Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office
Instructions for Preparing an Interim Progress Report (formerly "Continuation Application")
Catalog of Federal Domestic Assistance (CFDA) Number: 93.283
Funding Opportunity Announcement (FOA) Number: 04209CONT
Centers for Public Health Preparedness (CPHP)

Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER)
Division of State and Local Readiness (DSLR)

Eligibility:

This award will be a continuation of funds intended only for grantees previously awarded under Cooperative Agreement #04209: Centers for Public Health Preparedness.

Application Submission:

The CDC is required by the Department of Health and Human Services (HHS) to begin receiving applications through www.Grants.gov. If you encounter any difficulties submitting your application through www.Grants.gov , please contact CDC's Technical Information Management Section at (770) 488-2700 prior to the submission deadline. If you need further information regarding the application process, please contact Angela Webb, Grants Management Specialist at (770) 488-2784. For programmatic information and assistance, please contact your CPHP Project Officer, listed in your letter.

Reports must be submitted by June 5, 2006. Late or incomplete applications may result in an enforcement action such as a delay in the award/or a reduction in funds. CDC will only accept requests for a deadline extension on rare occasions, after adequate justification has been provided.

General Application Packet Tips:

- Properly label each item of the application packet
- Each section should use 1.5 spacing with one-inch margins
- Number all pages
- Use a 12 point font
- Where the instructions on the forms conflict with these instructions, follow these instructions.
- Prepare your narrative portion of the application using the program narrative templates.
- Prepare and submit your application using only MicroSoft formats (i.e., Word, Excel) so that data will be compatible with CPHP database at CDC. Please do not submit any PDF files.
- Title your completed program narrative template abbreviated CPHP name underscore appFY06 underscore narrative. Examples: Emory_appFY06_narrative or UCLA_appFY06_narrative

Checklist of required contents of application packet:

1. Standard Form ("SF") 424S Form
2. SF-424A Budget Information-Non-Construction Programs
3. Budget Justification
4. Indirect Cost Rate Agreement
5. Program Narrative Templates

Instructions for completing required contents of the application package:

1. Standard Form ("SF") 424S Form

Download form from www.Grants.gov and complete all sections. *Special note: In addition to inserting the legal name of your organization in Block #5, insert the CDC Award Number provided in the CDC Notice of Award. Failure to provide your award number could cause delay in processing your application.*

2. SF-424A Budget Information and Justification

A. Download the form from www.grants.gov or http://www.whitehouse.gov/omb/grants/grants_forms.html.
B. Base your proposed budget on the Federal funding level stated in your letter from CDC.
C. In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds.
D. For FY 2006, CPHP program activities and effort should be allocated as follows:

1. **Program Activities 80%**
2. **Network Activities 20%**

The majority of Program Activities should directly provide needed public health emergency preparedness education and training. For FY 2006, CPHPs are not required to separate Program and Network activities in the detailed line item budget; however, it is encouraged to provide approximate percentages within the budget justification.

E. Based on previous CPHP budget submissions that required additional clarification, be sure to provide review requirements, as appropriate, for:
   a. Consultants – 1) name of consultant; 2) organizational affiliation (if applicable); 3) nature of services to be rendered; 4) relevance of service to the project; 5) number of days of consultation (basis for fee); 6) expected rate of compensation (travel, per diem, other related expenses); and 7) method of accountability.
   b. Contracts – 1) name of subcontractor; 2) method of selection (competitive or sole source—less than full competition must be justified); 3) period of performance; 4) description of activities; 5) itemized budget with narrative justification; and 6) method of accountability.
   c. Travel – In this line item, include travel for project staff only, not for contractors and consultants. Provide formula for travel costs and separate in-state travel from out-of-state travel.
F. For your convenience, sample budget guidance is provided on CDC's Internet page at: http://www.cdc.gov/od/pgo/funding/budgetguide.htm . For additional budget resources refer to http://www.cdc.gov/od/pgo/funding/grantmain.htm .
G. Attach the budget information and justification to the application through the "Mandatory Documents" section of the "Submit Application" page.

3. Indirect Costs

Indirect costs will be reimbursed at eight percent of total allowable direct costs, exclusive of tuition and related fees and equipment, or at the actual indirect cost rate, whichever results in a lesser dollar amount. See your local program administrator for further clarification.

4. Project Narrative

Current Budget Period Progress:

The recent signed submission of the Semi-Annual Progress Report (due to CDC on April 1, 2006) satisfies the requirements for this section of the report, which includes initial measures of effectiveness. CDC review of the semi-annual progress report will be part of the process in determining the FY 2006 awards.

New Budget Period Proposed Funding:

Approximately $27,000,000 is available for awards in FY 2006 for the currently funded Centers for Public Health Preparedness. Individual continuation awards will be based on the availability of funding to CDC; the grantee's progress in meeting goals and objectives; and feasibility of the grantee to complete the proposed activities. Please refer to the original CDC program announcement for consistency regarding core program requirements and continuation funding for CPHP activities.

5. Program Guidance/Technical Assistance

CPHP activities, classified as either Program or Network activities, must support the intent of the original Program Announcement. Use this guidance to propose specific activities for the new budget period (September 1, 2006 to August 31, 2007).

A. Program Activities

Collaborative work with the State and local public health agencies is expected. Submit letters of support from each partner, documenting the relationship or intended relationship. Please note that these letters should provide specific pledges of programmatic support to the CPHP, including anticipated activities.

CPHPs and their State and local partners should agree on mechanisms for ongoing communication to enable development of long-term work plans as well as help meet newly-identified public health emergency preparedness education needs**.** If a CPHP is working with local partners, it is expected that the State partner be notified. Please refer to Program Announcement #AA154: Public Health Emergency Preparedness on **http://www.bt.cdc.gov/planning/guidance05/** which documents the requirements of State, local and territorial public health agencies for community public health emergency preparedness, as well as, the listing of the preparedness goals.

HHS and CDC want to better understand the investment of Federal dollars, promote integration, and decrease gaps between public health and health care services. In jurisdictions where there are co-located CPHPs and Health Resources and Services Administration (HRSA) projects, submit collaborative

documentation to address how CPHPs will coordinate with HRSA-funded projects related to preparedness education and workforce development. Specific examples include Bioterrorism Training Curriculum Development Program (BTCDP), the Public Health Training Centers (PHTC), or the Area Health Education Centers (AHEC). If overlaps or gaps (i.e., medical surge capacity) are identified through this collaborative process, describe coordination efforts to address them.

In States where there are multiple CPHPs, collaborative work among the projects is expected. Provide documentation to describe coordination of CPHP activities that promote integration, decrease gaps, and avoid duplication.

1. Education and Training Activities

The primary focus of CPHP program activities is the delivery of education and training, and dissemination of useful, unduplicated information that enhances public health emergency preparedness and response. Public health preparedness education activities may be either 1) partner-requested based on a community need; or 2) academic or university student-focused. Examples of these activities include: courses, train-the-trainer programs, conferences, and workshops, each of which should be evaluated for instructional effectiveness.

All approved education and training should address a need or performance gap identified in collaboration with State and local public health partners The assessments developed by the states under PA AA154, previously PA 99051, should be used unless meeting a newly-identified State or local public health need

CPHPs should provide consultation to partners to prioritize identified needs and determine if education and training is the solution. As previously stated, in an effort to promote collaboration, please notify the State public health agency when working with their local health agencies.

Each approved education and training activity must be shared with the network which is a resource for other CPHP's and public health agencies, via the CPHP Resource Center, managed by the Association of Schools of Public Health (ASPH): http://www.asph.org/acphp/phprc.cfm

Before developing a new course, grantees must determine that a similar educational program or course does not already exist. Program plans should include identification, assessment, adoption, and adaptation of existing course materials and tailoring for local use. If no comparable educational materials exist, development of unique materials will be supported. Information about HRSA, PHTCs, AHECs and can be found at: http://www.hrsa.gov/ and http://bhpr.hrsa.gov/publichealth/phtc.htm

All educational programs and courses are expected to be evaluated or field tested with members of the identified target audience and key findings reported. At a minimum, all educational activities should be evaluated for: 1) instructional effectiveness in meeting participants' achievement of stated learning objectives or immediate gains in knowledge, skills, and attitudes are measured through written pre- and post-tests, behavior and skill demonstrations (e.g., performance-based tests), and/or self-report learner competency assessments; and 2) progress toward meeting identified needs and gaps. Additional long-term evaluation measures are strongly encouraged.

When CPHP activities involve an academic program for public health emergency preparedness and

response, collaborative work with partners should address long-term community needs and national workforce shortages to improve the nation's ability to respond to public health emergencies and disasters. Please refer to The Association of State and Territorial Health Officials (ASTHO) June 2004 report which "indicates that there is an escalating shortage of qualified public health workers in the United States. The shortage will adversely affect the capacity of State and local public health departments to respond to terrorist events, emerging infectious diseases, and other public health threats and emergencies." The report, "State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis," says that the most severe shortages are occurring in the fields of nursing, epidemiology, and laboratory sciences.

2. Partner-Requested Activities (Other than Education and Training)

Partners may request that CPHPs assist with activities other than education or training. State and local public health agency partners and the CPHP should mutually identify needs that can be met based on CPHP qualifications, expertise, and resources available to commit to the specific activity. The scope of work, timeline, and implementation plan should be developed collaboratively with the partner agencies.

Each partner-requested activity must include an evaluation component or measure that assesses impact or improvement toward achieving a preparedness goal. This assessment may take a variety of forms such as measures of process, measures of change, measures of products or other appropriate indicators. Examples of this include: exercises or drills to assess participants' knowledge, skills, and abilities to respond; assistance with measuring key performance indicators of public health preparedness; ongoing assessment of workforce education and training needs; and internships, fellowships, and scholarships designed to address identified shortages in the public health preparedness workforce while bridging academia and practice, but only if core activities are adequately addressed.

3. Supportive Activities

Supportive activities, determined by your CPHP, are activities needed for general support of public health preparedness education activities, outreach, partnerships, and CPHP program evaluation. Examples of activities include: ongoing enhancement of resources for education or information dissemination; developing publications; convening State and local preparedness partners for ongoing planning; and maintenance of learning management systems. Supportive activities involving State and local partners need to be planned collaboratively with those agencies.

A. Network Activities

Each CPHP is required to participate in activities that enhance the public health emergency preparedness network, maximize opportunities for sharing resources, and contribute to the national public health preparedness strategy. To ensure ongoing communication between CDC, ASPH, and the CPHPs, all Principal Investigators and their designated Program Directors and/or Coordinators must participate in monthly teleconferences and travel to annual CPHP all-hands meeting(s).

1. Resource Center and Educational Calendar

Each CPHP must provide to the internet-based Resource Center a description of each preparedness education course or program and identify what can be shared with others. CPHPs will provide ongoing

updates by promptly replacing any outdated or revised materials with the correct and current versions. It is required that a shared resource will result from each distinct education program activity supported by this cooperative agreement. As previously stated, ASPH manages the CPHP Resource Center: http://www.asph.org/acphp/phprc.cfm

Ongoing updates will include:

- Course/program title
- Abstract /description that includes topics covered, intended audience, teaching methods
- Learning objectives and/or competencies
- URL links to specific program or course available via your website
- Comprehensive course outline, slides and speaker notes or URL links/contact person for information
- Evaluation tools
- Evaluation reports on key findings

Information regarding your educational offerings, courses, or programs that are open to enrollment must be posted on the CPHP Educational Calendar, also managed by ASPH. Efforts will be made to link to other relevant similar course calendars, minimizing duplication of effort. Submission of CPHP updates to the Resource Center and Educational Calendar will be tracked by ASPH and reported to CDC.

During this year, the internet-based resource center plans to include descriptions of other evaluation resources and tools related to exercises and drills that do not duplicate materials available on the http://www.ojp.usdoj.gov/odp/docs/hseep.htm website. As with all shareable components to the Resource Center, CPHPs should provide a description of the shareable preparedness evaluation resource or tool, and exercise and drill resource or tool.

2. Collaboration Group Activities

Each CPHP will participate in Network Collaboration Groups to develop, highlight, and promulgate public health emergency preparedness resources, standards, and tools for the benefit of a broad audience of Federal, State, and local public health partners. Expert faculty should be designated by your CPHP to participate in the collaborative activities selected by your CPHP. It is expected that each group will meet one or two times in person during the program year, one or two times per month by telephone, and will conduct other work through e-mail and listserves. There will be a Collaboration Group Steering Committee which will include the Chairs of each collaboration group that will convene one or more times. Support for the collaboration groups will be provided by ASPH.

Please propose in which collaboration groups your CPHP will participate. (Note: Your participation in some groups may be required based on your proposed Program activities and your CPHP's expertise.) The following topics are final, but the charge may be narrowed or revised by collaboration groups in consultation with CDC, ASPH, and the Collaboration Group Steering Committee.

Network Collaboration Groups for this program year are:

1. National Public Heath Emergency Preparedness Curriculum:

This group will continue the work undertaken by the "Standards for Discipline Specific Education" undertaken in FY 2005. The group will map identified discipline specific competencies to existing training resources to suggest a standard curriculum for selected public health job categories. The group may include subgroups for epidemiologists, laboratorians, environmental health specialists, and public health nurses.

2. Evaluation Methods and Tools for Public Health Emergency Preparedness:

This group will continue work on evaluation of preparedness education and training activities, focusing on the individual or the organizational level. There will be two subgroups: 1) Will focus on measures to assess effective transfer of learning at an individual level; 2) Will focus on impact of education and training on the organizational level as assessed through exercise and drills. This subgroup will continue to work with CDC subject matter experts offering input into the Department of Homeland Security (DHS) Targeted Capabilities List (TCL).

3. International/Global Public Health Emergency Preparedness Education:

This group will compile and review existing education resources available for international and global public health emergency preparedness. It is anticipated that important resources will also need to be identified other than just those developed by the CPHP program.

4. Public Health Emergency Preparedness and Vulnerable Populations:

This group will continue work from FY 2005 to fill gaps identified for training that target vulnerable populations, including extremes of age, race, and culture that will be useful for State and local emergency public health preparedness and response activities. The group will link with CDC vulnerable populations workgroup to further input how to improve public health emergency preparedness and response for the population.

5. Food and Water Safety for Public Health Emergency Preparedness:

This group will identify, review, and highlight available CPHP developed and other significant preparedness education/information resources that relate to food and water safety for State and local emergency public health preparedness and response activities.

6. Mental Health for Public Health Emergency Preparedness:

This group will continue work from FY 2005 with anticipated focus on testing or vetting the competency set for psychosocial preparedness education. The group will continue to develop resources for advanced training programs for State and local emergency public health preparedness and response activities.

7. Rural Preparedness for Public Health Emergency Preparedness:

This group will continue work undertaken in FY 2005 to identify and review existing rural preparedness training resources. This year the group will develop new trainings or adapt existing trainings to meet gaps identified during the last program year for State and local emergency public health preparedness and response activities.

8. Public Health Emergency Preparedness and Pandemic Flu:

This group will continue work undertaken by the voluntary work group developed in FY 2005 to identify existing CPHP university-based pandemic flu plans. This program year, the group will identify, review, and highlight available CPHP-developed and other significant preparedness education/information resources that relate to pandemic flu or other infectious disease.

9. Public Health Emergency Preparedness Evidenced-Based Gaps:

This group will identify, review and highlight areas in public health emergency preparedness where research gaps exist. Make suggestions how academics (especially CPHPs) and public health departments can maximize expertise and leverage resources to improve contributions to the evidence base of public health emergency preparedness and response

10. State and Local Partnerships for Public Health Emergency Preparedness:

This group will focus on partnerships at the State and local levels, including non-traditional local partners such as faith-based and business groups. The group will identify and examine the qualities and characteristics of effective CPHP and State and local health department collaborations.

11. Chemical and Radiation Public Health Emergency Preparedness Education:

This group will identify, review, and highlight available CPHP developed and other significant preparedness education/information resources that relate to response to a chemical or radiological event for improved State and local public health agencies participation.

12. Isolation and Social Distancing for Resource Limited Environments:

This group will develop suggestions or a tool for isolation and quarantine procedures in resource limited environments such as those seen in large evacuee centers, which should assist State and local public health agencies and their communities.

13. Promoting Collaboration with HRSA Grantees:

This group will assess the current level of collaboration of co-located HRSA and CPHP programs, and examine mechanisms and ideas for enhancing relationships between HRSA grantees and CPHPs to maximize information sharing and minimize duplication of efforts.

14. National Incident Management System (NIMS) Training for State and Local Public Health:

This group will identify, review, and highlight available CPHP developed and other significant preparedness resources that support State and local public health achieve NIMS compliance as prescribed by FEMA's NIMS Integration Center.

15. Tribal Public Health Emergency Preparedness:

This group will continue work from FY 2005 by documenting lessons learned in working with tribal

populations and identifying or creating materials and models that promote tribal public health readiness. Any material development should be based on gaps identified by the group in the previous program year and should not be duplicative of materials already in existence within CDC, HRSA or Indian Health Service (IHS).

3. Other Network Activities:

In addition to the listed Network Collaboration Groups, discussion forums based on common interests may also be convened and will be supported through scheduled conference calls and Internet workspace. Discussion forums will be developed based on the request and interest of multiple CPHPs. While there will be no formal program requirements or budget associated with these forums, a one-page summary of resources, needs, and ideas for CPHP input should be developed based on the discussion topic.