



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: September 1, 2022

Staff Contact: Nicki Aaker, Health and Human Services Director; Dustin Boothe, Epidemiology Division Manager

Agenda Title: Possible Action: Discussion and possible action regarding the submission of grant documents by Carson City Health and Human Services (“CCHHS”) to the State of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health (“DPBH”) for the Centers for Disease Control and Prevention’s (“CDC”) Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant, Strategy A1-Workforce, in the amount of \$921,281.25 effective November 1, 2022 through October 31, 2027. (Nicki Aaker, naaker@carson.org and Dustin Boothe, dboothe@carson.org)

Staff Summary: This is a CDC grant passed through DPBH to CCHHS. CCHHS was asked to provide, and did provide, supporting documents to the grant applicant, DPBH, by August 10, 2022. This grant has two components, A and B. Component A has three strategies, and these documents are in support of Strategy A1 – Workforce funding with the goal to support, sustain and train a public health workforce in Carson City and Douglas, Lyon and Storey Counties to meet critical infrastructure needs identified throughout the United States due to the COVID-19 pandemic.

Agenda Action: Formal Action / Motion

Time Requested: 10 minutes

Proposed Motion

I move to ratify the submission of the grant documents as requested.

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

According to CDC’s Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant, the COVID-19 pandemic emphasized the critical importance of a robust public health system. Public health departments and other public health partners need to continue their work to respond to COVID-19 and prepare for future public health emergencies. The pandemic also accentuated long-standing weaknesses and created new challenges to the U.S. public health infrastructure. Moreover, COVID-19 affected nearly every aspect of healthcare and public health, laying bare disparities and gaps in some conditions and worsening others. Public health partners need the capacity to regain their footing in these areas and then accelerate their efforts.

Grant recipients will receive funding under two possible components: Component A will support strategically strengthening public health infrastructure and systems related to: Strategy A1 - Workforce, Strategy A2 - Foundational capabilities, and Strategy A3 - Data modernization. Component B will support Component A

recipients to implement key strategies more efficiently and effectively by providing technical assistance, evaluation leadership and support, and mechanisms for communication and coordination across all recipients.

CDC's expectation is for local health departments to receive 40% of the funds allocated to the state. Notification was received from DPBH on July 25, 2022. CCHHS is expected to receive \$921,281.25 for Strategy A1 – Workforce, beginning November 1, 2022, for a five-year period ending October 31, 2027.

CCHHS had to provide the scope of work and budget documents within a condensed time frame and is therefore seeking the Board of Supervisors' retroactive approval of the submission. CCHHS will use the funding to: (1) recruit and hire a Chronic Disease Prevention and Health Promotion Division Manager, and a Public Health Informatician; (2) expand internship opportunities; and (3) expand leadership development for public health staff. Currently, the CCHHS Director is overseeing the Chronic Disease Prevention and Health Promotion Division which consists of the following programs: (1) Adolescent Health; (2) Ryan White Retention in Care; and (3) Tobacco Control and Prevention. This new position will relieve the Director of overseeing a division and allow for attention to other functions. The Epidemiology and Lab Capacity (ELC) grant was paying for an Information Technology position which was housed at the City's Information Technology ("IT") Department since there were high demands within the last couple of years. The grant is no longer paying for this position at the IT Department and the desire is to have a Public Health Informatician located at CCHHS that can assist with CCHHS' multiple public health data systems ensuring client privacy, and that reports are meaningful and useful to staff as well as the public. This position will be proficient in information technology and will serve as the IT expert for the different IT applications needed to do CCHHS' work as the local public health authority.

Applicable Statute, Code, Policy, Rule or Regulation

Carson City Grant Administration Policy CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems, CDC-RFA-OE22-2203, dated 08/15/2022

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: New account numbers will be assigned in the Grant Fund if the grant is awarded.

Is it currently budgeted? No

Explanation of Fiscal Impact: If approved and awarded, the grant revenue and expense account budgets will be augmented for the amount of the grant award.

Alternatives

Do not ratify the submission of the grant documents and/or provide alternative direction to staff.

Attachments:

1. [Email from Julia at DPBH_072522.pdf](#)
2. [CDC-RFA-OE22-2203 - Grant Information.pdf](#)
3. [CDC-RFA-OE22_2203_Appendix 1_Sample Activities for Component_A.pdf](#)
4. [CDC-RFA-OE22-2203_Appendix 2_Example Workforce Positions and Position Descriptions.pdf](#)
5. [CDC Workforce Grant -CCHHS - Position Description and Work Plan.pdf](#)
6. [Budget Narrative-Proposed Budget_CCHHS.pdf](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

Dustin Boothe

From: Julia Peek <jpeek@health.nv.gov>
Sent: Monday, July 25, 2022 2:23 PM
To: Nicki Aaker
Cc: Jeanne M. Freeman; Dustin Boothe
Subject: Strategy A1 Workforce Funding for Carson City Health and Human Services
Attachments: CDC-RFA-OE22-2203 (1).pdf; Section C Budget Narrative-Proposed Budget_7.22.22.xlsx; Appendix 1 _Sample Activities for Component_A.pdf; Appendix 2_Example Workforce Positions and Position Descriptions.pdf

Importance: High

Good afternoon,

As you know, I am working on the application for CDC-RFA-OE22-2203: Strengthening US Public Health Infrastructure, Workforce, and Data System. As recommended in this grant, 40% of Strategy A1 Workforce should support local public health agencies. Clark County/SNHD is getting directly funded, so this portion of the DPBH award will be split between WCHD, CNHD, and CCHHS. Below is how this breakdown occurred based on 2020 population estimates.

Health Authority Breakdown Workforce

	2022 Population Estimate		Workforce Allocation	Notes
WCHD	486,337	\$	2,646,035.32	Washoe County
CNHD	40,605	\$	220,921.43	Churchill, Eureka, Mineral, Pershing
CCHHS	169,330	\$	921,281.25	Carson, Douglas, Lyon, and Storey
<i>Total</i>	696,272	\$	3,788,238.00	

[Nevada County Population Projections 2021 to 2040.pdf \(nv.gov\)](#)

40% of Workforce award: \$ 3,788,238.00

- Starting on Page 9 of the attached grant guidance, the CDC provides guidance on the funding for this strategy can be used.
- I have attached Appendix 1 that outlines the sample activities. Attachment 2 is an example of the position description and workplan. We will need this completed for each position you request with this funding.
- CCHHS will be allocated \$921,281 for this project. I have attached the budget narrative for you to complete to outline how you would like to use the award.
- This funding is expected to start on November 1, 2022.
- Though you have 5 year to spend the funding, you can also spend it more quickly if needed, as the CDC will give us the full amount in year 1.
- Letter of Collaboration/MOU – we will attach a letter of collaboration. This can include how you plan to use the funds, willingness to work with DPBH and CDC to improve public health efforts, willingness to provide routine reports as required, willingness to participate on state and national calls on this grant and/or other training or TA opportunities as needed, etc.

Requested Timeline:

- Budget narrative: no later than Friday, July 29th
- Position description and work plan: no later than Thursday, August 4th
- Letter of Collaboration/MOU: no later than Wednesday, August 10th

Please let me know if you have any questions.

Thanks!
Julia



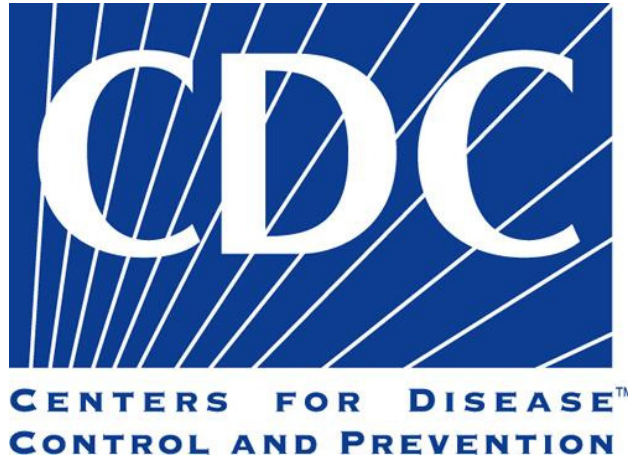
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Centers for Disease Control and Prevention

Center for Surveillance, Epidemiology, and Laboratory Services

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

CDC-RFA-OE22-2203

08/15/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OE22-2203. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OE22-2203

E. Assistance Listings Number:

93.967

F. Dates:

1. Due Date for Letter of Intent (LOI):

06/30/2022

Recommended but not Required
LOI due date: 6/30/2022
Project Officer: Jonathan Carlson
Email address: PHInfrastructure@cdc.gov

2. Due Date for Applications:

08/15/2022

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

June 29, 2022

Applicant Informational calls: CDC will host 2 informational calls for interested applicants. The content of both calls will be identical. The 2 times are offered as a way to help accommodate the schedules of interested applicants and their locations in varying time zones. Due to limited space, we ask that interested applicants only register for Webinar A or B, but not both.

When: June 29, 2022 3:00 to 4:00 PM Eastern Time (U.S. and Canada)

Topic: OE22-2203 Applicant Informational Call A

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_V5iIgBryTBCUwpp1xxgDqA

When: June 29, 2022 6:00 to 7:00PM Eastern Time (U.S. and Canada)

Topic: OE22-2203 Applicant Informational Call B

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_jrPD018uQMCydbMi6d9vcw

F. Executive Summary:

Summary Paragraph

The COVID-19 pandemic has led to a historic investment in the infrastructure of U.S. public health agencies. This NOFO is drafted to provide support for core infrastructure improvements that include, but are not limited to, these agencies' workforce, foundational capabilities, and data infrastructure. Stronger infrastructure will serve immediate needs to respond to the ongoing COVID-19 pandemic and other public health outcomes that worsened or stalled during the COVID-19 pandemic. The investments will have sustained effects that position these agencies to better meet the ongoing and future public health needs of the communities and populations they serve.

All recipients under Component A will receive workforce and foundational capabilities funding and recipients of Component B will also be funded. Only some recipients, to be determined, under Component A will receive data moderation initiative funding. All awards are subject to availability of funds.

a. Eligible Applicants:

Open Competition

b. NOFO Type:

G (Grant)

c. Approximate Number of Awards

116

Component A: 111

Component B: 5

d. Total Period of Performance Funding:

\$3,945,000,000

e. Average One Year Award Amount:

\$21,938,000

Component A

Strategy A1 Workforce: \$20,000,000

Strategy A2 Foundational capabilities: \$1,260,000

Strategy A3 Data modernization: \$678,000

Component B: \$9,000,000

These amounts are subject to the availability of funds.

f. Total Period of Performance Length:

5

g. Estimated Award Date:

November 01, 2022

h. Cost Sharing and / or Matching Requirements:

No

Part II. Full Text
A. Funding Opportunity Description
1. Background

a. Overview

The COVID-19 pandemic emphasized the critical importance of a robust public health system. Public health departments and other public health partners need to continue their work to respond to COVID-19 and prepare for future public health emergencies. The pandemic also accentuated long-standing weaknesses and created new challenges to the U.S. public health infrastructure. Moreover, COVID-19 affected nearly every aspect of healthcare and public health, laying bare disparities and gaps in some conditions and worsening others. Public health partners need the capacity to regain their footing in these areas and then accelerate their efforts.

This funding is intended to help meet critical infrastructure needs in the short-term; it should also make possible strategic investments that will have lasting effects on public health agencies across the United States. To that end, Component A will support strategically strengthening public health infrastructure and systems related to the workforce, foundational capabilities, and data infrastructure. Component B will support Component A recipients to implement key strategies more efficiently and effectively, by providing technical assistance, evaluation leadership and support, and mechanisms for communication and coordination across all recipients.

Maximum flexibility will be provided to the recipients to carry out this work consistent with the purpose of the funding and the scope of this NOFO. The scope of possible workforce investments is wide, including hiring, retaining, supporting, and training the workforce; there will be no restrictions on the types of positions that can be hired for public health capacity building. Other investments and improvements to foundational capabilities will help modernize public health agencies and position them to be even better service providers and partners. Investments and improvements to modernize the data infrastructure will serve to improve efficiency and effectiveness of those organizations' operations and public health work, including their ability to partner in a complex health and health care environments. These outcomes will lead to public health services being improved, and in turn public health outcomes including COVID-19 will be better addressed.

Across areas, this should be part of a transformation of public health agencies needed to meet the evolving and complex needs of the U.S. population. This transformation will improve public health internal systems and operations. This will necessarily involve creating and strengthening partnerships at all levels. This funding also recognizes a history of underinvestment in U.S. communities that have been economically or socially marginalized, are located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and are disproportionately affected by COVID-19 or other priority public health problems. This program also should support larger efforts to rebalance these investments and serve communities and populations in a more equitable way.

All recipients will receive workforce and foundational capabilities funding under Component A and recipients of Component B will also be funded. Only some recipients, to be determined, requesting A3 Data modernization funding will be funded.

All awards and funding are subject to availability of funds.

b. Statutory Authorities

Section 317(k)(2) of the Public Health Services Act [42 USC 247b(k)(2), as amended]; the American Rescue Plan 2021 Subtitle F—Public Health Workforce, SEC. 2501

c. Healthy People 2030

The "*Healthy People 2030*" focus areas of:

- [Public Health Infrastructure](#)
- [Health Conditions](#) (such as [Respiratory Diseases](#))
- [Health Behaviors](#) (such as [Emergency Preparedness](#) or [Vaccinations](#))
- Social Determinants of Health (such as [Health Care Access and Quality](#))
- Healthcare [Workforce](#)
- [Hospital and Emergency Services](#)

d. Other National Public Health Priorities and Strategies

- [HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care](#)
- [CDC CSTLTS and NACCHO's Public Health Infrastructure and Systems](#)

- [HRSA’s Health Workforce Strategic Plan](#)
- [ASPR/PHE’s US Health Security National Action Plan](#)
- [National Institute of Health’s Workforce Planning Toolkit](#)
- [Data Modernization Initiative Strategic Implementation Plan](#)

e. Relevant Work

This NOFO is complementary and non-duplicative of many CDC program activities, public health priorities, and strategies, in particular:

- [CDC-RFA-OT21-2103](#): National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities
- [CDC-RFA-CK19-1904](#): Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infections Diseases (ELC)
- [ELC Enhancing Detection Emerging Issues Project](#): Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19
- [Accelerating Data Modernization in Public Health Departments | DMI Support | CDC](#): funding under the ELC cooperative agreement for data modernization, electronic case reporting, and vital statistics systems strengthening
- [CDC-RFA- PS19-1901](#): Strengthening Sexually Transmitted Disease Prevention and Control for Health Departments - Supplement for Disease Intervention Services (DIS) Workforce Development
- [CDC-RFA-TP22-2201](#): Public Health Crisis Response Cooperative Agreement
- [CDC RFA-OT18-1803](#): Tribal Public Health Capacity Building and Quality Improvement
- [CDC-RFA-OT20-2004](#): Supporting Tribal Public Health Capacity in Coronavirus Preparedness & Response

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model: Strengthening US Public Health Infrastructure, Workforce, and Data Systems (Components A and B)

Strategies	Short-Term Outcomes	Intermediate-Term Outcomes	Long-Term Outcomes
Component A: Strengthening public health (PH) infrastructure			
Strategy A1: Workforce	ST1. Increased hiring of diverse staff (A1)	I1. Increased size and capabilities of the PH workforce (A1-2)	LT1. Accelerated prevention, preparedness, and response
Strategy A2: Foundatio	ST2. Improved organizational systems &	I2. Stronger PH	

nal capabilities	processes (A2)	foundational capabilities (A1-3)	to emerging threats (A1-3)
Strategy A3: Data modernization	ST3. More modern and efficient data infrastructure (A3) ST4. Increased data interoperability (A3)	I3. Increased availability and use of PH data (A3) I4. Increased reach of PH services (A1-3)	LT2. Improved other public health outcomes (A1-3)
Component B: Technical assistance for public health agencies			
Strategy B1: Training and technical assistance for Component A	ST1. Increased grant implementation knowledge & skills among Component A recipients (B1, B2)	I1. Increased effectiveness of strategy implementation among Component A recipients (B1, B2)	LT1. Increased achievement of Component A grant outcomes (B1-B3)
Strategy B2: Grant program evaluation	ST2. Increased hiring & retention mechanisms available to Component A recipients (B1)	I2. Increased efficiency of strategy implementation among Component A recipients (B1, B2)	LT2. Strengthened capacity of Component A recipients (B1-B3)
Strategy B3: Grant coordination & communication	ST3. Increased knowledge about grant processes & outcomes among Component A recipients, CDC, & other partners (B2, B3)	I3. Improved sharing of lessons learned & evidence among Component A recipients, CDC, and other interested partners (B1-B3)	

i. Purpose

Component A will serve many purposes. First, it will enable recipients to hire, retain, sustain, and train the public health workforce, and strengthen their foundational capabilities. Also, with potential investments in data modernization, public health services will be expanded, improved, and accelerated, and in turn public health concerns including COVID-19 will be better addressed. The purpose of Component B is to support successful implementation of Component A, by providing technical assistance, evaluation support, and coordination and communication support among relevant partners.

ii. Outcomes

Under Component A, strategy A1 Workforce, the key outcomes that recipients are expected to achieve by the end of the period of performance include increased hiring of diverse staff and increased size and capabilities of the public health workforce with improved wages and protections. For strategy A2 Foundational capabilities, the key outcomes include improved organizational systems and processes and evidence of stronger public health foundational capabilities. For strategy A3 Data modernization, key outcomes include a more modern and efficient data environment, increased data interoperability, and increased availability and use of

public health data. Key outcomes specific to Component B include increased hiring and retention mechanisms available to Component A recipients and, in the longer term, improved sharing of lessons learned and evidence among Component A recipients, CDC, and other interested partners.

iii. Strategies and Activities

Component A: Strengthening Public Health Infrastructure

Key principles

All work under Component A should be grounded in three key principles:

- The need for data and evidence to drive planning and implementation
- The critical role that partnerships will play in success, and
- The imperative to direct these resources in a way that supports health equity

All planning for investments in workforce, foundational capabilities, and data modernization must be driven by careful, strategic thinking, relevant data and evidence, and engagement with key partners. Recipients should take the time needed to plan these investments in ways that meet their needs and contexts. Strategic, data-driven planning should help maximize the benefits of these investments to public health agencies and the populations they serve. This approach should continue throughout implementation, to guide any needed course corrections and generate evidence about the effectiveness of strategies implemented through this grant.

Across the strategies below, recipients will need to collaborate and coordinate with a wide range of partners, to support planning, implementation, and evaluation. Those partners may vary across strategies and across recipients, but the need to devote significant funding and staff time toward building and strengthening old and new partnerships will be a common thread.

Across the strategies below, recipients are expected to approach planning and implementation with health equity, diversity, equity, inclusion, and accessibility in mind. How this looks may vary by strategy. For example, workforce investments should include dedicated efforts to recruit staff from the communities they serve and continue to create a public health workforce that can meet the needs of all communities. Investments in the data should be directed in ways that help strengthen ties with, and services in U.S. communities that have been economically or socially marginalized, are located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and are disproportionately affected by COVID-19 or other priority public health problems.

Strategy requirements for recipients of Component A

Applicants are encouraged to apply for all Strategies A1-A3 and to propose work under some or all Key Activities, to benefit from this opportunity. Applicants that apply for Strategy A1 must include Key Activity 6: at a minimum, this includes: supporting a fulltime Workforce Director and evaluation staff. Applicants may support a Data Modernization Director under strategy A1 Workforce, but this is not required.

Additional strategy requirements for statewide recipients of Component A

No less than 40% of the funding provided to state health department recipients for Strategy A1 Workforce should be distributed among the local health departments that have not received direct funding from this grant. All recipients should demonstrate how they will reduce or eliminate the administrative requirements and reporting burden put upon local public health departments and nonprofit organizations supporting grant activities. No recipient should request or require additional programmatic reports, work plans, or expenditure information from local health departments beyond what is required by the grant, unless otherwise required by law. State health departments should ensure that these funds are dispersed to their jurisdictional local health departments within the first year of the grant. (This guidance does not supersede state, and local rules, and regulations, or official funding agreements between state and local public health agencies.) These items should be described in the project and budget narrative.

Flexibility for recipients of Component A

The strategies and activities outlined below are broad by design and intended to provide recipients with maximum flexibility to meet their needs. Applicants can apply for one or more of the Strategies A1-A3 below, and within any selected Strategy, applicants can apply for one or more of the Key Activities. Applicants can also propose Key Activities not listed under a strategy, so long as they clearly align under the broader strategy ([Appendix 1 Sample Activities for Component A.docx](#))

Strategies A1-A3 overlap to some extent, and recipients can fund and organize their proposed activities under whichever strategy they wish, given their program's priorities and budget. For example, workforce can be supported under all strategies as appropriate, and work related to data infrastructure can be supported under Strategy A2 Foundational capabilities and under Strategy A3 Data modernization. Similarly, activities to strengthen human resource and workforce related systems and processes can be supported under Strategy A1 Workforce or A2 Foundational capabilities.

Guidance for applicants to Component A

In the narrative portion of the application, for each strategy for which they are applying, applicants should explain why they are applying for that strategy and describe the organizational transformations they expect to accomplish in 5 years under this grant. When information or data are lacking to support the rationale for a particular strategy, applicants should outline the purpose and timeframe for any new assessments or analyses that need to be conducted to guide work under this NOFO. Under each strategy, applicants should describe the Key Activities that they plan to implement in year one, if funded, and the reasons or evidence that make those activities both feasible and effective in the applicant's public health system and context. Applicants are encouraged to provide a description of their current state, key barriers or constraints to moving forward, and how these funds would be used to overcome or circumvent those barriers.

Each strategy being applied for should have a clear separate Abstract Narrative, Project Narrative and Budget Narrative with the following verbatim titles identifying each strategy: A1 Workforce, A2 Foundational capabilities, and A3 Data modernization.

Strategy A1 Workforce

The intent of the strategy is to reinforce and expand the public health workforce by hiring, retaining, supporting, and training the workforce and by strengthening relevant workforce planning, systems, processes, and policies. The public health workforce that can be supported includes the full range of public health positions, across levels of workforce tenure and seniority, public health topic or program areas, and competencies. Positions may include those that are inherently public health in nature and those that are inherently cross-cutting or foundational in nature. The staff may work directly for the recipient or work for a governmental or non-governmental partner organization. ([Appendix 2_Example Workforce Positions and Position Descriptions.docx](#))

Under the strategy, recipients can fill vacancies and create new positions, and they can retain staff who are on term appointments, whom they wish to extend employment. Recipients can also make significant new investments in workforce engagement, well-being, and other related programs and services, to assist with retention and help improve emotional, mental, and physical health outcomes of the workforce. New and existing staff always need training, whether to refresh skills and knowledge or to learn new skills, given a dynamic public health work environment. Under this strategy, recipients can expand and strengthen training programs across focus or topic areas, intended audiences, methodologies, and formats. All trainings should strive to adhere to CDC's Quality Training Standards [[Quality Training Standards | Training Development | CDC](#)] and, when appropriate, to be made available through [CDC TRAIN](#).

Recipients also can use this grant to strengthen their own workforce and human resource related planning, systems, processes, and policies. Improving recipients' organizational administrative competencies related to human resource services may be necessary to accomplish the other Key Activities under this strategy. Some modifications and improvements may be put in place to assist directly with rapidly hiring, retaining, supporting, and training staff, but recipients may also pursue longer-term system or process improvements whose effects may not be felt immediately. As noted above, no less than 40% of the funding provided to state health department recipients for Strategy A1 Workforce should be distributed among the local health departments that have not received direct funding from this grant.

Across work in the strategy, recipients and their partners should prioritize recruiting and hiring staff who are from the communities and populations served. Recipients and their partners also should demonstrate a commitment to diversity, equity, inclusion, and accessibility in their workforce recruitment and selection processes, communication, and outcomes. Moreover, recipients and partners should strive to create high quality jobs with benefits, flexibilities, and salary levels that are attractive and provide job protection and security.

Some costs associated with recruitment and hiring are allowable, including supplies and equipment needed to perform their jobs, personal protective equipment, data management, and other necessary supplies. 45 CFR part 75 outlines the parameters related to allowable costs that might be implicated in proposed activities.

Strategy A1 Workforce: Specific requirements

In addition to adhering to the three cross-cutting principles and the requirements outlined for all of Component A, applicants under Strategy A1 Workforce must also adhere to these requirements:

- Any applicant to this strategy should include significant work under Key Activity 1, Recruit and hire. Applicants are encouraged to apply to conduct work under all five Key Activities.
- Applicants must include Key Activity 6 related to supporting a Workforce Director, and evaluation staff. Supporting a DMI Director is an encouraged option, but not required.

Strategy A1 Workforce: Key activities (Refer to Appendix 1_Sample Activities for Component A and Appendix 2_Example Workforce Positions and Position Descriptions)

1. **Recruit and hire new public health staff.** For example, this could include expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
2. **Retain public health staff.** For example, this could include strengthening retention incentives, creating promotional opportunities, and transitioning staff to other hiring mechanisms.
3. **Support and sustain the public health workforce.** For example, this could include strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
4. **Train new and existing public health staff.** For example, this could include improving the quality and scope of training and professional development opportunities for all staff.
5. **Strengthen workforce planning, systems, processes, and policies.** For example, this could include maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.
6. **Strengthen support for implementation of this grant.** At a minimum, applicants must:
 - Support a full-time Workforce Director who has sufficient authority and seniority to effectively manage the work under this grant. This individual must report to the highest level of the recipient organization, be able to represent the recipient organization, and participate actively in discussions and meetings with other recipients and CDC about the grant and their experiences under it. (Required)
 - Dedicate at least 1.0 full-time employee to program evaluation and performance measurement for all work proposed under Strategies A1-A3. These evaluation staff will facilitate progress reporting, use of grant performance measures, internal evaluation activities, collaboration with national partners from Component B on evaluation of the grant, and participation in relevant national organizational and workforce assessments. (Required)
 - Successful applicants may choose to use A1 Workforce funding to hire a Data Modernization Director. This is an encouraged option, not a requirement.

Strategy A2 Foundational Capabilities

The intent of this strategy is to strengthen recipients' overall systems, processes, and policies to ensure a strong core infrastructure needed to protect health and provide fair opportunities for all. The Foundational Public Health Services (FPHS) [FPHS | PHNCI](#) framework defines a minimum set of capabilities and areas that must be available in every community. The FPHS framework aligns well to the core capabilities that CDC itself seeks to strengthen and supports advancement in delivering [Essential Public Health Services](#). The framework includes eight (8) public health infrastructure foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

These capabilities include: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Competencies, 7) Accountability/Performance Management, and 8) Equity.

Effectively managing a public health agency implicates every aspect of these foundational capabilities <https://phnci.org/transformation/fphs>. It also includes strengthening the public health agency's ability to meet or exceed the standards and measures outlined in the national consensus accreditation standards for health departments, which are aligned with the foundational capabilities and ensure that these are in place. [Version 2022 - Public Health Accreditation Board \(phaboard.org\)](#) Recipients should consider how to meet or exceed the public health accreditation standards and measures that align to these foundational capabilities.

As jurisdictions transition from COVID-19 emergency response footing to long-term, sustainable approaches to delivering the essential public health services, A2 funding will focus on supporting those core foundational capabilities that are not directly funded by other sources but are nonetheless important to underlying public health infrastructure. All the foundational capabilities may be supported by this funding. However, to reduce the duplication of effort specific to foundational capabilities funded through other sources, such as surveillance, epidemiology, laboratory capacity, and vital records, work under Strategy A2 should focus on the following crosscutting activities that do not have a direct source of CDC funding.

Strategy A2 Foundational capabilities: Key activities ([Appendix 1_Sample Activities for Component A.docx](#))

1. Strengthen accountability/Performance management, including accreditation.
2. Strengthen organizational competencies addressing information technology, data modernization human resources, financial management, contract, and procurement services.
3. Enhance communications.
4. Enhance or increase policy development and legal services and analysis.
5. Strengthen community partnership development and engagement.
6. Improve equity and organizational competencies addressing leadership, governance, and strategic planning.

7. As appropriate, implement plans to transition from COVID-19 emergency response and other emergency response and preparedness projects.

Strategy A3 Data modernization

This funding supports jurisdictions to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement world-class data and analytical capabilities to support the Essential Public Health Services. Public health data infrastructure should have clear governance structures that are inclusive (e.g., consider the needs of counties and cities as well as states) and technically enforceable (i.e., written into the infrastructure's code). The data infrastructure should be able to scale rapidly, be flexible to accommodate changing needs in public health surveillance and response, ensure bidirectional data flow, and provide predictive ability to identify emerging public health risks and concerns. All activities undertaken should reduce burden on health care and public health partners reporting data, while enhancing data sharing at all levels. This effort also aims to accelerate modernization through enhancing the public health data workforce and encourages the use of shared data and health information services and infrastructure offered via CDC or partner organizations. The goal is to enhance the data and information infrastructure used by public health.

Governance processes should assure that state level activities consider the needs of counties and cities, and that city and county level initiatives do not duplicate services, systems, or other resources available from the state public health agency. Strategies should ensure the ability to exchange and integrate data among public health systems and agencies, and with health care and other public health partners, including tribal entities as appropriate. Recipients will be expected to demonstrate step-wise progress in assessing current functionalities and prioritizing modernization needs prior to making investments. Every effort should be made to ensure the sustainability by leveraging procurement approaches that support modern service design and development.

This funding opportunity builds on and is expected to coordinate with and leverage, but not duplicate, the workforce, laboratory system, and data-related progress made via Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), Public Health Emergency Preparedness (PHEP), and other funding opportunities and investments.

Recipients of this funding are required to coordinate with and leverage, but not duplicate, the workforce, laboratory system, and data-related activities in Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), Public Health Emergency Preparedness (PHEP), and other funding opportunities and investments. Applicants of A3 must specify in their proposals as to whether or not they are a current recipient of data modernization funding through the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) supplemental funding.

Strategy A3 Data modernization: Requirements

- Investments in stand-alone, monolithic systems with limited interoperability are not allowed.

- Investment in new system design/configurations will require sign-off from CDC DMI program prior to jurisdictional procurement to ensure alignment with the North Star Architecture strategy.
- Key Activities 2-4 below are required.

Strategy A3 Data modernization: Key activities ([Appendix 1 Sample Activities for Component A.docx](#))

1. **Identify** a data modernization director and supporting team that will be responsible for ensuring the jurisdiction takes an agile, enterprise-wide approach in assessment, planning, and incremental implementation of modernization activities. The director may be funded through this award or other sources. This position is strongly recommended as part of Strategy A1 Workforce.
2. **Assess and report** the current capacity, gaps, and opportunities to modernize the public health data infrastructure and workforce. For jurisdictions who have recently completed a data modernization assessment (e.g., within the past 2 years) previous assessments should be reviewed and updated. This is a required activity.
3. **Create implementation plans** for 1) modernization of public health data environment to support public health work that includes forward-looking use of flexible, scalable, sustainable infrastructure that leverages shared services and cloud-native technology and 2) workforce development to address existing gaps, build capacity within the current workforce and sustain modernization gains. Implementation plans should be based on assessment results. Initial implementation plans should be developed by the end of Year 1, and must demonstrate collaboration across city, county, and state public health agencies and not duplicate systems and services. This is a required activity. Workforce needs may be addressed through Strategy A1 Workforce or Strategy A3 Data modernization, and while it is an encouraged option to include hiring a DMI director, it is not required.
4. **Implement** developed work plans to realize data infrastructure enhancements and improvements. Implemented activities should be aligned with national efforts and national standards. As part of implementation, recipients will be required to 1) attend an annual Data Modernization Workshop; 2) participate in a CDC-sponsored Data Modernization Learning Community and 3) participate in other established and relevant communities of practice as appropriate. This is a required activity.
5. **Accelerate implementation** by proposing innovative modernization projects to enhance data quality, exchange, dissemination, and use. Acceleration projects will only be approved after progress on activities 1-4 has been demonstrated.

For Strategies A3 Data modernization CDC may develop additional supplemental guidance that outlines additional work plan and budget requirements tailored to the jurisdictional public health infrastructure needs and congressional language in appropriations specific to this strategy that could include specific data modernization activities not listed in the activities section of this funding opportunity.

Component B: Technical Assistance for Component A

The purpose of Component B is to support Component A recipients to implement Strategies A1-A3 more efficiently and effectively. Component B recipients will do this by providing technical assistance, evaluation leadership and support, and mechanisms for communication and coordination across all recipients and CDC.

Applicants to Component B can apply for one or more Strategies below.

All recipients of Component B will be expected to communicate and coordinate with one another, to support and streamline engagement with Component A recipients, with the assistance of the recipient of Strategy B3. Regardless of strategy in which they work, Component B recipients are encouraged to help Component A recipients build and strengthen partnerships with academic institutions including minority-serving institutions (e.g., HBCUs, HACUs, etc.) and other technical organizations operating in recipients' project areas, to support more sustainable access to technical assistance and expertise.

Strategy B1 Training and technical assistance for Component A Strategies A1, A2, and A3

The intent of this strategy is to assist recipients of Component A more efficiently and effectively plan and implement their grant activities. Recipients of Strategy B1 should facilitate collection and use of relevant data, expedite access to information and mechanisms that help recipients meet their grant goals, and increase recipients' skills and capacity to retain some of the gains of the grant in the longer term. The training and technical assistance offered should be driven by Component A recipients' needs. The training and technical assistance should be of such high quality and value to Component A recipients, that voluntary uptake will be high.

Applicants to Strategy B1 can choose to propose one or more Key Activities.

Key activity 1: Evidence-driven planning for Strategy A1 Workforce and Strategy A2 Foundational capabilities

One or more Component B recipients should support Component A recipients by providing cross-cutting and ongoing planning activities, through providing technical assistance with:

- Conducting foundational capabilities and workforce needs assessments
- Synthesizing and using data related to the workforce to guide work under Strategy A1
- Synthesizing and using data related to foundational capabilities to guide work under Strategy A2
- Analyzing and using the above types of data for program improvement and decision-making
- Creating and strengthening partnerships with academic institutions including minority-serving institutions (e.g. HBCUs, HACUs, etc.), academic organizations, and other technical organizations to support implementation of Strategies A1-A2 and to increase student rotations at public health departments.

Assistance related to workforce and foundational capabilities planning should be made available as soon as possible after awards are made to Component A recipients, particularly for those recipients that do not have recent strategies or needs assessment data to drive planning for their Component A grant application. This assistance should help recipients revise and strengthen

their work plans during the period of performance under A1 and A2 of this grant. This kind of assistance should continue during the grant period. For example, with continuation applications to the grant and other ongoing planning needs at the recipient level.

Key activity 2: Evidence-driven implementation for Strategy A1 Workforce and Strategy A2 Foundational capabilities

One or more Component B recipients should also support Component A recipients by identifying and providing access to evidence and information about best practices and models for recipients to draw from for implementation, such as:

- Model job descriptions, personnel sharing agreements, scopes of work, and requests for proposals
- Conducting regional and national pay and salary reviews
- Guidance on how to identify, develop, and evaluate high quality programs to implement under A1 Workforce and A2 Foundational capabilities (e.g., workforce training programs, strategic planning approaches)
- Model policies and legislation, including those related to hybrid workplaces, teleworking policies, hiring caps, and workforce surge capability
- Access to new evidence and tools that support implementation
- Access to human resource, workforce development, and foundational capability expertise, which recipients could access for tailored assistance
- Direct support for peer-to-peer learning on best practices, with travel support or honorariums
- Development of a peer-to-peer exchange program between CDC and state, local and territorial public health agencies (e.g., providing a 4-week experiential on-site learning opportunity)

Key activity 3: Data modernization

One or more Component B recipients should support Component A recipients through assessing training needs and providing training opportunities to support the use of flexible, scalable, sustainable infrastructure that leverages shared services and cloud-native technology and is focused on data standards and technologies. Example training topics may include, but are not limited to, the following: software as a service, HL7 standards including V2, V3 and FHIR, machine learning, trust frameworks (e.g., TEFCA), USCDI and USCDI plus, and national initiatives, as they are announced. Partners will be responsible for

- Understanding jurisdiction training needs
- Identifying and contracting with vendor partners to deliver trainings in a variety of modalities
- Promoting available training offerings to recipients
- Maintaining a repository of developed trainings that is accessible to jurisdictions for training on demand, and

- Conducting other activities associated with expanding access to standards-based trainings.

Training topics and delivery methods will be developed in coordination with CDC. Training topics that do not support the use of flexible, scalable, sustainable infrastructure by jurisdictions will not be approved.

Key activity 4: Accessing staffing solutions and contracts to facilitate implementation of Strategies A1, A2, and A3

One or more Component B recipients should support Component A recipients by providing direct access to hiring, retention, training, and systems strengthening mechanisms. These may include coordinated access to:

- National, regional, or multi-state recruitment and hiring campaigns, platforms, or hubs
- Staffing solutions and direct mechanisms for hiring staff, or multi-state hiring contracts and mechanisms, particularly for positions that are hard to fill
- Multi-state or national contracts for training support
- Information technology agencies and contractors to introduce or modify human resource or related workforce, administration, and other data systems

Strategy B2 Grant program evaluation

A comprehensive evaluation of this grant is important to further build the evidence base around workforce development, foundational capabilities, and data modernization and to identify best practices and lessons that the public health sector could take forward, after this grant is over. To that end, one or more partners will be funded to take on an evaluation leadership role. This role will include development and management of a comprehensive evaluation plan involving multiple evaluation methods and ongoing dissemination and reflection on results obtained. Various audiences will need to be served by the evaluation activities, including the Component A recipients, CDC, the public health sector, and Congress. The primary aim of this strategy is to evaluate the grant, not to build evaluation capacity of the recipients, though some capacity-building is encouraged. The recipient(s) of Strategy B2 can subgrant to various evaluation partners, as they see fit, to accomplish the evaluation goals.

One or more Component B recipients will, in collaboration with CDC and Component A recipients:

- Design and implement an evaluation plan for the grant, which will likely include multiple case studies, surveys, focus groups, and triangulation with other existing data sources, performance measures, and other process and grant activity tracking
- Synthesize evaluation results, along with work plan and CDC performance measure data
- Support Component A recipients with participating in, analyzing, and using existing national initiatives that are related to describing the public health workforce and foundational capabilities, such as the [PHWINS](#), [ASTHO Profile](#), [NACCHO Profile](#), [Lab Testing Capacity](#), [Epidemiology Capacity Assessments](#), and health department accreditation efforts www.phaboard.org. Coordinate with and support, as appropriate, key

partners involved in existing national initiatives that are related to describing the public health workforce and foundational capabilities

- Prepare briefs that highlight notable programmatic experiences for recipients as well as other audiences
- Assist Component A recipients with preparing and reporting performance measures to CDC
- Disseminate and promote use of preliminary and final evaluation results, to Component A recipients, CDC, other partners, and the peer-reviewed literature

Strategy B3 Grant coordination and communication

This grant will have numerous recipients that reflect a wide range of capacity, needs, and strategic approaches. However, they will share many characteristics and will be working towards similar goals. Communication among Component A recipients about their experiences, plans, questions, and findings is key to helping each one move forward with their work in efficient and effective ways. The recipient(s) of Strategy B3 will facilitate this communication and should adopt multiple means for doing so, from annual meetings to regular webinars and other online ways to share information and questions in real time. This recipient(s) will also help coordinate communication between the Component A recipient community and CDC, to complement the work of project officers and other CDC staff supporting implementation.

Key Activity 1: Crosscutting coordination and communication

One or more Component B recipients will, in collaboration with CDC and Component A recipients:

- Create, host, and maintain one or more communities of practice for recipients to exchange information and resources
- Hold regular informational webinars for recipients
- Organize annual recipient meetings (virtual and in-person, as appropriate)
- Facilitate communication between CDC and the recipient community, including identification and maintenance of relevant online platforms for sharing
- Facilitate communication and coordination among the other Component B partners to support and streamline engagement with the Component A recipients
- Facilitate communication and coordination between Component B partners and the recipient community, including maintenance of a system for managing and tracking TA requested from and provided to recipients
- Obtain feedback from the recipient community as needed

Key Activity 2: Data modernization

In collaboration with CDC, one Component B recipient with a strong understanding of modern public health data systems and informatics principles and practices should support recipients of Strategy A3 Data modernization through planning, organizing, and convening a yearly two-day

Public Health Data Modernization Workshop. Attendance at this workshop will be a required activity for all recipients funded for Strategy A3. Data modernization includes technologies, processes, strategies, and workforce capacity building that accelerate improvements to data quality, exchange management and use.

- The purpose of the workshop will be to convene the recipient data modernization directors and at least one supporting team member to improve their ability to modernize the data infrastructure and enhance data capabilities in their jurisdiction.
- The content of the workshop will be developed in coordination with CDC and should include training, sharing and discussions about data modernization topics (e.g. data standards, analytics, shared services, effective technologies), and strategies for conducting workforce development in these areas.

One Component B recipient with a strong understanding of modern public health data systems and informatics principles and practices will be selected to support all recipients through planning and convening a monthly or bi-monthly jurisdiction data modernization community of practice that will allow for more regular discussion of lessons learned and promotion of peer-to-peer learning across funded jurisdictions. Regular participation in this learning community will be a required activity for all recipients funded for data modernization.

- The purpose of the learning community will be convening DMI Directors and other jurisdictional colleagues on a routine basis to promote sharing of lessons learned and peer-to-peer learning opportunities.
- The convened learning community will be developed in coordination with CDC and should include a monthly or bi-monthly schedule of virtual learning community gatherings, as well as an online collaboration space.

Applicants are to only apply to Component A or to Component B of this Notice of Funding Opportunity, but not both.

1. Collaborations

Please see sections a and b below.

a. With other CDC programs and CDC-funded organizations:

Recipients of Component A and B are expected to collaborate, as appropriate, with CDC programs and centers, institutes, and offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs that support the public health workforce, data modernization, or the COVID-19 response. Given that this grant can serve nearly any aspect of a public health system, recipients will need to coordinate with nearly every CDC-funded grant or cooperative agreement that they receive or work with. The points of coordination and collaboration are numerous. Thus, we encourage the recipient to place the management for this grant in direct line of the office of the public health director and preferably under public health department leadership that has experience with managing crosscutting and flexible resources meant to improve the entire organization.

Specific to this grant, recipients of Component A should receive training and technical assistance from recipients of Component B1. Component A and Component B recipients are expected to

collaborate around the identification of training and technical assistance needs, sharing of best practices, lessons learned, and other communications.

All recipients of Component B will be expected to communicate and coordinate with one another, to support and streamline engagement with Component A recipients, with the assistance of the recipient of Strategy B3. Regardless of strategy in which they work, Component B recipients are encouraged to help Component A recipients build and strengthen partnerships with academic institutions including minority-serving institutions (e.g., HBCUs, HACUs, etc.) and other technical organizations operating in recipients' project areas, to support more sustainable access to technical assistance and expertise.

b. With organizations not funded by CDC:

The areas for collaboration with organizations not funded by CDC are also numerous and will extend across a recipient's public health system and program areas. These collaborations fall into two categories: those that relate to the internal operations of recipients' own organizations and those that relate to the areas and populations that these agencies serve. Data infrastructure-related collaborations should include existing and new partners to advance data exchange and modern data architectures and processes.

Specifically, Component A applicants should describe the primary collaborations that will help them implement their respective strategies. Applicants are encouraged to strengthen or establish new funding relationships with national, regional, or local partners, academic institutions, and community organizations that 1) have experience with aspects of public health infrastructure planning, development, and staffing, systems improvement, etc. or 2) can collaborate on data standardization, exchange, dissemination, and use; shared services and infrastructure; and data infrastructure design, planning and implementation.

Applicants of Component A should also acknowledge and focus this grant's efforts towards supporting U.S. communities that have been economically or socially marginalized, are located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and are disproportionately affected by COVID-19 or other priority public health problems. This area for collaboration will require strong relationships and partnerships with existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American and other racial and ethnic minority groups and people living in rural communities. Specifically for the Strategy A1 Workforce strategy, this work also includes hiring staff who reflect the communities in which they will serve and enhancing the public health-related data available for those communities.

Such key partners may include the following:

- Community-based and civic organizations
- Federally recognized tribes, or tribal-serving organizations
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs)
- Asian American and Pacific Islander Serving Institutions (AAPI)

- Organizations associated with the [Public Health AmeriCorps](#) program
- Faith-based organizations
- Local governmental agencies and community leaders
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, or small business community groups)
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations; legal services)
- Health care providers, including community health centers (e.g., federally qualified health centers [FQHCs])
- Health-related organizations, (e.g., pharmacies, testing centers, or community health workers)
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs)
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs)

Component A applicants should describe in the application their primary collaborations that further the intent of this grant. Specifically, they should demonstrate their commitment to local partnerships and to using those partnerships to strengthen their infrastructure in ways that reflect the populations being served and that direct those infrastructure investments to areas of greatest public health need.

Relevant memoranda of understanding (MOUs), memoranda of agreement (MOAs), or letters of support are acceptable, but not required. Please use naming convention “ApplicantName_Collaborations_MOU_YYMMDD,” and upload to www.grants.gov.

This section only applies to Component A applicants.

2. Target Populations

The populations to be served by this grant will vary across recipients and depend on local needs. The population this grant serves are those that use public health services including, U.S. communities that have been economically or socially marginalized, located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and those disproportionately affected by COVID-19 or other priority public health problems. Applicants should describe how they will use infrastructure investments to advance health equity in their jurisdictions. This should include involving relevant communities in the planning, implementation, and evaluation of applicants’ current and future infrastructure goals, as appropriate.

a. Health Disparities

Component A recipients are expected to direct this grant effort toward reducing the burden of COVID-19 and other public health problems among disproportionately affected populations and medically underserved communities. Component B recipients should fully support this among the Component A recipients.

Component A applicants should describe the specific public health problems, groups, and geographic areas towards which they plan to direct the grant effort. They should describe how this plan should serve the aim of reducing health disparities and promoting health equity in the jurisdiction. Component B applicants should describe their commitment to supporting these goals among Component A recipients they will serve.

iv. Funding Strategy

Coronavirus Disease 2019 (COVID-19) Funds

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, or home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Applicants are to only apply to Component A or to Component B of this Notice of Funding Opportunity, but not both.

Component A

The funding strategy aims to distribute these funds in a transparent, data-driven way that ensures that they are available to areas with the greatest need. Funding for Component A will be

allocated by strategy based on the funding available for each strategy, based on a formula that establishes a funding floor and then allocates the remainder based on the size of the entire population served by the recipient, with an adjustment for community vulnerability, based on the Census Bureau's [Community Resilience Estimate](#). This adjustment serves to help direct additional resources towards areas with greater need, and recipients are encouraged to adopt similar principles when allocating funding within their coverage areas or jurisdiction. Statewide recipients' population sizes (and thus awards) will be adjusted to remove the populations of any funded countywide and citywide recipients within those statewide recipients.

All recipients may receive Strategy A1 Workforce and A2 Foundational capabilities funding. For A1 Workforce strategy, CDC determined a base amount of \$2,500,000 and ceiling of \$150,000,000. For A2 Foundational capabilities strategy, CDC determined a base amount of \$250,000 and ceiling of \$8,000,000. For A3 Data modernization strategy, CDC determined a base amount of \$175,000 and ceiling of \$3,600,000. Please see "Attachment A_Funding Strategy" for a funding strategy formula.

For Strategies A3 Data modernization CDC may develop additional supplemental guidance that outlines additional work plan and budget requirements tailored to the jurisdictional public health infrastructure needs and congressional language in appropriations specific to this strategy that could include data modernization activities not listed in the activities section of this funding opportunity. Award amounts may be established by population-based formula, geographic overlap and unnecessary redundancies and other criteria specified in the appropriations legislation.

Component B

Approximately \$45,000,000 will be made available to recipients under Component B. There is no award floor and no ceiling. No formula will be used for determining funding to each recipient.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

Evaluation and performance measurement help demonstrate achievement of project outcomes; build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous improvement. CDC and recipients will use evaluation results to assess progress and to document program impact, sustainability, and continued program improvement recommendation that can be shared with decision makers and other partners.

To that end, recipients should allocate a portion of their award to support evaluation activities (i.e., including data collection and use of monitoring and evaluation data) and are encouraged to work with evaluators to do so.

Component A

Component A recipients will work with CDC and Component B recipients to develop an evaluation and performance measurement plan that outlines their approach to addressing

common evaluation questions, reporting on evaluation results and performance measures, and sharing successes and challenges.

CDC and Component B2 Grant evaluation recipients will collaborate with Component A recipients to manage and analyze performance measure data and synthesize evaluation findings across recipients. CDC and Component B2 Grant evaluation recipients will also identify and conduct additional evaluation projects (e.g., analytic studies, and case studies) to evaluate program activities and outcomes.

Strategy A1 Workforce: Performance Measures

Performance measures may include (but are not limited to) the following, with bolded outcomes from the logic model also bolded below.

Process measures

- Number and type of current vacancies overall and by Job Type/Classification and Program Area
- Number and type of hiring mechanisms used to hire new staff
- Number and type of incentives or programs used to retain existing public health staff
- Number and type of workplace programs or services newly available and used by staff
- Number and type of workforce, training, and other assessments conducted to guide workforce development and related programs
- Number and type of improvements to workforce systems and process
- Number and type of innovations to workforce systems and processes
- Successes and challenges to implementation

Short-term outcome measures

Increased hiring of diverse public health staff

- Number of diverse staff hired overall and by job type or classification, program area, and hiring mechanism or employment status

Increased retention of existing public health staff

- Staff retention rate by job type (i.e., Retention rate = $(A-B)/C$ where A = # of staff on last day of reporting period, B = # of new hires during reporting period, and C = # of staff on Day-1 of reporting period)
- Percent increase in salary ranges pre-pandemic to current date
- Number of positions with a salary range at or above \$15 an hour

Improved workforce systems and processes

- Percent improvement on jurisdiction's organizational administrative competency assessment from baseline
- Mean position vacancy duration in working days (average time to hire)

Intermediate outcome measures

Increased size of the public health workforce

- Number of staff employed overall and by job type or classification, program area, and hiring mechanism or employment status
- Total size of the workforce, over time, by job type or classification, program area, and hiring mechanism or employment status

Increased job satisfaction

- Proportions of public health staff who report being satisfied with their job, their organization, the workplace environment, their pay, and their job security

Strategy A2 Foundational capabilities: Performance measures

Performance measures may include (but are not limited to) the following, with bolded outcomes from the logic model also bolded below.

Process measures

- Number of recipients that apply for public health accreditation or re-accreditation
- Number and type of improvements to foundational systems and process
- Number and type of innovations to foundational systems and process
- Successes and challenges to implementation

Short-term outcome measures

Improved organizational systems and processes

- Number and type of quality improvements to organizational systems and processes

Intermediate outcome measures

Stronger public health foundational capabilities

- Number of recipients that receive public health accreditation or re-accreditation
- Number of recipients that meet or exceed accreditation standards and measures
- Number of recipients that report “full” or “sufficient” capability on organizational administrative competency assessments

Strategy A3 Data modernization: Performance measures

Performance measures may include (but are not limited to) the following, with bolded outcomes from the logic model also bolded below.

Process measures

- Identified dedicated agency staff to lead and coordinate data modernization efforts
- Clearly established data, health information system and workforce capabilities, needs, and opportunities
- Extent of demonstrated utilization of shared services to enhance existing systems or data exchange
- Extent of enhanced workforce capacities and capabilities to accelerate data and health information system modernization

Short-term outcome measures

More modern and efficient data infrastructure

- Improved public health data infrastructure, data science, and informatics capabilities and capacities
- Increased capacity to quickly analyze, interpret, and act on data

Increased data interoperability

- Improved public health data sharing and interoperability among partners (e.g., public health agencies, healthcare, laboratories, and other partners)
- Reduced data reporting burden among partners
- Increased efficiencies, timeliness and completeness of data

Intermediate outcome measures

Increased availability and use of public health data

- Increase in availability of real-time, linked public health data that provide better, faster, and more coordinated data to recognize changes that may signal a threat and respond to emerging public health threats.

The following are shared measures with ELC. Monitoring and data collection will continue to be carried out under ELC for ELC recipients. For non-ELC recipients, monitoring and data collection will be carried out through grant monitoring processes.

1. Document and understand workforce, data, and HIS needs and opportunities
 - Completed assessment and identified opportunities using recommended tool or equivalent in first 90 days of award (Y/N).
 - If yes, provide summary of key finding and opportunities identified.
 - If no, describe barrier and challenges to completing the assessment.
 - Was assessment data used to develop the workforce development plan or data modernization plan? (Y/N)
 - If yes, describe data used and how the plans were modified.
2. Implement workforce enhancement to accelerate data and HIS modernization
 - Did trainings and other workforce activities address workforce competency gaps identified in the assessment? (Y/N).
 - Describe how the trainings and workforce activities address identified competency gaps.
 - Number of trainings:

- Provide a list of the trainings presented to include title of the training, intended audience, mode of delivery, number of participants, proportion of evaluations completed, and feedback provided.
3. Provide details on peer-to-peer learning (if applicable) via trip report; and workforce enhancement through fellows, technical assistance, or shared consultative services.
 4. Accelerate improvements to data quality, exchange, management, and use
 - List of shared services used or created to enhance existing systems or data exchange.

Component B: Performance measures

Evaluation and performance measurement of Component B recipients will largely be focused on process measures. The proposed measures below will be further defined and finalized with Component A and Component B recipients after award and will complement data and information from ongoing progress reporting from the Component B partners.

Performance measures may include (but are not limited to) the following, with bolded outcomes from the logic model also bolded below.

Process measures

Strategy B1 Training and technical assistance

- Number and percent of recipients served, intensity of engagement with each recipient, topics covered, nature of TA provided
- Number of direct hiring and other contract mechanisms made available to Part A recipients, number and percent of Component A recipients that participate in those, and (for workforce related contracts) number of staff contracted through those mechanisms
- Extent of Component A recipients’ satisfaction with the work of Component B TA partner(s)

Strategy B2 Grant evaluation

- Number of evaluation results products produced and disseminated, to whom, when
- Number and percent of Component A recipients’ that participate in evaluation activities conducted by the Evaluation partner
- Extent of Component A recipients’ satisfaction with the work of Component B evaluation partner(s)

Strategy B3 Coordination and communication

- Number and percent of Component A recipients engaged in any communities of practice and major meetings and group events held for that group
- Extent of Component A recipients’ satisfaction with the work of Component B coordination and communication partner(s)

Outcome measures

Strategy B1 Training and technical assistance

Increased hiring & retention mechanisms available to Component A recipients

- Number and scope of workforce hiring and retention mechanisms made available to Component A recipients
- Number of Component A recipients that use those mechanisms
- Among Component A recipients that use those mechanisms, number and type of staff hired or retained

Strategy B2 Grant evaluation

Improved sharing of lessons learned and evidence among Component A recipients, CDC, and other interested partners

- Number and type of dissemination products based on evaluation findings disseminated to Component A recipients and to broader public health audiences
- Number and percent of Component A recipients that report significant learning from evaluation results shared

CDC’s evaluation approach

CDC will work with Component A recipients and Component B recipients to finalize NOFO performance measures and an overarching evaluation plan for this work. All partners will be expected to submit a comprehensive Evaluation and Performance Measurement Plan within 6 months of award. CDC will provide additional guidance for this plan after award.

The performance measures will complement ongoing progress and financial reporting. CDC will use these and other information and data sources to address key evaluation questions. CDC will collect information on a regular basis through the end of the period of performance using standardize templates. As described below, there will be six-month expenditure and progress reporting submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

The Component B2 Evaluation Partner(s) will further add to the evaluation approach, by complementing these data sources and other data reported directly to CDC. These evaluation activities may include case studies of Component A recipients’ experiences, focus groups and individual interviews with recipients, and other assessments tools. The evaluation plan that the Component B2 Evaluation Partner (s) will create at the start of their award will guide this approach.

Recipients also are encouraged to dedicate additional program evaluation and analytic expertise towards enhanced internal evaluation of their work under this grant. Recipient-driven evaluation may include additional monitoring, analysis, and use of related data, as well as targeted evaluation projects or quality improvement initiatives that support grant implementation or further develop the evidence base related to public health infrastructure investments.

CDC’s evaluation approach for Strategies A1 Workforce and A2 Foundational Capabilities

When appropriate and as applicable, recipients should devote grant resources towards participating in relevant national public health agency capability and workforce assessments and those related to health department accreditation. Recipients should also devote resources towards using the data from those assessments to guide planning and implementation under this grant. CDC plans to conduct secondary analyses of aggregate data from these existing assessments and use that information to track progress towards key outcomes over the course of the period of

performance. By relying on existing assessment and accreditation programs, CDC seeks to reduce the burden of data collection and reporting on recipients and reinforce the value of those existing efforts. Recipients that do not opt to participate in these assessments may be required to submit similar data elements separately to CDC. Current key infrastructure assessments include (but are not limited to) the following: [PHWINS](#), [ASTHO Profile](#), [NACCHO Profile](#), [Lab Testing Capacity](#), or [Epidemiology Capacity Assessments](#), and [the Public Health Accreditation Board's accreditation measures](#).

Data Management Plan and the Paperwork Reduction Act

Given the flexible nature of this grant and diversity of allowable activities, a Data Management Plan (DMP) is not required unless a recipient chooses to allocate funding to an activity that involves the collection, generation, or analysis of data. The DMP may be submitted as a checklist, paragraph, or other format. To help guide applicants in developing a DMP, a sample plan is provided via the following link: <http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html>

As a result of the declared public health emergency (PHE), COVID-19, CDC's COVID-19 related data collections currently fall under a PHE Paperwork Reduction Act (PRA) Waiver as part of the 21st Century Cures Act. PRA requirements for most information collection activities that support the investigation of, and response to the COVID-19 pandemic, which would normally require submission of a PRA package, can be waived. If information collection activities continue beyond the period of the declared PHE or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA. Awardees will receive additional guidance from CDC on how to address these PRA requirements.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Component A

A comprehensive Evaluation and Performance Measurement plan is not required in the Component A applications to this NOFO. Specifically, for this NOFO, in the Evaluation and Performance Measurement section of the application, Component A applicants should focus on proposed evaluation and performance measurement around Strategy A1 Workforce and Strategy A2 Foundational Capabilities. Specifically, they should describe

- Their past participation in relevant national workforce and foundational capabilities assessments including PH-WINS, ASTHO or NACCHO Profiles, PHAB Accreditation, and others they consider relevant to the proposed work.
- Their intention to participate in those national assessments during the period of performance.
- The status of their ability to report on the A1 Workforce and A2 Foundational Capabilities outcome performance measures outlined above, including whether any measure would represent a large burden to report and why, and
- Their intention and ability to collaborate with the national partner focused on evaluation to do additional evaluation, including case studies and interviews.

Additional performance metrics may be required in the future.

Component B

A comprehensive Evaluation and Performance Measurement plan is not required in the Component B applications to this NOFO at this time. Specifically, for this NOFO, in the Evaluation and Performance Measurement section of the application, applicants may focus on describing this limited approach to developing a plan to:

- Collect data on the process and outcome performance measures specified by CDC in the project description.
- Describe how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
- Explain how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

- Describe your organization experience with conducting evaluation studies and include key evaluation questions, data sources and analysis methods used in the study. Describe past participation in relevant national workforce and foundational capabilities assessments including PH-WINS, ASTHO or NACCHO Profiles, PHAB Accreditation, and others they consider relevant to the proposed work.

Component A and Component B recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach Component A

Given the scope and intent of this grant, applicants must demonstrate the organizational capacity needed to carry out and coordinate strategies across the full range of Foundational Public Health Services [FPHS Factsheet FINAL \(phnci.org\)](https://www.phnci.org) and across all [Ten](https://www.cdc.gov/10essential/) Essential Services [CDC - 10 Essential Public Health Services - CSTLTS](https://www.cdc.gov/10essential/) . In short, applicants should demonstrate that they manage a comprehensive public health system. Acceptable documentation includes, but is not limited to, a signed letter by the public health agency leadership or their designees on organizational letterhead explaining the existing capacity and capability to address public health workforce strategies and foundational capabilities; organizational charts; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file “Organizational Capacity_Component A_Services” and upload it as a PDF to www.grants.gov.

To demonstrate existing capacity to provide comprehensive public health services, applicants must submit documentation that indicates the applicant has legal authority to make hiring decisions on behalf of the public health agency in their jurisdiction. Documentation could include a signed letter from the public health agency leadership or their designee on organizational letterhead. If these documents are not submitted, the application will be considered non-responsive and will receive no further review. Applicant must name this file “Organizational Capacity_Component A_Hiring” and upload it as a PDF to www.grants.gov.

All applicants must be able to describe their current status in applying for public health department accreditation or evidence of accreditation or reason for not applying. Information on accreditation may be found at <http://www.phaboard.org>. This should include describing how the applicant is meeting, exceeding, or working on the standards and measures for maintaining a competent public health workforce and data infrastructure to support public health activities, as described in the accreditation standards. [Public Health Accreditation Board Standards and Measures, Version 1.5 \(phaboard.org\)](https://www.phaboard.org) Please note that the new version of the standards was just approved and will go into effect in July 2022 for anyone seeking accreditation or reaccreditation in the future -- [Version 2022 - Public Health Accreditation Board \(phaboard.org\)](https://www.phaboard.org). Acceptable documentation includes, but is not limited to, a signed letter by the public health agency leadership or their designees on organizational letterhead providing evidence of accreditation or reaccreditation, or actively taking steps to pursue accreditation, or explanation as to why your agency is not pursuing accreditation. Applicant must name this file “Organizational

Capacity_Component A_Accreditation” and upload it as a PDF to www.grants.gov.

Applicants also must demonstrate capacity to reach a broad population of 400,000 or greater throughout a large coverage area. Specifically, they should be a statewide public health system, or a large countywide public health system, large citywide public health system, or territorial and freely associated state system. Applicants must submit documentation that provides the accurate population size served by the public health authority based on the 2020 U.S. Census. Sources may be updated as census data change over time. Documentation could include a signed letter from the public health agency leadership or their designee on organizational letterhead stating the population size served. If this documentation is not submitted, the application will be considered non-responsive and will receive no further review. Applicant must name this file “Organizational Capacity_Component A_Population Size” and upload it as a PDF to www.grants.gov.

Populations for county and city jurisdictions are based on the following 2020 U.S. Census resources:

- Counties: <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html>
- Cities: <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-cities-and-towns-total.html>

(Only for those applying for A3 Data modernization funding) Identify as a current or previous recipient of data modernization funding through the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) supplemental funding. Documentation must include a signed letter from the public health agency leadership or their designee on organizational letterhead stating the organization’s current status of receiving ELC data modernization supplemental funding. If documentation of your current ELC funding status is not submitted, the application will be considered non-responsive and will receive no further review. Applicant must name this file “Organizational Capacity_Component A_ELC_Support” and upload it as a PDF to www.grants.gov.

Component B

Applicants must demonstrate organizational capacity that is pertinent to the specific strategies and activities under Component B for which they apply (e.g., relevant evaluation experience if applying for Strategy B2 Grant evaluation). Applicants must also

- Demonstrate their experience and expertise in providing relevant technical assistance
- Demonstrate a successful track record of collaborating successfully with governmental public health agencies across the US, of varying sizes and geographic regions, including (but not limited to) the technical assistance areas in which they propose to work under this grant

- Demonstrate the capacity to quickly engage a large number Component A recipients soon after award and have the relevant staffing, established contact list, administrative systems, and partnerships in place to do so. It is acceptable for this broad reach and capacity to be obtained through sub-awards or consortia of organizations working together, under a prime recipient.

Acceptable documentation must include signed letters by multiple public health government agency leaders or their designees on organizational letterhead describing experience with receiving technical assistance from Component B applicants on key public health workforce strategies, foundational capabilities, and/or data modernization initiatives; organizational charts; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file “Organizational Capacity_Component B” and upload it as a PDF to www.grants.gov.

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. The work plan must be organized by strategy and outline key objectives per strategy and include select activities or milestones that applicants will implement towards achieving those objectives. Applicants are to only apply to Component A or to Component B of this Notice of Funding Opportunity, but not both. Therefore, applicants will only complete either the Component A work plan or the Component B work plan.

Component A Work Plan: Please refer to Attachment B_PHI Workplan_Component A

Component B Work Plan: Please refer to Attachment B_PHI Workplan_Component B

Activity Table Structure

Activity Title:				
Activity Focus (select one):				
Other Activity Focus (if applicable):				
Milestone Description	Party Responsible	Key Contracts, Subawards, and Collaborations	Due Date	Measures of Success

Applicants must use the work plan template(s) provided as “Attachment B: CDC-RFA-OE22-2203 Work Plan Template.”. Applicants must name the file “ApplicantName_PHIWorkplan_CompA_YYYYMMDD” or “ApplicantName_PHIWorkplan_CompB_YYYYMMDD” and upload it as part of their application package to www.grants.gov.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting).

Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

CDC will collect recipient financial and progress reporting data every 6 months through the end of the period of performance. CDC will also conduct a virtual compliance visit after six months, but before the end of the first year, from date of the award. The virtual compliance visit will be a telephone call and/or video conference to ensure the recipient's compliance with using the funding for the approved activities and to identify technical assistance needs. CDC may conduct additional in-person site or virtual visits as needed to best facilitate grants management and oversight duties.

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

E11

3. Fiscal Year:

2023

Estimated Total Funding:

\$3,945,000,000

4. Approximate Total Fiscal Year Funding:

\$3,225,000,000

Component A

Strategy A1 Workforce: \$3,000,000,000
Strategy A2 Foundational capabilities: \$140,000,000
Strategy A3 Data modernization: \$40,000,000

Component B

- \$45,000,000

Specific amounts of funding described herein may be increased or decreased as they are subject to the availability of funds.

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

\$3,945,000,000

Component A

Strategy A1 Workforce: \$3,000,000,000
Strategy A2 Foundational capabilities: \$700,000,000
Strategy A3 Data modernization: \$200,000,000

Component B: \$45,000,000

This period of performance funding is an estimate for both components. All awards are contingent upon the availability of funding and stipulations of appropriations.

Over a five-year period of performance, CDC will award a total of approximately \$3.945 billion. All \$3 billion for strategy A1 Workforce will be disbursed during FY23. \$140 million for strategy A2 Foundational capabilities will be disbursed each budget year starting in FY23 for the five-year period of performance. \$40 million for strategy A3 Data modernization will be disbursed each budget year starting in FY23 for the five-year period of performance. The Component B funding of \$45 million will be disbursed during year one of FY23.

Specific amounts of funding described herein may be increased or decreased as they are subject to the availability of funds.

6. Total Period of Performance Length:

5
year(s)

7. Expected Number of Awards:

116
Component A: 111
Component B: 5

8. Approximate Average Award:

\$21,938,000
Per Project Period

Component A

Strategy A1 Workforce: \$20,000,000
Strategy A2 Foundational capabilities: \$1,260,000
Strategy A3 Data modernization: \$678,000

Component B: \$9,000,000

These amounts are subject to the availability of funds.

9. Award Ceiling:

\$161,600,000
Per Project Period

Component A

Strategy A1 Workforce: \$150,000,000
Strategy A2 Foundational capabilities: \$8,000,000
Strategy A3 Data modernization: \$3,600,000

Component B

\$0

10. Award Floor:

\$2,925,000
Per Project Period

Component A

Strategy A1 Workforce: \$2,500,000
Strategy A2 Foundational capabilities: \$250,000
Strategy A3 Data modernization: \$175,000

Component B

\$0

11. Estimated Award Date:

November 01, 2022

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:

60 month(s)

Over a five-year period of performance, CDC will award a total of approximately \$3.945 billion. All \$3 billion for strategy A1 Workforce will be disbursed during FY23. \$140 million for

strategy A2 Foundational capabilities will be disbursed each budget year starting in FY23 for the five-year period of performance. \$40 million for Strategy A3 Data modernization will be disbursed each budget year starting in FY23 for the five-year period of performance. The Component B funding of \$45 million will be disbursed during year one of FY23.

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

DA is available through this NOFO. Applicants may request federal personnel, equipment, or supplies, including SAS licenses, as Direct Assistance (DA) to support any of the approved strategies and activities, in lieu of a portion of financial assistance (FA). To address staffing and/or program expertise deficits, applicant may convert FA to DA to recruit staff with the requisite training, experience, expertise (e.g., Public Health Associate Program [PHAP]). For information on Direct Assistance for Assigning CDC Staff to State, Tribal, Local, and Territorial Health Agencies, refer to:

https://www.cdc.gov/publichealthgateway/grantsfunding/direct_assistance.html

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

2. Additional Information on Eligibility

Component A: Strengthening the Public Health Infrastructure

- 00 (State governments)
- 01 (County governments)
- 02 (City or township governments)
- 04 (Special district governments)
- 25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))
- Government Organizations: State governments or their bona fide agents (includes the District of Columbia) Local governments or their bona fide agents, Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau
 - Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on expediting the federal grant process with an administrative partner at <https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2>
 - Public health agencies that serve across a U.S. state, freely-associated state, or territory are eligible to apply. Countywide or citywide public health agencies or their bona fide agents are eligible if they serve a county population of 2,000,000 or more or serve a city population of 400,000 or more.

Component B: Technical Assistance for Component A

Open

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage <https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2>.

Additional Eligibility Information for Component A: Strengthening the Public Health Infrastructure

Strategy A1 and Component B are open to entities eligible under 317(k)(2) (States, political subdivisions of States, and other public and nonprofit private entities). Strategies A2 and A3 are intended for states, political subdivisions of states, and other public entities as specified in section 317(a) of the Public Health Services Act (42 USC: 247(b)). It targets public health organizations that serve state, local, and territorial populations and are constitutionally empowered to protect the health and welfare of their respective communities, through comprehensive public health infrastructure, programs, and services.

To demonstrate existing capacity to provide comprehensive public health services, applicants must submit documentation that indicates the applicant has legal authority to make hiring decisions on behalf of the public health agency in their jurisdiction. Documentation could include a signed letter from the public health agency leadership or their designee on organizational letterhead. If these documents are not submitted, the application will be considered non-responsive and will receive no further review.

Local government's public health agency or their bona fide agents must:

- Serve a county population of 2 million or more or serve a city population of 400,000 or more.

Populations for county and city jurisdictions are based on the following 2020 U.S. Census resources:

- **Counties:** <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html>
- **Cities:** <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-cities-and-towns-total.html>

Applicants must submit documentation that provides the accurate population size served by the public health authority based on the 2020 U.S. Census. Sources may be updated as census data change over time. Documentation could include a signed letter from the public health agency leadership or their designee on organizational letterhead stating the population size served. If this documentation is not submitted, the application will be considered non-responsive and will receive no further review.

Component B: Technical Assistance for Component A

No additional information.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the [GSA website](#), [SAM.gov](#), and [Grants.gov- Finding the UEI](#).

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the [SAM.gov Knowledge Base](http://SAM.gov/Knowledge Base).

c. Grants.gov: The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR)	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with	Register early! Applicants can register within minutes.

	<p>2. Once the account is set up the E-BIZ POC will be notified via email</p> <p>3. Log into grants.gov using the password the E-BIZ POC received and create new password</p> <p>4. This authorizes the AOR to submit applications on behalf of the organization</p>	Grants.gov and apply for federal funding.	
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2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 06/30/2022

06/30/2022

LOI due date: 6/30/2022

Project Officer: Jonathan Carlson

Email address: PHInfrastructure@cdc.gov

b. Application Deadline

Number Of Days from Publication 60

08/15/2022

11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

June 29, 2022

Due Date for Information Conference Call

Applicant Informational calls: CDC will host 2 informational calls for interested applicants. The content of both calls will be identical. The 2 times are offered as a way to help accommodate the schedules of interested applicants and their locations in varying time zones. Due to limited

space, we ask that interested applicants only register for Webinar A or B, but not both.

When: June 29, 2022 3:00 to 4:00 PM Eastern Time (U.S. and Canada)

Topic: OE22-2203 Applicant Informational Call A

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_V5iIgBryTBCUwpp1xxgDqA

When: June 29, 2022 6:00 to 7:00PM Eastern Time (U.S. and Canada)

Topic: OE22-2203 Applicant Informational Call B

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_jrPD018uQMCydbMi6d9vcw

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and UEI.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal

year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Is a LOI:

Recommended but not Required

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOI are strongly encouraged, but not required.

LOI should indicate the applicant's intention to submit an application to this Notice of Funding Opportunity.

Send LOI via email to:

Project Officer: Jonathan Carlson

Email address: PHInfrastructure@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or

confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

The project narrative may have a maximum of 50 pages total. Background, Organizational Capacity of Applicants to Implement the Approach, the Workplan, and an abbreviated version of the Applicant Evaluation and Performance Measurement Plan (to be updated in 6 months) are required. Applicants will either apply for Component A or Component B, but not both.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <https://www.cdc.gov/od/science/integrity/reducePublicBurden/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the

capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Applicants must include high-level object class budgets for each Strategy in Component A that they wish to be considered for current or future funding. The budget narrative should be categorized by the following verbatim titles identifying each strategy: A1 Workforce, A2 Foundational capabilities, and A3 Data modernization. Please see "Attachment D_SF424_A Guidance" for an example of how these verbatim titles must be utilized as labels for each section of the budget narrative and for the SF424A.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/subaccounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

13b. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

14. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

See the unallowable costs included in [2 CFR 200 Subpart E - Cost Principles](#).

45 CFR part 75 outlines the parameters related to allowable costs that might be implicated in proposed activities.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the

submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

<https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm>

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach **Maximum Points: 40**
Component A and Component B Approach are scored separately by reviewers. Each Component is worth a maximum of 40 points.

Component A (Maximum Points: 40)

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description.
- Describes an overall strategy and activities consistent with the CDC Project Description.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes.
- Presents a work plan that is aligned with the strategies and activities, outcomes, and performance measures and is consistent with the content and format proposed by CDC.
- Describes strategies and activities to support and provide sub-awards to local health departments or other public health agencies or organizations that are not direct recipients of this award to cover the entire jurisdiction the applicant is proposing to serve

Component B (Maximum Points: 40)

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description.
- Describes an overall strategy and activities consistent with the CDC Project Description.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes.

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

ii. Evaluation and Performance Measurement

Maximum Points: 25

Component A and Component B Evaluation and Performance Measurement are scored separately by reviewers. Each Component is worth a maximum of 25 points.

Component A (Background) (Maximum Points: 25)

Evaluate the extent to which the applicant:

- Describes past participation in relevant national assessments
- Describes intention to participate in relevant assessments in the future
- Reacts to proposed outcome performance measures specified by CDC in the project description for Strategy A1 Workforce
- Describes their evaluation and performance measurement capacity
- Describes their intentions to collaborate with the Component B2 Grant evaluation recipient

Component B (Maximum Points: 25)

Evaluate the extent to which the applicant:

- Shows and affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach, including information on the feasibility of reporting on the measures and barriers to reporting.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 35

Component A - Strategy A1 and A2, Component A - Strategy A3, and Component B Organizational Capacity to Implement the Approach are scored separately by reviewers. Component A (A1 and A2), Component B, and Strategy A3 Data modernization are each worth a maximum of 35 points.

Component A (Maximum Points: 35)

A1 Workforce and A2 Foundational capabilities

Evaluation for Strategy A1 and A2 will assess the extent to which applicants:

- Implement a comprehensive public health program, including all the Public Health Services.

- Maintain a comprehensive public health infrastructure, including all Public Health foundational capabilities, including a robust human resources capacity
- Are accredited or provide evidence of active pursuit of accreditation by the Public Health Accreditation Board (PHAB) or explains why their organization chooses not to apply for accreditation.
- Have an established public health presence across their jurisdiction, including evidence of serving medically underserved areas within their jurisdiction.
- Demonstrated ability to manage a large state, or county, or city public health agency that services a population of 400,000 or greater or demonstrated ability to manage a U.S. Territory or freely associated state health agency.

A3 Data modernization (Maximum Points: 35)

Evaluation for Strategy A3 will assess the extent to which applicants:

- Implement a comprehensive public health program, including all the Public Health Services.
- Maintain a comprehensive public health infrastructure, including all Public Health foundational capabilities, including a robust human resources capacity
- Are accredited or provide evidence of active pursuit of accreditation by the Public Health Accreditation Board (PHAB) or explains why their organization chooses not to apply for accreditation.
- Have an established public health presence across their jurisdiction, including evidence of serving medically underserved areas within their jurisdiction.
- Demonstrated ability to manage a large state, or county, or city public health agency that services a population of 400,000 or greater or demonstrated ability to manage a U.S. Territory or freely associated state health agency.
- Have an established understanding and authority to implement DMI standards and practices across their identified level of government (i.e., States and Territories (including Freely Associated States) or eligible city or eligible county).
- Have identified as a current recipient of data modernization funding through the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) supplemental funding.

Component B (Maximum Points: 35)

Evaluation will assess the extent to which applicants:

- Have a wide reach across the United States, alone or in combination with key partners also included in the grant application.
- Could begin substantive work with many Component A recipients soon after award
- Have recent experience working with governmental public health agency related to the parts of Component B to which they are applying.

Budget

Maximum Points: 0

The budget is not scored. However, applicants should describe in the budget narrative how budget items related to the various strategies for which they are applying. There should be a way

for CDC and reviewers to understand approximately how much of the funding will be applied to each strategy in the proposal. Please use the verbatim strategy titles A1 Workforce, A2 Foundational capabilities, and A3 Data modernization to label budget narrative sections. Thus, applicants will need to have a separate budget line for each strategy identified on the SF-424A under the headings referred to as “Grant Program Function or Activity” for Strategies A1-A3. Please see “Attachment D_SF424_A Guidance” for an example, and utilize the verbatim titles provided.

c. Phase III Review

Component A

An objective review with field reviewers will be used to examine these applications and inform award decisions. The following factors also may affect the funding decision: geographic diversity. The purpose of this grant is to support public health agencies across the United States. As such, CDC does not plan to fund more than one recipient to serve the same geographic area, for example, two applicants that work statewide in the same state, two applicants that work countywide in the same county, or two applicants that work citywide in the same city. In those situations, rank order will be used to determine which of the competing applicants will be funded, and the remaining applicant(s) for that geographic area may not be funded, even if other applicants had lower total scores. Statewide applicants will not be responsible for working in any city or county jurisdictions that receive funding from this grant to avoid geographical overlap. It may also be necessary for CDC to fund only specific levels of government such as all states and territories or all eligible cities or all eligible counties for specific strategies such as DMI to avoid geographical overlap and unnecessary redundancies. Finally, applicants that demonstrate plans to devote more grant effort towards the needs in medically underserved areas may be funded above those that might score higher but do not have that same geographic emphasis.

Component B

An objective review with field reviewers will be used to examine these applications and inform award decisions. The following factors also may affect the funding decision: organizations with documented associations with many state, or local or Territorial government public health agencies, and scope of strategies that an applicant proposes to cover. Applicants that seek to cover more of the strategies included in Component B may be funded over those that cover fewer strategies, but which have higher total scores. Maximizing coordination and streamlining among these Component B partners is in the best interest of the grant and the Component A recipients they are intended to serve.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold,

defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated publication date is June 16, 2022, on www.grants.gov. Applicants will have up to 60 days, or August 16, 2022, to respond. Applicants are encouraged to apply early. The anticipated award date(s) may vary by each component and strategy. Component A and Component B may be funded on or near November 1, 2022.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at <https://www.cdc.gov/grants/additional-requirements/index.html>.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

The following Administrative Requirements (AR) apply to this NOFO:

- *AR-7: Executive Order 12372 Review*
- *AR-8: Public Health System Reporting Requirements*
- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2030*
- *AR-12: Lobbying Restrictions*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-8: Public Health System Reporting Requirements*
- *AR-15: Proof of Non-profit Status*
- *AR-23: Compliance with 45 CFR Part 87*
- *AR-14: Accounting System Requirements*
- *AR-16: Security Clearance Requirement*
- *AR-21: Small, Minority, And Women-owned Business*
- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *AR-26: National Historic Preservation Act of 1966*
- *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*
- *AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*
- *AR-32: Enacted General Provisions*
- *AR-34: Language Access for Persons with Limited English Proficiency*
- *AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020*

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text->

[idx?node=pt45.1.75](#)

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer. These apply to both Component A and Component B recipients.

Report Type	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)(if applicable)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Services as a yearly continuation application.	Yes
Progress Reporting	6-month reports are due 60 days after each fiscal 6-month mark; thereafter, through the period of performance.	Yes
Federal Financial Reporting Forms	Due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	Due 90 days after end of period of performance	Yes

There may be flexibility in reporting deadlines. CDC will communicate updates or revisions to reporting requirements as appropriate. Performance measures and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. Recipients will also update workplans in REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publicly available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**

- Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting (No page limit)**
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via <https://www.grantsolutions.gov> 120 days prior to the end of the budget period.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

CDC will require 6-month reporting on some performance measures, and others will be required annually. The final reporting schedule will be determined after award.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the

Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

No additional information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

No additional information.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an

allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable

subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Jonathan

Last Name:

Carlson

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Department of Health and Human Services

Centers for Disease Control and Prevention

Center for Surveillance, Epidemiology, and Laboratory Services

Division of Scientific Education and Professional Development

2400 Century Center Blvd., Mailstop V24-5

Atlanta, GA 30345

Telephone:

Email:

phinrastructure@cdc.gov

Grants Management Office Information

For **financial, awards management, or budget assistance**, contact:

First Name:

Rhonda

Last Name:

Latimer

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Department of Health and Human Services

Centers for Disease Control and Prevention

Office of Grants Services

2939 Flowers Road

Atlanta, GA 30341

Telephone:

770-488-1647

Email:

ito1@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424

- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Applicants are encouraged to upload public health agency leadership letters, MOUs/MOAs, and any documents requested to demonstrate responsiveness. Applicants are encouraged to visit this website more for guidance and answers to questions they may

have: <https://www.cdc.gov/workforce/resources/infrastructuregrant.html>

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements(ARs):

Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see

<https://www.cdc.gov/grants/additional-requirements/index.html>. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. <https://www.cdc.gov/grants/additional-requirements/index.html>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement(MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of

program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO’s funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation
<http://www.phaboard.org>.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is

free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

Health equity (2) is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, which have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Populations can include but are not limited to: African American, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Page 50 of 50 Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural communities; and persons otherwise adversely impacted by persistent poverty or inequality (Definition modified from the Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021).

Appendix 1: Sample Activities for Component A

This appendix lists the Key Activities for Strategies A1 – A3 of Component A, OE22-2203. The Key Activities are broad by design and intended to provide recipients with maximum flexibility to meet their needs. Below each Key Activity is a list of sample activities for recipients to consider. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this appendix. State recipients should consider these sample activities for their own agency as well as for work that could be done to support local health departments and tribes. There are no sample activities provided for Component B.

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Strategy A1: Workforce

There are six Key Activities included in Component A, Strategy 1. Below each of these Key Activities are sample activities for recipients to consider for their own agency. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this appendix. Statewide recipients should also consider this a sample list of activities to support in local health departments and tribes, to strengthen the workforce of public health systems.

A1.1. Recruit and hire new public health staff.

- a. Conduct systematic workforce needs assessments to identify priority needs now and, in the future.
- b. Expand and improve recruitment efforts to reach wide and diverse pools of potential applicants, particularly through partnerships with relevant institutions.
- c. Change application and selection methods and provide training to reduce unconscious or conscious negative biases and to improve fairness.
- d. Create new job descriptions to better meet needs.
- e. Revise job pay scales.
- f. Establish, expand, and use a range of mechanisms to rapidly hire public health staff, including direct hire mechanisms (term-limited and not), formal agreements or contracts with staffing agencies, as well as partnerships with community-based organizations, academic institutions including minority-serving institutions (e.g. HBCUs, HACUs, etc.), and other local, state, and national partners that may provide efficient and effective ways to supplement the public health workforce.
- g. Offer a range of hiring incentives to attract new talent, including hiring or other bonuses, student loan repayment, moving expenses, remote work, and telework.
- h. Work with and recruit from the Public Health AmeriCorps program, Preventive Medicine Residencies, and other programs that provide a pathway into public health as a career.
- i. Establish or expand internships, fellowships, apprenticeships, and related programs for entry-level staff and mid-level staff.
- j. Establish or strengthen programs that provide capacity for surges in public health staffing as needed, in response to emergencies or outbreaks.
- k. For jurisdictions with Native American Tribes, consider hiring a Tribal Liaison Director preferably from a Tribal community.
- l. Hire health education specialists, instructional designers, and other staff with training development skills to support the training needs of public health staff.

A1.2. Retain public health staff.

- a. Identify and use hiring mechanisms to effectively transition staff from one type of contract or mechanism to a new one, to maintain continuity of service.
- b. Offer a range of retention incentives, including bonuses, student loan repayment, benefits, moving expenses, remote work, and telework.
- c. Revise the terms or classification of existing jobs or job series to allow for increases in pay or benefits.
- d. Create or expand new promotional opportunities and leadership tracks.

- e. Establish or strengthen supportive services available to the workforce, to provide additional flexibility to help balance work-life responsibilities and maximize hybrid work opportunities.

A1.3. Support and sustain the public health workforce.

- a. Expand employee well-being programs to address burnout, work-life balance, and job satisfaction.
- b. Adopt new evidence-based workplace programs that support staff emotional and physical well-being.
- c. Review and strengthen workplace policies that support staff emotional, mental, and physical well-being.
- d. Strengthen employee engagement programs and methods.
- e. Expand employee involvement in professional networks and in relevant support groups.
- f. Strengthen and conduct staff viewpoint surveys and other ways to assess staff experiences and attitudes to better understand areas for improving workplace culture and practices.
- g. Share and use employee input in strategic planning and other workplace and workforce initiatives.
- h. Implement sabbatical programs that allow staff to reset and learn, while remaining in the workforce.

A1.4. Train new and existing public health staff.

- a. Conduct training needs assessments of existing and new staff to identify priority areas for training investments.
- b. Establish or expand contracts or partnership with training partners to add training offerings that meet CDC quality training standards across a wide range of needs.
- c. Revise and upgrade existing training programs to improve their quality or relevance.
- d. Establish or expand contracts or partnership with accreditation providers to offer continuing education credits to help staff maintain licensures and certifications.
- e. Create or enhance incentive programs for staff to seek and complete training or to mentor peers.
- f. Establish or revise training tracks or certificate programs to incentivize and guide staff who seek to build deeper skillsets in a particular area.
- g. Establish or expand leadership development programs for staff who demonstrate leadership potential or are in management positions.
- h. Support staff to enroll in trainings offered through academic or other institutions, including support for travel.
- i. Establish follow-up support programs that provide opportunities for continued learning after trainings, such as job-aids, coaching, and communities of practice.
- j. Strengthen training evaluation capacity.
- k. Promote learning opportunities through a variety of channels.

A1.5. Strengthen workforce planning, systems, processes, and policies.

- a. Create or revise a comprehensive workforce development strategy.

- b. Create workforce development boards and other new organizational structures and teams, to guide and implement a comprehensive workforce development strategy.
- c. Create or modify staff positions within the organization to focus on key crosscutting workforce issues, such as staff engagement; diversity, equity, inclusion, and accessibility; succession planning and career pathways; and workforce science and forecasting.
- d. Catalyze the collection and use of workforce data, to guide workforce planning, development, management, and forecasting.
- e. Upgrade human resource and other information systems and improve interoperability among systems.
- f. Refresh online recruitment and hiring portals to be more user friendly, useful, and modern.
- g. Purchase, maintain, and improve workforce training systems including annual subscription costs for using the TRAIN Learning Network.
- h. Strengthen policies related to hybrid work environments, telework, and related requirements to maximize flexibility to hire and retain talent.
- i. Identify opportunities to modify or amend internal policies that might hinder internal workforce development practices (e.g., improving recruitment and selection procedures, cross-training opportunities).
- j. Identify opportunities to educate policy makers about state, local, or territorial policies, to better meet workforce development needs of the recipient or the public health sector as a whole (e.g., addressing inflexible hiring, firing, and salary rules or rigid criteria for eligibility for promotion).
- k. Conduct quality improvement on existing systems or processes to identify areas ripe for change and track outcomes associated with changes made.
- l. Strengthen partnerships with relevant labor unions to discuss opportunities for collaboration and for improving workplace conditions.
- m. Establish or strengthen partnerships with human resource and other organizational systems experts to provide advice and support for strengthening.

A1.6. Strengthen support for implementation of this grant.

- a. No sample activities are provided for this Key Activity.

Strategy A2: Foundational capabilities

There are seven Key Activities included in Component A, Strategy 2. Below each of these Key Activities are sample activities for recipients to consider for their own agency. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this appendix. Statewide recipients should also consider this a sample list of activities to support in local health departments and tribes, to strengthen foundational capabilities and the ability to meet national accreditation standards at the local level.

A2.1. Strengthen accountability and performance management, including accreditation.

- a. Support all efforts required to apply for public health department accreditation or reaccreditation through the Public Health Accreditation Board (<http://www.phaboard.org>); this may include contracting or hiring for support to help with accreditation readiness efforts, support for accreditation fees, or relevant training or technical assistance.
- b. Support efforts required to address identified gaps or areas for improvement identified through the accreditation process and in accreditation reports, for those health departments that are accredited or in the process of seeking accreditation or reaccreditation.
- c. Establish and/or support statewide activities that advance the ability of local health departments to meet national accreditation standards, participate in the Pathways Recognition program, and seek or maintain accreditation, which can include the developing and delivering training and technical assistance, developing and implementing an accreditation learning community to share best practices, and fostering peer-to-peer support.
- d. Develop and maintain a performance management system, which may include procuring appropriate performance management software, to monitor achievement of organizational objectives.
- e. Develop processes to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level.
- f. Procure external contract assistance and establish partnerships to improve or maintain an organization-wide culture of continuous quality improvement and the organizational use of quality improvement tools and methods.
- g. Develop and improve recruitment, retention, and succession planning of a qualified and diverse workforce; training based on workforce competencies; and performance evaluation and accountability of the workforce (see also Strategy A1 Workforce, which can also be used to support this work).
- h. Develop a workforce surge plan with actual processes, MOU's and/or contracts put in place with a staffing agency or agencies with the proven experience and track record for hiring and deploying qualified and expert staff for any public health all-hazards emergency within 45 days of the emergency declaration (e.g., The Hurricane Response Hub initiative) (see also Strategy A1 Workforce, which can also be used to support this work).
- i. Develop a workforce development plan that assesses workforce capacity and gaps using recognized staff competencies and includes strategies for action (see also Strategy A1 Workforce, which can also be used to support this work).

A2.2. Strengthen organizational competencies addressing information technology, human resources, financial management, contract, and procurement services.

- a. Upgrade human resource and other administrative information systems, which may include software and hardware, and improve interoperability.

- b. Develop standard policies and practices for the efficient and effective use of bona fide agents or an administrative partner.
<https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html>
- c. Upgrade and/or improve the financial management, contract, and procurement systems and services, including facilities and operations by updating or improving systems that maintain a high quality of budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies.
- d. Improve all systems and processes to procure, maintain, and manage safe facilities and efficient operations. Including streamlining procurement processes when possible.
- e. Develop policies, practices and tools to improve the management of financial, information management, and human resources effectively.
- f. Advance information technology services, including privacy and security by maintaining and procuring the hardware and software needed to access electronic health information and to improve the department's operations and analysis of health data.
- g. Develop policies and practices that will improve financial systems that will allow department-wide use and accountability for innovative financing strategies, such as braiding and layering funds from multiple funding sources to focus on social determinants of health and other health equity initiatives.
- h. Develop policies and practices to include an equity lens in contracting, purchasing, and budgeting procedures; implementing processes to consider power in internal decision making; or integrating equity concepts in human resources policies.

A2.3. Enhance communications.

- a. Improve, develop, and implement strong communications capability and products
- b. Work with partners in developing culturally/linguistically relevant and responsive communication products and strategies.
- c. Develop and use health communication strategies to support prevention and well-being, including collaborating.
- d. Develop or enhance the department's ability to use social media platforms, which may include hiring a communications firm to establish/advance the department's social media presence.
- e. Procure, upgrade or maintain communication technologies needed to interact with community residents in a timely manner, as well as establish and maintain ability to transmit and receive communications to and from the public on a 24/7 basis.
- f. Provide information on public health issues and public health functions through multiple methods, languages, and media to a variety of audiences. This may include support for a public information officer role and/or media training for health department staff.

A2.4. Enhance or increase policy development and legal services and analysis.

- a. Develop and implement strong policy development and support capabilities.

- b. Invest in legal services and analysis to access and appropriately use legal services in planning, implementing, and enforcing public health initiatives, including relevant administrative rules and due process.
- c. Create, champion, and implement policies, plans, and laws that impact health.
- d. Promote compliance of affected individuals or organizations with public health laws including through communication, education, and training.
- e. Conduct assessment of existing public health policies and their impact on social and structural determinants of health, generating data to inform health equity decision-making.

A2.5. Strengthen community partnership development and engagement.

- a. Set up processes and systems to better collaborate with behavioral health partners and experts by funding behavioral health services in medically underserved communities as appropriate.
- b. Support efforts to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations in U.S. communities that have been economically or socially marginalized, are located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and are disproportionately affected by COVID-19 or other priority public health problems; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- c. Provide forums and opportunities for direct access, conversation, and engagement with communities and populations to identify and understand key health needs, gaps, and opportunities.
- d. Support leadership efforts to convene external partners to consensus, with movement to action, and to serve as the trusted public face of governmental public health in the department's jurisdiction.
- e. Participate in or lead a cross-sector collaborative process resulting in a comprehensive state/community health assessment (nationally recognized frameworks and tools such as Mobilizing for Action through Planning and Partnerships, County Health Rankings, and Healthy People, can be used to inform or conduct these assessments).
- f. Develop and implement cross-sector state/community health improvement plans based on comprehensive community health assessment; nationally recognized frameworks and tools should be used to develop these plans.
- g. Engage with the public health system and the community in identifying, prioritizing, and addressing key health needs through collaborative processes.
- h. Engage with partners in the health care system to assess and improve health service availability and access.
- i. Develop and implement multisector or system strategies to increase access to social services.

- j. Build relationships with educational programs that promote the development of future public health workers, including partnerships to create pathways into the public health workforce.
- k. Connect communities to services that support the whole person by providing robust linkages and navigation for community resources, which can include partnerships with healthcare in conducting social and structural determinants of health screening.
- l. Support and resource local health department's ability to strengthen and deliver environmental health services, which can include delivering technical assistance and training, and providing timely and locally relevant information on environmental public health threats.

A2.6. Improve equity and organizational competencies addressing leadership, governance, and strategic planning.

- a. Support all efforts to strategically coordinate health equity programming and practice at all levels, through a strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- b. Conduct a department-wide strategic planning process, which may include hiring a facilitator external to the department or organization.
- c. Support organizational improvement efforts, including reorganization processes or efforts to explore cross-jurisdictional sharing, which may be put in place to better align the agency processes, resources, and capabilities to meet today's public health needs.
- d. Develop policies that foster accountability and transparency within the organizational infrastructure to prioritize equity, ethical practice, decision-making, and governance.

A2.7. As appropriate, implement plans to transition from COVID-19 emergency response and other emergency response and preparedness projects.

- a. No sample activities are provided for this Key Activity.

Strategy A3: Data Modernization

There are six Key Activities included in Component A, Strategy 3. Below each of these Key Activities are sample activities for recipients to consider for their own agency. Recipients are encouraged to work closely with CDC on any activities they may want to implement that are not included in this appendix. Statewide recipients should also consider this a sample list of activities to support in local health departments and tribes, to strengthen data modernization efforts.

A3.1. Identify a data modernization director and supporting team.

- a. Identify enterprise-wide steering committee to guide assessment, planning and implementation of identified priority activities.
- b. Expand departmental policies, procedures, and practices to orient towards an agile procurement, planning and implementation approach for DMI implementation.
- c. Engage contractors with technology, assessment, planning, system design, and implementation expertise to support activities, if needed.

A3.2. Assess and report the current capacity, gaps, and opportunities to modernize the public health data infrastructure and workforce.

- a. Complete required assessment outlining current capacity, gaps and opportunities. CDC has an assessment tool available for use by jurisdictions.

A3.3. Create implementation plans

- a. Identify enterprise-wide vision and goals for data modernization. Reference the CDC-developed “north star” vision for public health data infrastructure.
- b. Define technical standards for tools and services needed to achieve data modernization vision.
- c. Incorporate services and resources available from CDC, other jurisdictions, public health partners, health care partners, and city/county/state governmental infrastructure.
- d. Plan towards iterative outcomes that first focus on addressing problems of highest public health value and lowest technical complexity.
- e. Utilize agile-focused methodologies to develop implementation plans that can be quickly implemented, are flexible and adaptable, and whose lessons learned can readily propagate and scale successes.

A3.4. Implement developed work plans to realize data infrastructure enhancements and improvements.

- a. Implement agile-focused work plans to address prioritized areas of focus. Domain areas of focus can include, but are not limited to, the following areas:
 - Data Exchange and Systems Interoperability
 - Data and IT Governance
 - Data Analytics, Visualization, and Dissemination
 - Data Standardization and Linkage
 - System Security and Data Protection
 - Process Automation
 - Achieving Efficiencies

A3.5. Accelerate implementation by proposing innovative modernization projects to enhance data quality, exchange, dissemination, and use.

- a. There are no sample activities provided for A3.5. Refer to A3.4. for areas that can be accelerated.

Appendix 2: Example Workforce Positions and Position Descriptions

This Public Health Infrastructure grant supports hiring workforce across a broad range of public health positions, across levels of workforce tenure and seniority, public health topic areas, and competencies. Staff funded with this grant may be with the Component A recipient or with governmental or non-governmental partners, as appropriate. This appendix includes examples of the workforce positions by job classification category/type and by program area category/program area that can be supported by this grant as well as example position descriptions for the required Workforce Director and suggested Data Modernization Director.

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Workforce Positions by Job Classification Category/Type

1. Agency Leadership and Management
 - a. Department/Bureau Director
 - b. Deputy Director
 - c. Public Health Agency Director
 - d. Program Director
 - e. Public Health Manager or Program Manager
 - f. Training Developer/Manager
2. Business and Financial Operations Staff
 - a. Attorney or Legal Counsel
 - b. Business Support - Accountant/Fiscal
 - c. Business Support services - Administrator
 - d. Business Support services - Coordinator
 - e. Workforce development staff
 - f. Grants or Contracts Specialist
 - g. Other Business Support Services
3. Office and Administrative Support Staff
 - a. Clerical Personnel – Administrative Assistant
 - b. Clerical Personnel - Secretary
 - c. Customer Service/Support Professional
 - d. Other Facilities or Operations Worker
 - e. Implementation Specialist
 - f. Medical/Vital Records Staff

- g. Custodian
- h. Health Officer
- i. Human Resources Personnel
- 4. Information Technology and Data Systems Staff
 - a. Information Systems Manager/Information Technology Specialist
 - b. IT Support Staff
 - c. Public Health Informatics Specialist
 - d. Informatics staff
- 5. Public Information and Public Policy Staff
 - a. Public Information Specialist
 - b. Policy Analyst
 - c. Communications specialist / Web Developer
- 6. Laboratory Workers
 - a. Laboratory Technician
 - b. Laboratory Quality Control Worker
 - c. Laboratory Scientist/Medical Technologist
 - d. Laboratory Aide or Assistant
- 7. Epidemiologists, Statisticians, Data Scientists, Other Data Analysts
 - a. Epidemiologist
 - b. Population Health Specialist
 - c. Statistician
 - d. Economist
 - e. Data or research analyst
 - f. Data scientist
 - g. Program Evaluator
 - h. Quality Improvement Worker
- 8. Behavioral Health and Social Services Staff
 - a. Behavioral Health Professional
 - b. Disease Intervention Specialist/Contact Tracer
 - c. Peer Counselor
 - d. Health Navigator
 - e. Social Worker/Social Services Professional
 - f. Disability claims/benefits examiner or adjudicator
- 9. Community Health Workers and Health Educators
 - a. Health Educator
 - b. Community Health Worker
- 10. Public Health Physician, Nurse, Other Health Care Providers
 - a. Medical Examiner
 - b. Nursing and Home Health Aide
 - c. Nutritionist or Dietitian
 - d. Other Oral Health Professional
 - e. Other Nurse - Clinical Services
 - f. Physician Assistant

- g. Public Health Dentist
 - h. Public Health/Preventive Medicine Physician
 - i. Registered Nurse - Public Health or Community Health Nurse
 - j. Registered Nurse - Unspecified
 - k. Pharmacist
 - l. Licensed practical or vocational nurse
 - m. Nurse Practitioner
 - n. Emergency Medical Technician/Advanced Emergency Medical Technician / Paramedic
 - o. Emergency Medical Services Worker
 - p. Other Health Professional/Clinical Support Staff
 - q. Physical/Occupational/Rehabilitation Therapist
 - r. Public Health Veterinarian
11. Preparedness Staff
- a. Emergency Preparedness/Management Worker
12. Environmental Health Workers
- a. Environmental Health Worker
 - b. Environmental Health Technician
 - c. Environmental Health Physicist
 - d. Environmental Epidemiologist
 - e. Environmental Health scientist
13. Animal Control and Compliance/Inspection Staff
- a. Licensure/Regulation/Enforcement Worker
 - b. Sanitarian or Inspector
 - c. Animal Control Worker
14. Other
- a. Engineer
 - b. Student, Professional or Scientific
 - c. Other (not categorized)

Workforce Positions by Program Area Category/Program Area:

- 1. All Hazards
 - a. Emergency Preparedness
- 2. Assessment
 - a. Community Health Assessment/Planning
 - b. Disability services, including disability determinations
 - c. Enforcement/Inspection/Licensing/Certification of Facilities
 - d. Epidemiology Surveillance
 - e. Informatics
 - f. Medical Examiner
 - g. Public Health Genetics
 - h. Public Health Laboratory

- i. Vital Records
- 3. Chronic Disease & Injury
 - a. Non-Communicable Disease/Chronic Disease
 - b. Health Promotion/Well-being
 - c. Injury/Violence Prevention
- 4. Communicable Disease
 - a. COVID-19 Response
 - b. Communicable Disease - HIV
 - c. Communicable Disease - Influenza
 - d. Communicable Disease - STD
 - e. Communicable Disease - Tuberculosis
 - f. Communicable Disease - Viral Hepatitis
 - g. Health Education
 - h. Other Communicable Disease
- 5. Environmental Health
 - a. Environmental Health
 - b. Animal Control
- 6. Maternal and Child Health
 - a. Children and Youth with Special Health Care Needs
 - b. Maternal and Child Health - Family Planning
 - c. Maternal and Child Health - WIC
- 7. Organizational Competencies
 - a. Administration/Administrative Support
 - b. Information Technology (IT) Services
 - c. Minority Health/Health Disparities
 - d. Policy and Legislation
 - e. Program Evaluation
 - f. Training/Workforce Development
- 8. Other
 - a. Global Health
 - b. Other Program Area (specify)
- 9. Other Health Care
 - a. Clinical Services (excluding TB, STD, family planning)
 - b. Emergency Medical Services
 - c. Immunizations - clinical
 - d. Immunizations - non-clinical
 - e. Mental Health
 - f. Oral Health/Clinical Dental Services
 - g. School Health
 - h. Substance Abuse, including tobacco control programs

Example Position Descriptions

To ensure adequate oversight, management, and efficient and effective implementation of the Public Health Infrastructure grant, recipients are expected to support or hire critical positions to manage the work under this grant. Below are example key position descriptions (PD) for two of the key positions mentioned in Component A, Strategy A1: Workforce.

1) Example Workforce Director PD

Organizational Structure
Summarize the functions of the position's division/unit and how this position fits into the agency structure.
<p>The Workforce Director is an executive/senior leadership position in the public health agency responsible for enhancing/supporting the health of the organization's culture and the well-being of its people by designing, leading, and implementing/facilitating strategies that close the gaps between the agency's people/culture expectations and its reality. It is not a re-branded HR Director role rooted in HR policy, practice, and expertise.</p> <p>The Workforce Director and HR Director are close partners in the implementation of agency culture and people strategies, ensuring that HR is a key driver of culture and well-being in the agency.</p> <p>The Workforce Director supports leadership through partnership, consultation, coaching, and mentoring as requested.</p> <p>The Workforce Director reports to the highest-level Health Officer and/or Senior Deputy in the Public Health Agency.</p>
Position Objective
Describe the position's main purpose, include what the position is required to accomplish and major outcomes produced. Summarize the scope of impact, responsibilities, and how the position supports/contributes to the mission of the organization.
<p>The Workforce Director is the Public Health Agency's culture and workforce strategist. Their work is directional and strategic in nature, impacting all areas of agency and its employees. The Workforce Director's mission is to attend to cultural health and workforce well-being. By this we mean the Workforce Director actively helps the Public Health Agency:</p> <ul style="list-style-type: none"> • Clarify who we are and who we need to become as an organization and workforce. • Identify the gaps between who we say we are (or need to become) and who we actually are. • Design, lead, and implement/facilitate strategies to close those gaps. <p>The Workforce Director pursues their mission through a particular way of working:</p> <ul style="list-style-type: none"> • Applies what they learn from others to understand their impact and adjust their efforts. • Designs people/workforce strategies with the people impacted most (i.e., design thinking/design justice principles and methods), adding their own expertise, research, and data to the design conversation. (This design work is focused on, but not limited to, culture and people strategies that improve the health of the Public Health Agency's culture and the well-being of its people.) • Helps the Public Health Agency clarify and care for its vision, mission, and values. • Embeds the Public Health Agency's vision, mission, and values, especially equity, innovation and engagement, in all their work. <p>Through trusted relationships, partnerships, and careful listening (to people and to data), the Workforce Director designs and leads/facilitates culture strategies that help the organization live into its core values. Responsibilities may include helping set strategic direction (culture, policy and/or business direction) through consultation or facilitation as requested. The Workforce Director is responsible for understanding the health of the organization and the well-being its people using qualitative and quantitative data.</p> <p>Major outcomes include identification of culture/people gaps and opportunities; culture/workforce strategy design that closes those gaps; culture/workforce strategic planning; improved culture alignment with core values; and clear</p>

organizational vision, mission, and values.

The Workforce Director helps to:

1. Acquire quality, actionable workforce data on employee health, equity, diversity, and inclusion.
2. Make that data visible and useful for decision-making throughout the organization.
3. Develop and implement HR business strategies (e.g., talent acquisition, leader development, learning and growth, employee well-being) that foster healthy culture and employee well-being.
4. Use workforce analytics to help others see and address culture and people gaps in their areas of responsibility, including developing a sustainable model to scale staffing based on changing needs.

The Workforce Director is an expert resource to the organization in executive coaching and development, executive team meeting design/facilitation, and organizational design. This work may include providing expert advice and consultation to others to help them address culture, people, and business challenges in their areas of responsibility.

Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Functions listed in this section are primary duties and are fundamental to why the position exists.

This position reports to the highest-level Health Officer and/or Senior Deputy in the Public Health Agency and has responsibility to be the agency's culture and people strategist, and to infuse *how* they work with the core values of equity, innovation, and engagement.

Responsibilities include:

1. Support the Public Health Agency in vision and strategy development in the areas of responsibility. Help them succeed in their role through idea development, organizational consultation, facilitation, and leading innovation as requested.
2. Support teams (and individual members) with vision and strategy development in their areas of responsibility. Help them succeed through idea development, facilitation, consultation, coaching and mentoring as requested.
3. Support the HR Director with vision and strategy development in their area of responsibility. Help establish HR as a driver of culture/people health and well-being through strategy development and implementation, consultation, coaching and mentoring.
4. Actively develop agency culture strategies that:
 - Increase alignment between our culture and core values.
 - Enhance the health of Public Health Agency businesses and customer/community relationships.
5. Actively develop agency people strategies that:
 - Increase the health and well-being of Public Health Agency employees, helping them thrive and take that goodness to their teams, families, neighbors, and communities.
 - Generate a clear, measurable ROI for the Employee Experience Program.
 - Assess skills and gaps, especially related to data science due to quick evolution, and develop continuous learning plans for staff.
6. Lead the development of workforce analytics to:
 - Make visible culture and employee health at the Public Health Agency.
 - Enhance development and effectiveness of Public Health Agency people strategies
 - Support better decision-making on people matters across the entire organization.
 - Ensure a model exists to maintain the Public Health Agency's workforce in a scalable, sustainable manner.
7. Develop and launch an employee experience program and ensure commitment to three principles:
 - Elevate employee experience with focus on equity.
 - Implement the outward mindset pattern (i.e., operationalizing see others, adjust efforts, and measure impact in the way we work every day) through personal customer engagement, product innovation, and customer/team satisfaction data.

- Embrace design thinking (i.e., seeing others through human-centered design) to help us toward equity, innovation, and engagement.
8. Provide organizational consultation, coaching, mentoring and executive facilitation as needed in the organization.

Accountability – Scope of Control and Influence

Provide examples of the resources and/or policies that are controlled and influenced.

- The position establishes agency-level strategies and policies and directly influences agency direction and culture.
Examples:
 - Proposal, design, and facilitation of the agency’s vision, mission, and values refresh
 - Proposal, design, and facilitation of the agency’s transformational strategic planning effort, extending vision, mission and values refresh into transformational action.
 - Proposal, design, and start-up of an employee experience program as a key people strategy at the Public Health Agency.
- The position has a high degree of influence on external and internal agency policies.
- This position manages a substantial program (e.g., Employee Experience Program start-up) that impacts every Public Health Agency division, program, and customer.
- This position is responsible for resource allocation and hiring decision in the Employee Experience Program and, currently, the Office of People Services as well as identifying opportunities beyond direct hiring to meet jurisdiction’s needs, including potential partnerships with academia and using data and planning to inform potential sustainable solutions.
- The position influences statewide policy/practice in areas of workforce and culture and will work with counterparts in other jurisdictions to identify and share best practices and policies.

Describe the scope of accountability.

This position has broad responsibility for executive leadership related to culture and workforce. The strategies and implementation for which this role is responsible influence the Public Health Agency’s direction and directly impact Agency culture, workforce health/effectiveness. Consequently, the position impacts the Public Health Agency’s ability to perform program work and support public health in their jurisdictions.

Describe the potential impact of error or consequence of error (impacts unit, division, agency, state).

- Failure to develop and lead effective culture strategies impair the entire agency’s organizational health and effectiveness, as well as partner relationships and customer satisfaction across the state.
- Failure to develop and lead effective workforce strategies impair the health, effectiveness and sustainability of our workforce negatively impacting the Public Health Agency’s ability to achieve its vision and mission for all members of its jurisdiction
- Failure to provide effective executive support, consultation and partnership impacts the effectiveness of agency direction and division-level businesses across the organization.

Financial Dimensions

Describe the type and annual amount of all monies that the position directly controls. Identify other revenue sources managed by the position and what type of influence/impact it has over those sources.

Operating budget controlled.

- \$TBD million

Other financial influences/impacts.

- This position may manage/oversee contracts for training, coaching and consultation of approximately \$TBD million.

Supervisory Responsibilities

<p>Supervisory Position: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, list total full-time equivalents (FTE's) managed and highest position title.</p> <p>Total FTEs: TBD</p>
Decision Making and Policy Impact
<p>Explain the position's policy impact (applying, developing, or determining how the agency will implement).</p> <ul style="list-style-type: none"> The position's decision-making responsibilities includes development and implementation of agency wide policies and strategies related to the Public Health Agency's workforce, culture, and employee well-being. This position will assist in developing strategies, goals, and objectives to meet the operational needs of various programs throughout the agency, especially in support of the HR Director.
<p>Is the position responsible for making significant recommendations due to expertise or knowledge? If yes, provide examples of the types of recommendations made and to whom.</p> <p>The position continually assesses the state of the Public Health Agency's culture and workforce, and designs, selects, implements and/or recommends agency-level strategies and policies.</p> <p>The position also is a key consultant on culture and workforce issues, especially agency vision, mission, values, and culture/workforce health matters.</p>
<p>Explain the major decision-making responsibilities this position has full authority to make.</p> <ul style="list-style-type: none"> The position is responsible to identify, create and implement solutions to agency culture and workforce challenges. While the position has full authority to make independent decisions in these areas, one executive function of the role is to generate/facilitate shared decision-making and commitment on these agency-wide strategies. Despite their full authority in these areas, the position is expected to inspire shared purpose and mutual executive commitment through intentional co-creation of strategies and facilitation of shared decision-making. This position also has the responsibility for forecasting staffing based on program needs and funding availability as well as look strategically across all sources of funding in the jurisdiction to use that funding to support the jurisdictions workforce development plan.
<p>Describe whether decisions are of a tactical or strategic nature and how decisions are made. For example, is there known precedent, is it somewhat unfamiliar, or unknown and unexplored?</p> <ul style="list-style-type: none"> Decisions made by this position are primarily directional and strategic regarding agency culture and workforce well-being but encompass tactical decision making for implementation. Frequent decisions will be made without known precedent and innovation into unknown and unexplored areas is expected. Because decisions and strategies of this role impact the entire agency and are often without precedent, the position works intentionally to inspire shared-purpose and mutual executive commitment through co-creation of strategies and facilitation of shared decision-making. For many decisions there will be co-decision-making
<p>What are the risks or consequences of the recommendations or decisions?</p> <ul style="list-style-type: none"> Typically, the breadth and impact of strategy and decisions carry significant consequences to agency culture, employee satisfaction and budget.
Qualifications – Knowledge, Skills, and Abilities
<p>List the education, experience, licenses, certifications, and competencies.</p>
<p>Required Education, Experience, and Competencies.</p> <ul style="list-style-type: none"> Master's Degree or higher in Public Health, Organizational Development, or a closely allied field. <ul style="list-style-type: none"> <i>Qualifying experience in executive leadership or senior organizational development roles may be substituted for the educational requirements at a rate of one year of experience for one year of education.</i>

- Five (5) or more years of direct organizational leadership experience to include development and implementation of culture and workforce strategies with those teams.
- Demonstrated experience in organizational development and strategic planning to support HR management.
- Extensive written and oral communication skills coupled with demonstrated experience communicating complex and unusual topics or issues both verbally and in writing to diverse audiences.
- Demonstrated professional-level experience in the following subject areas:
 - Organizational Development, with particular attention to culture and workforce
 - Strategic Planning
 - Executive-level facilitation, coaching and decision-making
 - Workforce Development
- Demonstrated leadership competencies in the following areas:
 - Self-awareness, self-management and continual growth and learning.
 - Decision making – ability to identify issues, develop analyses of alternative positions and impacts; makes data driven, defensible recommendations; takes calculated risks based on logical rational decision-making processes; makes timely/responsive decisions; assumes responsibility for decisions made; and involves others appropriately in decision making processes.
 - Utilize quality improvement tools and processes in accomplishing work activities and in support of the agency’s mission and goals; this includes seeking opportunities to participate in process improvement activities and seeking out efficiencies in how work is accomplished.
 - Interpersonal awareness and the ability to be inclusive.
 - Organizational and political awareness.
 - Ability to integrate performance leadership into strategic development, provide coaching and mentoring for improved success, and display characteristics of interpersonal influence.
 - Ability to inspire
 - Ability to effectively communicate with diverse audiences.
 - Ethics and integrity.
- Cultural, ethnic, and gender sensitivity and competency.

Preferred/Desired Education, Experience, and Competencies.

- Understanding and practice in the principles and tools of the Outward Mindset.
- Proficiency in the development and implementation of workforce development strategies such as recruitment and hiring; onboarding; learning and growth; leader development; and engagement and retention.
- Proficiency in co-creating organizational strategies and building shared commitments with executive-level leaders.
- Certification(s) in coaching, facilitation, leadership development, change management or other related certifications in support of culture and employee health.

Excellent communication skills with the ability to:

- Interact effectively with others across a broad spectrum of managerial, administrative, and professional staff, especially executive level leaders.
- Write clearly and effectively for a variety of audiences.

Special Requirements/Conditions of Employment

List special requirements or conditions of employment beyond the qualifications above.

Working Conditions

Work Setting, including hazards:	Mobile work/telework. This position works at a personal computer up to 90% of the workday in a home or open office environment with noise, distractions, and interruptions. Required to be self-directed and manage multiple and often times competing priorities. The incumbent must maintain a high level of confidentiality.
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Schedule (i.e., hours and days):	8:00 a.m. - 5:00 p.m. Monday through Friday
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	The position is full-time with a regular working schedule of 40 hours per week. The incumbent may be required to work occasional evenings and weekends.
Travel Requirements:	Occasional travel required for meeting with stakeholders, vendors, or offsite personnel/management. Minimal out-of-state travel is required.
Tools and Equipment:	Computer databases, word processing applications, electronic mail applications, telephone, and multifunction devices. Operate state-owned vehicles in accordance with Washington State laws and agency policies.
Customer Relations:	Position communicates with internal and external customers in a professional manner, maintaining a good attitude in a dynamic environment. The incumbent will establish rapport and credibility internally with Executives, Senior Leadership, and Business Program Managers.
Other:	The position must have the ability to participate in executive / management sessions, presentations, and meetings.
Acknowledgement of Position Description	
The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.	
Date:	Supervisor's Signature (required):
Date:	Appointing Authority's Name and Title: Signature (required):
As the incumbent in this position, I have received a copy of this position description.	
Date:	Employee's Signature:

2) Example Data Modernization Director PD

Organizational Structure
Summarize the functions of the position's division/unit and how this position fits into the agency structure.
The Data Modernization Director is an executive/senior leadership position in the Public Health Agency responsible for managing the integration and continued development of the Agency's public health informatics functions as well as leading and coordinating data modernization efforts to ensure timely, complete, and interoperable surveillance data are readily available for public health action.
The Data Modernization Director is responsible for program development and operations and the supervision of identified staff members.
The Data Modernization Director reports to the highest-level Health Officer and/or Senior Deputy in the Public Health Agency.

Position Objective

Describe the position's main purpose, include what the position is required to accomplish and major outcomes produced. Summarize the scope of impact, responsibilities, and how the position supports/contributes to the mission of the organization.

The Data Modernization Director aims to optimize data integration, data governance, interoperability, and visualization, supports the strategic leadership and direction for the design and implementation of an informatics/data analytics plan, and assures a comprehensive public health informatics workforce. The Data Modernization Director's mission is assuring the use of public health informatics supports population health assessments and improvements, including the use of data/information to monitor strategic objectives. Director ensures that modernization efforts 1) improve timeliness and quality of data, 2) better coordinate data activities and systems, 3) reduce data burden, and 4) integrate emerging technologies.

The Data Modernization Director pursues their mission through a particular way of working:

- Conducts ongoing assessment of their jurisdiction's public health informatics environment and examines data needs within and across programs to identify areas of integration and means of improving efficiencies
- Guides the creation and maintenance of public health data and information
- Investigates available information technologies and shared services and makes recommendations regarding adoption
- Identifies data gaps and makes recommendations to address the identified gaps
- Embeds the Public Health Agency's vision, mission, and values, especially equity, innovation and engagement, in all their work

Through trusted relationships, partnerships, and careful listening (to people and to data), the Data Modernization Director designs and leads/facilitates data modernization and informatics strategies that help the organization maintain readiness for public health action. Responsibilities may include supervising data modernization and informatics staff and conducting performance management for direct reports, providing strategic leadership to ensure comprehensive data modernization and informatics capacity within their jurisdiction, and overseeing and ensuring effective and efficient use of existing or evolving data sets and information systems.

Major outcomes include: strategic direction of an informatics/data analytics plan, increased data modernization and informatics capacity, an adaptable environment that examines data needs and identifies areas for integration and improved efficiency, increased collaboration across work units and effective data workflows resulting in strengthened readiness for public health action as necessary.

The Data Modernization Director helps to:

1. Acquire quality, actionable public health data
2. Make that data visible and useful for decision-making throughout the jurisdiction
3. Develop and implement data modernization and informatics strategies that increase the effectiveness and efficiency of the Public Health Agency
4. Use analytics to help others understand and address gaps in data or data management processes, including implementing updated practices based on changing needs

The Data Modernization Director is an expert resource to the organization in data strategies and exchange and supports and promotes collaborative relationships to advance common data strategies and interoperability solutions.

Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Functions listed in this section are primary duties and are fundamental to why the position exists.

This position reports to the highest-level Health Officer and/or Senior Deputy in the Public Health Agency and has responsibility to be the agency's data modernization and informatics strategist.

Responsibilities include:

1. Systems and Organizational Improvement/Project Management
 - Manage plans, operations, and improvements related to data.
 - Develop, implement, and monitor systems, procedures, and training materials to assemble and structure the electronic data.
 - Assess information technologies and strategies for their potential benefit to the agency and make recommendations regarding implementation
 - Recommend changes to scope, goals, and plans in response to unforeseen changes or unexpected results.
 - Develop and oversee data management and use agreements.
 - Coordinate with Public Health Agency information technology office to support on requirements definition, solution identification, acquisition, change management and implementation
2. Informatics Capacity Building
 - Mentor and build informatics capacity among research analysts, operations analysts, informaticians, and epidemiologists to build expertise in the development, maintenance, and management of public health information and data systems.
 - Document, analyze, evaluate, and share findings on existing system processes with program staff.
 - Assess data science capacity across the workforce at the Public Health Agency. Identify areas of data science strengths and opportunities for growth needed to develop an effective informatics function and workforce
 - Recommend operating policies to integrate processes and to enhance interoperability between data systems, as dictated by resources required, available funds, and cost-benefit considerations.
 - Provide troubleshooting and technical support skills to colleagues and consult with public health leadership groups as necessary.
 - Advise policy makers regarding optimal design and evaluation of systems to meet requirements for “meaningful use” of health information.
3. Performance Management
 - Supervise data analytics/visualization staff
 - Conduct performance management for direct report(s)
 - Establish and review work assignments, deadlines, and priorities
4. Strategic Public Health Informatics Leadership
 - Provide strategic leadership to ensure comprehensive Public Health Informatics capacity for the Public Health Agency.
 - Chair the Informatics Workgroup to identify any additional internal and external stakeholders and understand data needs
 - Recommend new or updated policies and practices relating to data science, standards, and new/emerging technologies
 - Serve on the Public Health Agency data and information systems governance body
 - May serve as the liaison on agency-wide PH Informatics matters
5. Public Health Informatics and Data Analytics
 - Oversee and provide assistance to informaticians across jurisdictions to ensure effective and efficient use of existing and/or evolving internal or external data sets

- Oversee messaging processes that ensures efficient receipt, storage, quality assurance, and routing of electronic messages to appropriate data systems
- Oversee agency-wide geographic information systems (GIS) initiatives that provides for geocoded Meta datasets and shape files that enhance data analysis and visualization
- Recommend enhancements to existing information systems to better collect or utilize public health data
- Work with local and/or state Health Districts to assure the development of action-oriented dashboards and other visualizations to report on public and population health outcomes and agency performance metrics.

6. Other Duties

- May be required to perform other duties; may include functions in support of emergency declaration

Accountability – Scope of Control and Influence

Provide examples of the resources and/or policies that are controlled and influenced.

- The position establishes agency-level strategies and policies and directly influences agency data modernization and informatics practices. Examples:
 - Proposal, design, and facilitation of the agency’s data modernization efforts
 - Proposal, design, and facilitation of the agency’s informatics strategies
- The position influences statewide policy/practice in areas of data modernization and informatics and will work with counterparts in other jurisdictions to identify and share best practices and policies.

Describe the scope of accountability.

This position has broad responsibility for data modernization and informatics for the Public Health Agency. The strategies and implementation for which this role is responsible influence the Public Health Agency’s direction and directly impact Agency’s effectiveness. Consequently, the position impacts the Public Health Agency’s ability to perform program work and support Public Health in their jurisdictions.

Describe the potential impact of error or consequence of error (impacts unit, division, agency, state).

- Failure to develop and lead effective data modernization and informatics strategies impair the health, effectiveness and sustainability of our workforce negatively impacting the Public Health Agency’s ability to achieve its vision and mission for all members of its jurisdiction.
- Failure to develop and lead effective data modernization and informatics impairs the entire agency’s readiness and effectiveness, as well as partner relationships and customer satisfaction across the state.

Financial Dimensions

Describe the type and annual amount of all monies that the position directly controls. Identify other revenue sources managed by the position and what type of influence/impact it has over those sources.

Operating budget controlled.

- \$TBD million

Other financial influences/impacts.

- This position may manage/oversee contracts for projects related to data modernization up to \$TBD million.

Supervisory Responsibilities

Supervisory Position: Yes No

If yes, list total full-time equivalents (FTE’s) managed and highest position title.

Total FTEs: TBD
Decision Making and Policy Impact
<p>Explain the position’s policy impact (applying, developing, or determining how the agency will implement).</p> <ul style="list-style-type: none"> • The position’s decision-making responsibilities includes development and implementation of agency wide policies and strategies related to the Public Health Agency’s data modernization and informatics efforts. • This position will assist in developing strategies, goals, and objectives to meet the evolving data modernization and informatics needs of various programs throughout the agency.
<p>Is the position responsible for making significant recommendations due to expertise or knowledge? If yes, provide examples of the types of recommendations made and to whom.</p> <p>The position continually assesses the state of the Public Health Agency’s data modernization and informatics capacity, and selects, implements and/or recommends agency-level strategies and policies as needed.</p>
<p>Explain the major decision-making responsibilities this position has full authority to make.</p> <p>The position is responsible to identify, create and implement solutions to agency data modernization and informatics challenges. While the position has full authority to make independent decisions in these areas, one executive function of the role is to generate/facilitate shared decision-making and commitment on these agency-wide strategies. Despite their full authority in these areas, the position is expected to inspire shared purpose and mutual executive commitment through intentional co-creation of strategies and facilitation of shared decision-making.</p>
<p>Describe whether decisions are of a tactical or strategic nature and how decisions are made. For example, is there known precedent, is it somewhat unfamiliar, or unknown and unexplored?</p> <ul style="list-style-type: none"> • Decisions made by this position are primarily directional and strategic regarding agency data modernization and informatics but encompass tactical decision making for implementation. • Frequent decisions will be made without known precedent and innovation into unknown and unexplored areas is expected. • Because decisions and strategies of this role impact the entire agency and are often without precedent, the position works intentionally to inspire shared-purpose and mutual executive commitment through co-creation of strategies and facilitation of shared decision-making. • For many decisions there will be co-decision-making
<p>What are the risks or consequences of the recommendations or decisions?</p> <ul style="list-style-type: none"> • Typically, the breadth and impact of strategy and decisions carry significant consequences to agency readiness and effectiveness.
<p>Qualifications – Knowledge, Skills, and Abilities</p> <p>List the education, experience, licenses, certifications, and competencies.</p>
<p>Required Education, Experience, and Competencies.</p> <ul style="list-style-type: none"> • Master’s Degree or higher in Public Health, Data, Informatics, or a closely allied field. <ul style="list-style-type: none"> ○ Qualifying experience in executive leadership or senior organizational development roles may be substituted for the educational requirements at a rate of one year of experience for one year of education. • Five (5) or more years of direct organizational leadership experience to include development and implementation of data modernization and informatics strategies with those teams. • Demonstrated professional-level experience in the following subject areas: <ul style="list-style-type: none"> ○ Optimizing data integration, data governance, interoperability, and visualization. ○ Operational research methods and practices, with particular attention to advanced statistical methods applied to organizational analysis ○ Database management, interactive data system principles and design options, and data warehouse development and use ○ Qualitative and quantitative techniques for analyzing the effectiveness, efficiency, and productivity of organizations and programs

- Strategic Planning
- Theories and principles of organizational systems and methods of application to public health agency operations
- Demonstrated leadership competencies in the following areas:
 - Self-awareness, self-management and continual growth and learning.
 - Decision making – ability to identify issues, develop analyses of alternative positions and impacts; makes data driven, defensible recommendations; takes calculated risks based on logical rational decision-making processes; makes timely/responsive decisions; assumes responsibility for decisions made; and involves others appropriately in decision making processes.
 - Utilize quality improvement tools and processes in accomplishing work activities and in support of the agency's mission and goals; this includes seeking opportunities to participate in process improvement activities and seeking out efficiencies in how work is accomplished.
 - Interpersonal awareness and the ability to be inclusive.
 - Organizational and political awareness.
 - Ability to integrate performance leadership into strategic development, provide coaching and mentoring for improved success, and display characteristics of interpersonal influence.
 - Ability to inspire
 - Ability to effectively communicate with diverse audiences
 - Ethics and integrity.
- Cultural, ethnic, and gender sensitivity and competency.

Preferred/Desired Education, Experience, and Competencies.

- Understanding and practice of system management, including monitoring systems and taking actions to improve or correct performance to optimize agency effectiveness and readiness
- Proficiency in the organizational systems and their application to public health agencies, including cost estimating and time/resource allocation
- Knowledge of or proficiency in software applications and OS platforms, including analytic and programmatic applications, Windows Desktop Server, Sybase mapping and messaging applications, file transfer protocol, and VPN
- Experience with public health data formatting, coding standards, optimizing data integration, data governance, interoperability, and visualization.

Excellent communication skills with the ability to:

- Interact effectively with others across a broad spectrum of managerial, administrative, and professional staff, especially executive level leaders.
- Write clearly and effectively for a variety of audiences.

Special Requirements/Conditions of Employment
List special requirements or conditions of employment beyond the qualifications above.

Working Conditions

Work Setting, including hazards:	Mobile work/telework. This position works at a personal computer up to 90% of the workday in a home or open office environment with noise, distractions, and interruptions. Required to be self-directed and manage multiple and often times competing priorities. The incumbent must maintain a high level of confidentiality.
Schedule (i.e., hours and days):	8:00 a.m. - 5:00 p.m. Monday through Friday The position is full-time with a regular working schedule of 40 hours per week. The incumbent may be required to work occasional evenings and weekends.

Travel Requirements:	Occasional travel required for meeting with stakeholders, vendors, or offsite personnel/management. Minimal out-of-state travel is required.
Tools and Equipment:	Computer databases, word processing applications, electronic mail applications, telephone, and multifunction devices.
Customer Relations:	Position communicates with internal and external customers in a professional manner, maintaining a good attitude in a dynamic environment. The incumbent will establish rapport and credibility internally with Executives, Senior Leadership, and Business Program Managers.
Other:	The position must have the ability to participate in executive / management sessions, presentations, and meetings.
Acknowledgement of Position Description	
The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.	
Date:	Supervisor's Signature (required):
Date:	Appointing Authority's Name and Title: Signature (required):
As the incumbent in this position, I have received a copy of this position description.	
Date:	Employee's Signature:

Position Description and Work Plan

Activity Title: Workforce A1.1 – Recruit and Hire New Public Health Staff				
Activity Focus (select one): Expand and improve recruitment efforts to reach wide and diverse pools of potential applicants, particularly through partnerships with relevant institutions.				
Other Activity Focus (if applicable):				
Milestone Description	Party Responsible	Key Contracts, Subawards and Collaborations	Due Date	Measures of Success
Public Health Program manager to oversee diverse public health program at the local level	Carson City Health and Human Services		June 2023	Hiring of Public Health Program Manager
Public Health Informatician to support information systems	Carson City Health and Human Services		June 2023	Hiring of Public Health Informatician
Expand internships with higher learning institutions	Carson City Health and Human Services		June 2023, yearly after that	# of interns
Activity Title: A1.4 Train new and existing public health staff.				
Activity Focus (select one): Establish or expand leadership development programs for staff who demonstrate leadership potential or are in management positions.				
Milestone Description	Party Responsible	Key Contracts, Subawards and Collaborations	Due Date	Measures of Success
NACo High Performance Leadership Academy	Carson City Health and Human Services		June 2023, yearly after that	# of staff who attended NACo High Performance leadership Academy
Promote learning opportunities through a variety of channels	Carson City Health and Human Services	State, CDC TRAIN, Larson Institute (Nevada Public Health Training Center), NACCHO	June 2023, yearly after that	# of staff who attended NACCHO conference or other learning opportunity

Position Description and Work Plan

Activity Title: A2.1 Foundational Capabilities – Strengthen accountability and performance management, including accreditation.				
Activity Focus (select one): Support efforts needed to apply for reaccreditation				
Milestone Description	Party Responsible	Key Contracts, Subawards and Collaborations	Due Date	Measures of Success
Maintain PHAB membership and meet all Standards and Measures	Carson City Health and Human Services		June annually	Annual reports with no comments Successful reaccreditation

BUDGET NARRATIVE
11/01/22 - 10/31/23

Total Personnel Costs including fringe **Total: \$150,684**

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Program Manager (TBD)	\$87,409.92	53.900%	100.000%	12	100.00%	\$134,524

Under general direction, plans, organizes, coordinates, supervises, reviews and evaluates the activities of the program in regard to public health issues; develops and maintains tracking systems for the program, including data collection, analysis and financial

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Informatic Specialist	\$70,000.00	53.900%	15.000%	12	100.00%	\$16,160

Will support, at the entry level, configuration, operation, development, maintenance, and enhancement of data systems and informatics capabilities to address the needs of Carson City Health and Human Services.

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$52,773	Total Salary Cost:	\$97,910
Total Budgeted FTE	1.15000		

Travel Total: \$2,230

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (0.625 cents) as a guide unless the organization's policies specify lower rates for

Out-of-State Travel \$2,115

<u>NACCHO 360: Atlanta, GA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: 700 x 1 of trips x 1 of staff	\$700	1		1	\$700
Baggage fee: \$ 60 x 1 of trips x 1 of staff	\$60	1		1	\$60
Per Diem: \$74 x 1of trips x 5 days x 1 staff	\$74	1	5	1	\$370
Lodging: \$ 163 x 1 of trips x 5of nights x 1 of staff	\$163	1	5	1	\$815
Ground Transportation: \$ 50 per r/trip x 2 of trips x 1 of staff	\$50	2	1	1	\$100
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	1	\$70

Justification:

In-State Travel \$115

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.625 x 184 of miles per r/trip) x 1 of staff	\$0.625	184		1	\$115

Parking: \$ per day x # of trips x # of days
 x # of staff \$0 0 0 0 \$0

Justification:

Operating **Total: \$600**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items

Office supplies \$ 50 amount x 1 of FTE
 staff x 12 of mo. \$600.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

Justification: General offices supplies, such as pens, paper, folders, etc.

Equipment **Total: \$0**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or

Describe equipment \$0.00

Contractual **\$2,650**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or

Name of Contractor, Subrecipient: Public Health Intern **Total \$2,650**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: November 1, 2022 to October 31, 2023

Scope of Work: Public Health Intern

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel \$2,650.00

Travel \$0.00

Total Budget \$2,650.00

Method of Accountability:

Training **Total: \$2,620**

List all cost associated with Training, including justification of expenditures.

NACCHO 360 Conference

\$625.00

NACo High Performance Leadership Academy-is an innovative, completely online 12-week program created to equip frontline county government professionals with practical leadership skills to deliver results for counties and communities.

Course will be offered to Division Managers. \$1,695.00

Public Health Education Materials \$300.00

Other **Total: \$0**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project,

Printing Services: \$ amount/mo. x 12 months \$0

Copier/Printer Lease: \$ amount x 12 months \$0

Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0

Long Distance: \$ per mo. x 12 months \$0

Email: \$ per mo. x 12 months x # of FTE \$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.*

TOTAL DIRECT CHARGES	\$158,784
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Indirect Charges	Indirect Rate:	5.500%	\$8,733
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Indirect Methodology: 5.5% of all direct charges = Indirect Charges (Explain how indirect is calculated (e.g. 11% of all direct

TOTAL BUDGET	Total:	\$167,517
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BUDGET NARRATIVE

11/1/23 - 10/31/24

Total Personnel Costs	including fringe	Total:	\$158,217
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Program Manager (TBD)	\$91,780.42	53.900%	100.000%	12	100.00%	\$141,250

Under general direction, plans, organizes, coordinates, supervises, reviews and evaluates the activities of the program in regard to public health issues; develops and maintains tracking systems for the program, including data collection, analysis and financial

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Informatic Specialist	\$73,500.00	53.900%	15.000%	12	100.00%	\$16,967

Will support, at the entry level, configuration, operation, development, maintenance, and enhancement of data systems and informatics capabilities to address the needs of Carson City Health and Human Services.

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$55,412	Total Salary Cost:	\$102,805
Total Budgeted FTE	1.15000		

Travel	Total:	\$2,230
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (0.625 cents) as a guide unless the organization's policies specify lower rates for

Out-of-State Travel

\$2,115

NACCHO 360: Denver, CO

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: 700 x 1 of trips x 1 of staff	\$700	1		1	\$700
Baggage fee: \$ 60 x 1 of trips x 1 of staff	\$60	1		1	\$60
Per Diem: \$74 x 1of trips x 5 days x 1 staff	\$74	1	5	1	\$370
Lodging: \$ 163 x 1 of trips x 5of nights x 1 of staff	\$163	1	5	1	\$815
Ground Transportation: \$ 50 per r/trip x 2 of trips x 1 of staff	\$50	2	1	1	\$100
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	1	\$70

Justification:

In-State Travel

\$115

Origin & Destination

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.625 x 184 of miles per r/trip) x 1 of staff	\$0.625	184		1	\$115

Parking: \$ per day x # of trips x # of days
 x # of staff \$0 0 0 0 \$0

Justification:

Operating **Total: \$600**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items

Office supplies \$ 50 amount x 1 of FTE
 staff x 12 of mo. \$600.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

Justification: General offices supplies, such as pens, paper, folders, etc.

Equipment **Total: \$0**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or

Describe equipment \$0.00

Contractual **\$2,650**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or

Name of Contractor, Subrecipient: Public Health Intern **Total \$2,650**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: November 1, 2023 to October 31, 2024

Scope of Work: Public Health Intern

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel \$2,650.00

Travel \$0.00

Total Budget \$2,650.00

Method of Accountability:

Training **Total: \$2,620**

List all cost associated with Training, including justification of expenditures.

NACCHO 360 Conference

\$625.00

NACo High Performance Leadership Academy-is an innovative, completely online 12-week program created to equip frontline county government professionals with practical leadership skills to deliver results for counties and communities.

Course will be offered to Division Managers, then other staff. \$1,695.00

Public Health Education Materials \$300.00

Other **Total: \$0**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project,

Printing Services: \$ amount/mo. x 12 months \$0

Copier/Printer Lease: \$ amount x 12 months \$0

Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0

Long Distance: \$ per mo. x 12 months \$0

Email: \$ per mo. x 12 months x # of FTE \$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.*

TOTAL DIRECT CHARGES	\$166,317
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Indirect Charges	Indirect Rate:	5.500%	\$9,147
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Indirect Methodology: 5.5% of all direct charges = Indirect Charges (Explain how indirect is calculated (e.g. 11% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement to DHHS staff.)

TOTAL BUDGET	Total:	\$175,464
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BUDGET NARRATIVE

11/1/24 - 10/31/25

Total Personnel Costs	including fringe	Total:	\$166,129
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Helath Program Manager (TBD)	\$96,369.44	53.900%	100.000%	12	100.00%	\$148,313

Under general direction, plans, organizes, coordinates, supervises, reviews and evaluates the activities of the program in regard to public health issues; develops and maintains tracking systems for the program, including data collection, analysis and financial

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Informatic Specialist	\$77,175.00	53.900%	15.000%	12	100.00%	\$17,816

Will support, at the entry level, configuration, operation, development, maintenance, and enhancement of data systems and informatics capabilities to address the needs of Carson City Health and Human Services.

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$58,183	Total Salary Cost:	\$107,946
Total Budgeted FTE	1.15000		

Travel	Total:	\$2,230
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (0.625 cents) as a guide unless the organization's policies specify lower rates for

Out-of-State Travel \$2,115

NACCHO 360: TBA

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: 700 x 1 of trips x 1 of staff	\$700	1		1	\$700
Baggage fee: \$ 60 x 1 of trips x 1 of staff	\$60	1		1	\$60
Per Diem: \$74 x 1of trips x 5 days x 1 staff	\$74	1	5	1	\$370
Lodging: \$ 163 x 1 of trips x 5of nights x 1 of staff	\$163	1	5	1	\$815
Ground Transportation: \$ 50 per r/trip x 2 of trips x 1 of staff	\$50	2	1	1	\$100
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	1	\$70

Justification:

In-State Travel

\$115

Origin & Destination

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.625 x 184 of miles per r/trip) x 1 of staff	\$0.625	184		1	\$115

Parking: \$ per day x # of trips x # of days
 x # of staff \$0 0 0 0 \$0

Justification:

Operating **Total: \$600**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items

Office supplies \$ 50 amount x 1 of FTE
 staff x 12 of mo. \$600.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

Justification: General offices supplies, such as pens, paper, folders, etc.

Equipment **Total: \$0**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or

Describe equipment \$0.00

Contractual **\$2,650**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or

Name of Contractor, Subrecipient: Public Health Intern **Total \$2,650**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: November 1, 2024 to October 31, 2025

Scope of Work: Public Health Intern

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel \$2,650.00

Travel \$0.00

Total Budget \$2,650.00

Method of Accountability:

Training **Total: \$2,620**

List all cost associated with Training, including justification of expenditures.

NACCHO 360 Conference

\$625.00

NACo High Performance Leadership Academy-is an innovative, completely online 12-week program created to equip frontline county government professionals with practical leadership skills to deliver results for counties and communities.

Course will be offered to Division Managers., then other staff. \$1,695.00

Public Health Education Materials \$300.00

Other **Total: \$0**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project,

Printing Services: \$ amount/mo. x 12 months \$0

Copier/Printer Lease: \$ amount x 12 months \$0

Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0

Long Distance: \$ per mo. x 12 months \$0

Email: \$ per mo. x 12 months x # of FTE \$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.*

TOTAL DIRECT CHARGES	\$174,229
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Indirect Charges	Indirect Rate:	5.500%	\$9,583
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Indirect Methodology: 5.5% of all direct charges = Indirect Charges (Explain how indirect is calculated (e.g. 11% of all direct

TOTAL BUDGET	Total:	\$183,812
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BUDGET NARRATIVE

11/1/25 - 10/31/26

Total Personnel Costs	including fringe	Total:	\$174,434
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Program Manager (TBD)	\$101,187.91	53.900%	100.000%	12	100.00%	\$155,728

Under general direction, plans, organizes, coordinates, supervises, reviews and evaluates the activities of the program in regard to public health issues; develops and maintains tracking systems for the program, including data collection, analysis and financial

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Informatic Specialist	\$81,033.00	53.900%	15.000%	12	100.00%	\$18,706

Will support, at the entry level, configuration, operation, development, maintenance, and enhancement of data systems and informatics capabilities to address the needs of Carson City Health and Human Services.

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$61,092	Total Salary Cost:	\$113,343
Total Budgeted FTE	1.15000		

Travel	Total:	\$2,230
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (0.625 cents) as a guide unless the organization's policies specify lower rates for

Out-of-State Travel \$2,115

<u>NACCHO 360: TBA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: 700 x 1 of trips x 1 of staff	\$700	1		1	\$700
Baggage fee: \$ 60 x 1 of trips x 1 of staff	\$60	1		1	\$60
Per Diem: \$74 x 1of trips x 5 days x 1 staff	\$74	1	5	1	\$370
Lodging: \$ 163 x 1 of trips x 5of nights x 1 of staff	\$163	1	5	1	\$815
Ground Transportation: \$ 50 per r/trip x 2 of trips x 1 of staff	\$50	2	1	1	\$100
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	1	\$70

Justification:

In-State Travel \$115

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.625 x 184 of miles per r/trip) x 1 of staff	\$0.625	184		1	\$115

Parking: \$ per day x # of trips x # of days
 x # of staff \$0 0 0 0 \$0

Justification:

Operating **Total: \$600**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items

Office supplies \$ 50 amount x 1 of FTE
 staff x 12 of mo. \$600.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

Justification: General offices supplies, such as pens, paper, folders, etc.

Equipment **Total: \$0**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or

Describe equipment \$0.00

Contractual **\$2,650**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or

Name of Contractor, Subrecipient: Public Health Intern **Total \$2,650**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: November 1, 2025 to October 31, 2026

Scope of Work: Public Health Intern

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel \$2,650.00

Travel \$0.00

Total Budget \$2,650.00

Method of Accountability:

Training **Total: \$2,620**

List all cost associated with Training, including justification of expenditures.

NACCHO 360 Conference

\$625.00

NACo High Performance Leadership Academy-is an innovative, completely online 12-week program created to equip frontline county government professionals with practical leadership skills to deliver results for counties and communities.

Course will be offered to Division Managers, then other staff. \$1,695.00

Public Health Education Materials \$300.00

Other **Total: \$0**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project,

Printing Services: \$ amount/mo. x 12 months \$0

Copier/Printer Lease: \$ amount x 12 months \$0

Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0

Long Distance: \$ per mo. x 12 months \$0

Email: \$ per mo. x 12 months x # of FTE \$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.*

TOTAL DIRECT CHARGES	\$182,534
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Indirect Charges	Indirect Rate:	5.500%	\$10,039
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Indirect Methodology: 5.5% of all direct charges = Indirect Charges (Explain how indirect is calculated (e.g. 11% of all direct

TOTAL BUDGET	Total:	\$192,573
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BUDGET NARRATIVE

11/1/26 - 10/31/27

Total Personnel Costs	including fringe	Total:	\$183,157
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Program Manager (TBD)	\$106,247.31	53.900%	100.000%	12	100.00%	\$163,515

Under general direction, plans, organizes, coordinates, supervises, reviews and evaluates the activities of the program in regard to public health issues; develops and maintains tracking systems for the program, including data collection, analysis and financial

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Public Health Informatic Specialist	\$85,085.43	53.900%	15.000%	12	100.00%	\$19,642

Will support, at the entry level, configuration, operation, development, maintenance, and enhancement of data systems and informatics capabilities to address the needs of Carson City Health and Human Services.

*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$64,146	Total Salary Cost:	\$119,010
Total Budgeted FTE	1.15000		

Travel	Total:	\$2,230
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (0.625 cents) as a guide unless the organization's policies specify lower rates for

Out-of-State Travel

\$2,115

NACCHO 360: TBA

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: 700 x 1 of trips x 1 of staff	\$700	1		1	\$700
Baggage fee: \$ 60 x 1 of trips x 1 of staff	\$60	1		1	\$60
Per Diem: \$74 x 1of trips x 5 days x 1 staff	\$74	1	5	1	\$370
Lodging: \$ 163 x 1 of trips x 5of nights x 1 of staff	\$163	1	5	1	\$815
Ground Transportation: \$ 50 per r/trip x 2 of trips x 1 of staff	\$50	2	1	1	\$100
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$14 per day x 1 of trips x 5 of days x 1 of staff	\$14	1	5	1	\$70

Justification:

In-State Travel

\$115

Origin & Destination

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.625 x 184 of miles per r/trip) x 1 of staff	\$0.625	184		1	\$115

Parking: \$ per day x # of trips x # of days
 x # of staff \$0 0 0 0 \$0

Justification:

Operating **Total: \$600**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items

Office supplies \$ 50 amount x 1 of FTE
 staff x 12 of mo. \$600.00

Rent: \$ per/mo. x 12 months x # of FTE \$0.00

Communications \$0.00

Justification: General offices supplies, such as pens, paper, folders, etc.

Equipment **Total: \$0**

List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or

Describe equipment \$0.00

Contractual **\$2,650**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or

Name of Contractor, Subrecipient: Public Health Intern **Total \$2,650**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: November 1, 2026 to October 31, 2027

Scope of Work: Public Health Intern

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel \$2,650.00

Travel \$0.00

Total Budget \$2,650.00

Method of Accountability:

Training **Total: \$2,620**

List all cost associated with Training, including justification of expenditures.

NACCHO 360 Conference

\$625.00

NACo High Performance Leadership Academy-is an innovative, completely online 12-week program created to equip frontline county government professionals with practical leadership skills to deliver results for counties and communities.

Course will be offered to Division

Managers, then other staff.

\$1,695.00

Public Health Education Materials

\$300.00

Other **Total: \$0**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project,

Printing Services: \$ amount/mo. x 12 months \$0

Copier/Printer Lease: \$ amount x 12 months \$0

Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0

Long Distance: \$ per mo. x 12 months \$0

Email: \$ per mo. x 12 months x # of FTE \$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.*

TOTAL DIRECT CHARGES	\$191,257
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Indirect Charges	Indirect Rate:	5.500%	\$10,519
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Indirect Methodology: 5.5% of all direct charges = Indirect Charges (Explain how indirect is calculated (e.g. 11% of all direct

TOTAL BUDGET	Total:	\$201,776
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PROPOSED BUDGET SUMMARY

(Form Revised May 2019)

A. **PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS**

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$921,142									\$921,142

EXPENSE CATEGORY

Personnel	\$832,621									\$832,621
Travel	\$11,150									\$11,150
Operating	\$3,000									\$3,000
Equipment	\$0									\$0
Contractual/Consultant	\$13,250									\$13,250
Training	\$13,100									\$13,100
Other Expenses	\$0									\$0
Indirect	\$48,021									\$48,021

TOTAL EXPENSE	\$921,142	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$921,142
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$48,021
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Total Agency Budget	\$921,142
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

Health Department Funding Map - CDC Grant / Strengthening US Public Health Infrastructure, Workforce, and Data Systems
11/1/22 - 10/31/27

Employee	Position	City/Contractor	FT/PT	CDC Infrastructure, Workforce, Data Grant	ELC Enhanced Expansion	Total Percentage for Each Employee
New position	Chronic Disease Prev & Health Promotion Div Mgr	City	FT	100%		100%
Budgeted - ELC	Public Health Informatic Specialist	City	FT	15%	85%	100%

*NOTE: The Public Health Informatic Specialist position is budgeted in the ELC grant.