnel: An employee of the applying agency whose work is tied to the application. Proposed salaries must be reasonable. Compensation paid for employees must be reasonable and consistent with that paid for similar work within the applicant’s organization and similar positions in the industry.

Table 1: Personnel

Position	Name	Annual Salary/Rate	Level of Effort	Federal Cost	Match
Project Director	Susan Jones	\$45,000/year	100%	\$45,000	
Project Coordinator	Brad Smith	\$42,000/year	50%	\$21,000	
			TOTAL	\$66,000	

NARRATIVE JUSTIFICATION: Enter a description of the personnel funds requested and how their use will support the purpose and goals of this proposal. Describe the role, responsibilities, and unique qualifications of each position.

B. Fringe Benefits - Fringe benefits may include contributions for items such as social security, employee insurance, and pension plans. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. If fringe benefits are not computed as a percentage of salary (e.g. 25%), list all components of the fringe benefits rate, for example:

Table 2: Fringe Benefits

Component	Rate	Wage	Federal Cost	Match
FICA	7.65%	66,000	\$5,049	
Insurance	5%	66,000	\$3,300	
		TOTAL	\$8,349	

NARRATIVE JUSTIFICATION: Enter a description of the fringe funds requested and how the rate was determined.

C. Travel - Federal funds requested for travel are for staff travel only (travel for consultants is listed in consultant category). Travel for other participants, committee members, etc. should be listed under the cost category “other”. Applicants are to use the lowest available commercial fares for coach or equivalent accommodations. Note that applicants will be expected to follow federal travel policies found at <http://www.gsa.gov>.

Table 3: Travel

Purpose of Travel	Location	Item	Rate	Federal Cost	Match
Attend awardee meeting	Washington, DC	Air Fare	\$350 X 4 people	\$1,400	
		Per Diem	\$71/day X 4 days X 4 people	\$1,136	
		Airport	\$10/day X 4 days	\$40	
		Parking	\$28/RT X 4 people	\$112	

Purpose of Travel	Location	Item	Rate	Federal Cost	Match
		Airport Shuttle Hotel	\$211/night X 3 nights X 4 people Subtotal	\$2532 \$4,120	
Local travel	Various	POV	.44/mile X 2,000 miles/year	\$880	
			TOTAL	\$5,000	

NARRATIVE JUSTIFICATION: Explain the purpose for all travel and how costs were determined. List any required travel, funds for local travel that are needed to attend local meetings, project activities, and training events. Local travel rate should be based on agency’s personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.

D. Equipment - Permanent equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more. If the applying agency defines “equipment” at a different rate, then follow the applying agency’s policy. In the case of vehicles, etc. applicant should justify purchase rather than rental. If equipment is used by several different projects, you may only charge a percentage of the costs for the purchase based on the amount of time, etc. that the equipment will be used for this grant program. Any purchased equipment must be inventoried according to the guidelines in the HHS Grants Policy Statement.

Table 4: Equipment

Item(s)	Rate	Federal Cost	Match
Computer Work Station	\$5,500 X 2	\$11,000	
Computer	\$6,000 X .5FTE	\$3,000	
	TOTAL	\$ 14,000	

NARRATIVE JUSTIFICATION: Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.

E. Supplies - Materials costing less than \$5,000 per unit and often having one-time use, for example – general office supplies, postage, printers, etc.

Table 5: Supplies

Item(s)	Rate	Federal Cost	Match
General Office Supplies	\$50/month X 4 FTE	\$200	
	TOTAL	\$200	

NARRATIVE JUSTIFICATION: Enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal. Rates for office supplies, etc. may be based on average monthly costs, FTE, etc.

F. Contracts and Consultants - An arrangement to carry out a portion of the programmatic effort by a third-party or for the acquisition of goods or services is allowed under the grant. Such arrangements may be in the form of sub awards (grants) or contracts. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. List each contract, consultant or sub award separately and provide an itemization of the costs. If a contractor is to be determined, provide a best estimate as to costs for the goods or services to be purchased.

The awardee must establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide to the maximum extent practical, open and free competition. The awardee should be alert to organizational conflicts of interest as well as to noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

Method of Selection: This will be sole source, competition, or grant.

Scope of Work: Provide a breakout of the goods and/or services being provided by the contractor. If personnel are being charged then should list name, position, hours and rate/hour. Goods will be listed at number of units and cost/unit. List method to be used for sub-recipient monitoring – site visit, semi-annual reports, etc. Documentation of monitoring should be kept with the contract/award file.

Table 6: Contract/Sub award

Activity	Name	Method of Selection	Scope of Work	Federal Cost	Match
Public Information	WMTV	Sole source	Paid Ads 12/month X \$250/ad X 6 mo. Paid Ads 12/month X \$250/ad X 6 mo. Monitoring: semi-annual report	\$18,000	\$18,000
Mobil Medical Assets	To Be Determined	Competition	Medical supply inventory (\$1,600) Wheelchair bus conversions(6 X \$37,000) Monitoring: semi-annual report	\$223,600	
			TOTAL	\$ 241,600	\$18,000

NARRATIVE JUSTIFICATION: Provide information as to how the contracted services or goods will enhance the project goals and objectives. Provide sole source justification.

Table 7: Consultant

Organization	Name	Number of Days	Rates	Federal Cost	Match
Trepid	Jon Smith	20	\$150/day Travel 4 trips X 1,204 (travel @ \$475; lodging @ \$175/night X 3; Per Diem @ \$51 x4) =	\$ 7,816	

Organization	Name	Number of Days	Rates	Federal Cost	Match
			\$4,816		
			TOTAL	\$ 7,816	

NARRATIVE JUSTIFICATION: Provide information as to how the consultant services or goods will enhance the project goals and objectives.

G. Other - Expenses not covered in any of the previous budget categories. If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm’s length arrangement, provide cost of ownership/use allowance calculations.

Table 8: Other

Item	Rate	Federal Cost	Match
Postage	\$65/mo. X 4 FTE	\$3,120	
	TOTAL	\$3,120	

NARRATIVE JUSTIFICATION: Explain the need for each item and how it will support the purpose and goals of this proposal. Break down costs into cost/unit (cost/square foot or cost/month or cost/FTE).

H. Indirect Costs:

Also known as “facilities and administrative costs”, indirect costs are costs that cannot be specifically identified with a particular project, program, or activity, but are necessary to the operation of the organization (e.g., overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization must not include costs associated with its indirect rate as direct costs. If indirect costs are claimed, applicant is to submit a copy of a current negotiated Indirect Cost Rate agreement. Indirect costs are only charged on the items cited in the Indirect Cost Rate agreement (e.g., personnel and fringe, subawards over \$25,000).

Table 9: Indirect costs

Total Direct Cost applied to Indirect Cost	Indirect Cost Rate	Federal Cost	Match
\$450,000	22%	\$99,000	
	TOTAL	\$99,000	

Attachment C: Project Work Plan– Sample Template

Goal:

Measurable Outcome(s):

* **Time Frame** (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														

Add as many pages as needed

Attachment D: Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, please limit the length to no more than 265 words on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) – broad, overall purpose, usually in a mission statement, e.g., what you want to do, where you want to be.

Objective(s) – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the “how”). Specific performances that will result in the attainment of a goal.

Outcomes – measurable results of a project. The positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (outcomes are the end-point).

Products – materials, deliverables.

- A model abstract/summary is provided below:

The awardee, Okoboji University, supports this three-year Dementia Disease demonstration (DD) project in collaboration with the local Alzheimer's Association and related Dementias groups. The **goal** of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The **objectives** are: 1) to provide dementia specific care, e.g., care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to establish a system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected **outcomes** of this project are: 1) patients will maintain as high a level of mental function and physical functions (through Yoga) as possible; 2) caregivers will increase their ability to cope with changes; and 3) pre- and post-project patient evaluation will reflect positive results from expanded and integrated services. The **products** from this project are: 1) a final report, including evaluation results; 2) a website; articles for publication; 3) data on driver assessment and 4) in-home cognitive retraining; abstracts for national conferences.