



July 3, 2007

Reference: Request for Part 2 – Interim Progress Report
Funding Opportunity Announcement Number: 04209CONT
Funding Opportunity Name: Centers for Public Health Preparedness (CPHP)
CFDA Number: 93.283

Dear Colleagues:

This letter solicits Part 2 of your Interim Progress Report (IPR) for the Centers for Public Health Preparedness (CPHP) Cooperative Agreement. Part 2 includes your continuation application guidance for Budget Period 4 (BP4) of the Cooperative Agreement. Detailed instructions are included as (Attachment A). This award will be a continuation of funds intended only for grantees previously awarded under Cooperative Agreement #04209: Centers for Public Health Preparedness. IPR Part 2 is due to CDC via www.Grants.gov by August 8, 2007.

Due to implementation of the *Pandemic and All-Hazards Preparedness Act of 2006* (PAHPA), BP4 has been shortened to 11 months and 1 week, September 1, 2007 through August 8, 2008. This will be the final budget period for this Cooperative Agreement.

Assistance Award Closeout Requirements

Submit the following required reports to CDC within 90 days after the project completion date as specified in terms and conditions of the award/agreement and 45 CFR Part 74 and 92:

a. **Final Performance/Progress Report** – the narrative of the final report should include information to fulfill any specific reporting requirements in the Notice of Award, a summary statement of progress toward the achievement of the originally stated goals, and a list of the results considered significant (whether positive or negative).

b. **Final Financial Status Report (SF 269 or 269A)** – the final report should not show any unliquidated obligations and must indicate the exact balance of the unobligated funds. The final FSR should agree with the final expenditures reported to HHS, PMS. If not, the recipient will be required to update the reports (SF 272 and FSR 269) so they agree.

Link: www.whitehouse.gov/omb/grants/grants_forms.html.

c. **Equipment Inventory List** – An inventory list should include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. When equipment acquired with CDC funds is no longer needed on the grant, the equipment may be used for other activities in accordance with the following standards: Equipment with a fair market value of \$5,000 or more may be retained for other uses provided compensation is made to CDC. These requirements do not apply to equipment which was purchased

with non-federal funds. Equipment no longer need shall be disposed following instructions requested from and provided by CDC/PGO. If no equipment was acquired under this grant/cooperative agreement a negative report is required.

d. **Final Invention Statement** – A final Invention Statement is required. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

The key priorities for the CPHP program continue to be:

- 1) collaborate with health and public health agencies across the nation to help them meet preparedness education and learning needs to include development of national curriculum;
- 2) maximize distribution of existing preparedness materials; and
- 3) enhance the evidence base for effective preparedness education by ensuring program evaluation.

BP4 CPHP Cooperative Agreement Guidance

To strengthen the collaboration between the CPHP program and the state and local public health departments, the recently released Public Health Emergency Preparedness (PHEP) program guidance included an expectation that grantees work with CPHPs to meet identified public health emergency preparedness education and training needs. A copy of the PHEP program guidance will be sent to each CPHP grantee.

CDC has developed a review tool (Attachment B) that will be used to review Part 2 of your IPR. This tool will allow the CDC staff to systematically document, using a colored scale, the extent to which each grantee has met the program objectives. This scale will provide an overview of the status of the CPHP program in each area and will highlight areas, both overall and individually, from which promising practices might emerge or to which technical assistance should be directed.

Application templates (samples in Attachment C) have been modified to collect information to support emerging issues.

All CPHP program activities should be planned in collaboration with state, local and territorial health agencies to assist in meeting the CDC Preparedness Goals related to community preparedness (Attachment D).

Funding Projections

In the absence of an approved budget for FY2007, and based on the President's budget proposal, the CDC expects to award approximately \$27 million in federal public health emergency preparedness funds to distribute among CPHP grantees. 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 completing of proposed activities. Prepare your non-competing budget based on \$1,003,973. Note that this estimate may change after the release of this guidance before funds are awarded. Since this is a close-out budget period, grantees should make every effort to obligate all awarded funds by May 31, 2008.

Submission Instructions

Part 2 of your IPR is due on August 8, 2007 and should include the following:

1. BP4 CPHP Proposed Program Activities and Outcomes

Describe proposed activities and anticipated outcomes using the information and templates provided in Attachment C.

2. BP4 Detailed Line Item Budget and Justification

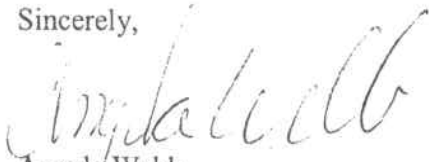
A detailed line item budget and justification of the funding amount requested to support the proposed activities for BP4 is required on Form 424A and as a narrative. Additional information can be found in Attachment A.

Any programmatic questions regarding all applications should be directed to the following Project Officers.

Gregg Leeman	404-639-7944	GLEeman@cdc.gov
Janice McMichael	404-639-7943	JMcMichael@cdc.gov

Should you have any grants management questions, including questions related to your budget, please contact the Grants Management Specialist, Kaleema McLean at 770-488-2742 or e-mail at KMcLean@cdc.gov.

Sincerely,



Angela Webb
Grants Management Officer
Acquisition and Assistance Branch VI
Procurement and Grants Office

Attachment A

Attachment A
Instructions for Part 2 - IPR Components

Mandatory Forms

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.

General Tips for submitting to Grants.gov

- 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.
- *Failure to provide your award number on SF424 Bloc #5, in accordance with the instructions, could cause a delay in processing your application.*

BP4 CPHP Proposed Program Activities and Outcomes

- Prepare the narrative portion of the application using the appropriate blank program narrative templates (Attachment C).
- Prepare and submit your application using only the provided templates so that data will be compatible with the CPHP database at CDC. Please do not submit the templates as PDF files.
- Title your completed program narrative template as follows: *abbreviated CPHP name; underscore; appBP4; underscore; narrative*. Examples: Emory_appBP4_narrative or UCLA_appBP4_narrative.

Templates will again be used to collect data on proposed program activities and outcomes for BP4.

Program Expectations

Although this is a close-out budget period, each proposed activity is expected to continue to support the intent of the original program announcement and must include at least one outcome evaluation measure.

Each proposed activity should include plans to both solicit participation and promote the activity among selected audiences; in addition, information about your activities should be shared through the CPHP Resource Center. Examples include: disseminating fact sheets via a list serve, submitting announcements to professional journals or newsletters, and listing with state and local learning management systems or Public Health Foundation's TRAIN.

For BP4, CPHP program activities and efforts should be divided into activity type based on the following recommendation.

1) Program Activities - 80%

The primary focus of CPHP program activities is the delivery of education and training and the delivery and dissemination of unduplicated information that enhances public health emergency preparedness and response.

A) Education & Training

CPHPs should provide consultation to partners to prioritize identified needs and determine if education and training are the solution. 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 the annual CPHP all-hands meeting.

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 Health Resources and Services Administration (HRSA), Public Health Training Centers (PHTC), Area Health Education Center (AHEC) training materials can be found at: <http://www.hrsa.gov/> and <http://bhpr.hrsa.gov/publichealth/phtc.htm>

All proposed education and training should address a need or performance gap identified in collaboration with partners. All activities involving an academic program for public health emergency preparedness and response, and 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): www.astho.org 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 agencies 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.

All educational programs and courses are expected to be evaluated or field tested with members of the identified 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.

B) Partner-Requested Activities

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 and with the intent that the activity will be completed within this budget period. You must submit letters of support from each partner that document the relationship with the CPHP, specific pledges of programmatic support, and anticipated activities.

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 partner-requested activities include:

- exercises or drills to assess participants' knowledge, skills, and abilities to respond to pandemic influenza and all other hazards threats (additional information on the Homeland Security Exercise and Evaluation Program (HSEEP) can be found at <http://www.ojp.usdoj.gov/odp/docs/hseep.htm>);
- assistance with measuring key performance indicators of public health preparedness;
- assessment of workforce education and training needs that will be completed this budget period; 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.

C) 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. Activities involving State and local partners should be planned collaboratively with those agencies and completed within this budget period.

Examples of supportive activities include:

- enhancement of resources for education or information dissemination
- developing publications
- promoting public health preparedness education programs or activity promotion
- presenting and/or exhibiting at appropriate conferences
- convening State and local preparedness partners for planning
- maintaining learning management systems

2) Network Activities - 20%

Although this is a close-out budget period, each CPHP is required to participate in activities that enhance the public health emergency preparedness network, maximize opportunities for sharing resources, market the courses developed, and contribute to the national public health preparedness strategy.

A) Resource Center and Educational Calendar

It is required that a shared resource will result from each distinct education program activity supported by this cooperative agreement. Each CPHP must provide to the internet-based Resource Center a description of each preparedness education course or program and identify the target audience. CPHPs will provide ongoing updates by promptly replacing any outdated or revised materials with the correct and current versions. The web address for the CPHP Resource Center is <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. Efforts will be made to link to other relevant similar course calendars, minimizing duplication of effort.

B) Collaboration Groups

Collaboration Groups were designed 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 these activities. CDC reserves the right to appoint expert faculty from your school to participate in collaboration groups.

Collaboration groups, listed below, are expected to close out all activities by October 2007.

- Evaluation Methods and Tools
- Evidenced-Based Gaps
- Food and Water Safety
- International/Global
- Isolation and Social Distancing
- Pandemic Flu
- Rural Preparedness
- State and Local Partnerships

- Vulnerable Populations
- Tribal
- Chemical and Radiation

Each collaboration group may meet one time in person, one or more times per month by telephone, and will conduct work through e-mail and list serves.

Due to implementation of the PAHPA requirements, the National Public Health Emergency Preparedness Core Curriculum Collaboration Group will continue through this budget period. The charge to that group will be revised to include review of existing emergency preparedness and response discipline-specific competencies and curricula standards, and evaluate them in collaboration with CDC for applicability to a national core curriculum for public health response.

There will be a Collaboration Group Steering Committee which will include the Chairs of each collaboration group that will convene least once. Administrative support for the collaboration groups will be provided by ASPH.

C) Other Network Activities

In addition to the listed Network Collaboration Groups, limited 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 and topics that can be completed within the budget period. 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.

Future CPHP Activities

The implementation of PAHPA legislation will change the focus of the CPHP program. Under a new and separate cooperative agreement, future requirements will include a Public Health Research agenda as agreed upon and developed by CDC and HHS. Also, to comply with requirements of the PAHPA legislation, a certain amount of funding will be directed to the following activities:

- Developing **core curricula** based on established competencies leading to a 4-year bachelor's degree, a graduate degree, a combined bachelor and master's degree or a certificate program.
- Developing a **competency-based training program** for public health practitioners
- Ensuring that core curricula and training programs respond to the needs of State, local and tribal public health authorities and emphasize essential public health security capabilities.

2. BP4 Detailed Line Item Budget and Justification

A detailed line item budget and justification of the funding amount requested to support the proposed activities for BP4 is required on Form 424A and as a narrative.

- Form 424A may be downloaded at www.Grants.gov.

- 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. Attach the budget information and justification to the application through the “Mandatory Documents” section of the “Submit Application” page in www.Grants.gov.

For BP4, 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.

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.

Project Narrative

Under Part 4 of the grants.gov application, insert the following statement: “The Project Narrative was submitted under Part I – Interim Progress Report on May 31, 2007.”

Please **do not** resubmit budget narratives in this section.

Contracts

The following information must be submitted for all newly-requested contracts as well as for revisions to any existing contract:

- name(s) of contractor(s)
- scope of work
- method of selection (competitive or sole source); procurement by noncompetitive proposals may be used only when the award of a contract is infeasible under small purchase procedures, sealed bids or competitive proposals and is justified under criteria in 45 CFR Part 92.36
- period of performance
- method of accountability
- itemized budget with narrative justification

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>.