



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

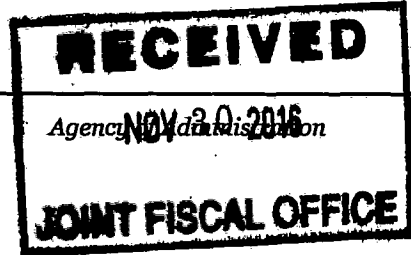
To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: December 6, 2016
Subject: Grant Request #2873

Enclosed please find one (1) item, including one (1) limited-service position, that the Joint Fiscal Office has received from the administration.

JFO #2873 – \$324,578 grant from the Centers for Disease Control and Prevention (CDC) to the Department of Health. The grant funds will be used for communication and coordination efforts to prevent and/or respond to a potential Zika outbreak in Vermont. The Department is requesting approval to establish a limited-service position, titled Public Health Communications Officer, to administer the grant-funded activities and focus on emergency coordination and the sharing of information in the event of a Zika-related outbreak. The grant funding and the position would expire on June 30, 2018.

[JFO received 11/30/16]

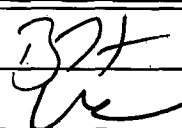
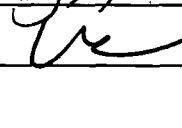
Please review the enclosed materials and notify the Joint Fiscal Office (Maria Belliveau at (802) 828-5971; mbelliveau@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by December 20, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.



State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
 [fax] 802-828-2428

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		Grant of \$324,578 over two years to support coordination and communication for the public health response to Zika.			
Date:		11/21/2016			
Department:		VDH			
Legal Title of Grant:		Public Health Emergency Preparedness - Zika 2016			
Federal Catalog #:		93.069			
Grant/Donor Name and Address:		Centers for Disease Control and Prevention, Alanta, GA 30341			
Grant Period:		From:	To:		
		7/1/2016	6/30/2018		
Grant/Donation		\$324,578			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$81,145	\$162,289	\$81,145	\$324,578	
Position Information:		# Positions	Explanation/Comments		
		1	Public Health Communications Officer		
Additional Comments:		(ATTN Dan Dickerson:) VDH is seeking approval to receive \$81,145 in SFY17.			
Department of Finance & Management				(Initial)	
Secretary of Administration				(Initial)	
Sent To Joint Fiscal Office				Date 11/30/16	



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION			
1. Agency:	Human Services		
2. Department:	Health		
3. Program:	Public Health Emergency Preparedness		
4. Legal Title of Grant:	Public Health Emergency Preparedness - Zika 2016		
5. Federal Catalog #:	93.069		
6. Grant/Donor Name and Address: Centers for Disease Control and Prevention, Atlanta, Georgia 30341			
7. Grant Period:	From:	7/1/2016	To: 6/30/2018
8. Purpose of Grant: To support coordination and communication for the public health response to Zika			
9. Impact on existing program if grant is not Accepted: none			

	SFY 1 FY 17	SFY 2 FY 18	SFY 3 FY 19	Comments
Expenditures:				
Personal Services	\$52,000	\$104,000	\$52,000	
Operating Expenses	\$29,145	\$58,289	\$29,145	
Grants	\$0	\$0	\$0	
Total	\$81,145	\$162,289	\$81,145	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$65,545	\$131,089	\$65,545	
(Statewide Indirect)	\$936	\$1,872	\$936	
(Departmental Indirect)	\$14,664	\$29,328	\$14,664	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$81,145	\$162,289	\$81,145	

Appropriation No:	Amount:	\$
3420010000		\$63,905
3420021000		\$17,240
		\$
		\$
		\$
		\$
		\$
	Total	\$81,145

Has current fiscal year budget detail been entered into Vantage? Yes No

NOV 18 2016


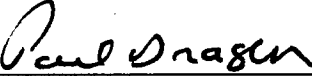
STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Harry Chen, MD, Commissioner of Health Agreed by: _____ (initial)

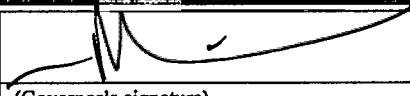
12. Limited Service Position Information:	# Positions	Title
	1	Public Health Communications Officer
Total Positions	1	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: 	Date: NOV 08 2016
	Title: Harry Chen, MD, Commissioner of Health	
	Signature: 	Date: 11-29-16
	Title: Deputy Secretary, AHS	

SECRETARY OF STATE ADMINISTRATION

Approved:  (Secretary or designee signature) Date: **11/22/16**

Check One Box:
 Accepted  (Governor's signature) Date: **11/29/16**
 Rejected

GRANT REQUIREMENTS

- Required GRANT Documentation**
- | | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

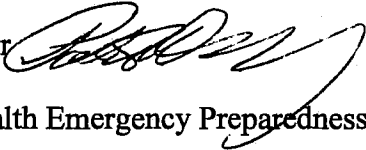
(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).



State of Vermont
Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754

MEMORANDUM

To: Sarah Clark, AHS CFO
From: Paul Daley, Financial Director 
Re: Request to Accept Public Health Emergency Preparedness Zika Grant
Date: 11/8/16

.....
The Department of Health has received a grant from the United States Department of Health & Human Services, Centers for Disease Control and Prevention, providing \$162,289 each year for 2 years to support coordination and communications requirements of the Department's response to a potential Zika outbreak.

We are requesting approval to receive these funds and to establish a new limited service position. Enclosed are the Grant Acceptance Request (AA1) and attached summary, a copy of the grant award document, a copy of the grant application, a Position Request Form for one Public Health Communications Officer, and the RFR for the limited service position.

After review by your office, and approval by the Secretary of Human Services, this package should be forwarded in its entirety to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Finance and Management requires these documents be in their hands by the 15th of November, or our request will be held until the next legislative session. Please let me know if you have questions or need additional information. Thank you.

CC: Tammie Ellison, HR Manager

NOV 18 2016

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services/Department of Health Date: 1/8/16

Name and Phone (of the person completing this request): Gary Leach (802)863-7384

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

US Department of Health and Human Services, Centers for Disease Control
Public Health Emergency Preparedness - Zika 2016
(grant application and grant award document attached)

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

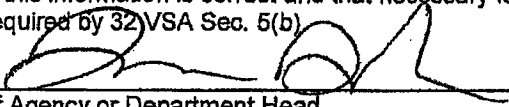
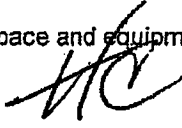
<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Communications Officer	1	Admin/Communications	7/1/16 - 6/30/18

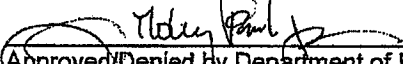
*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

Position was approved by the Federal grantor and necessary to carry out the program as awarded.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b))

  **NOV 08 2016**
Signature of Agency or Department Head Date

 **11/21/16**
Approved/Denied by Department of Human Resources Date

 **11/22/16**
Approved/Denied by Finance and Management Date

 **11/22/16**
Approved/Denied by Secretary of Administration Date

Comments:

NOV 18 2016

**Request for Grant Acceptance
Public Health Emergency Preparedness Response to Zika
Summary 11/8/2016**

The Department of Health has received a grant from the Centers for Disease Control and Prevention, providing \$324,578 over two years, to support coordination and communication for the public health response to a potential Zika outbreak.

Vermont faces unique challenges in managing the response to a potential Zika outbreak. The rural population of the state and the possibility of a dispersed outbreak will make communication, public education and information sharing critical aspects of our response. These funds will cover the costs of those activities. The Department has also been awarded Federal funding to support the public health response to a Zika outbreak through two other grants – as a new component of a continuing grant from CDC to enhance the Department's Epidemiology and Laboratory Capacity, and as a new grant from CDC titled Surveillance, Intervention, and Referral to Services Activities for Infants with Microcephaly or Other Adverse Outcomes Linked with the Zika Virus, which will fund active surveillance of birth records. This PHEP Zika grant will provide coordination and communication for the Department's activities under all three grants.

Funds will be used primarily to support one new limited service position. This position will manage the grant-funded activities and will especially focus on the emergency coordination and the communication and information sharing requirements of a potential outbreak. Funds are also available to purchase testing supplies at the Department's laboratory, to develop a state-wide Zika communication plan and to support the Department's Zika public education campaign.

The Health Department is hereby seeking approval to receive \$81,145 in new Federal funds in State Fiscal Year 2017 and the establishment of one Public Health Communications Officer position. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. A copy of the grant application and award document are included for your information.

VERMONT DEPARTMENT OF HEALTH

SFY17 PHEP ZIKA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$26,000	\$0	\$26,000
Fringe Benefits	\$10,400	\$0	\$10,400
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$36,400	\$0	\$36,400
Equipment	\$0	\$0	\$0
Supplies	\$0	\$11,000	\$11,000
Other	\$18,145	\$0	\$18,145
Travel	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Operating Expenses	\$18,145	\$11,000	\$29,145
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$54,545	\$11,000	\$65,545
Total Indirect Costs	<u>\$9,360</u>	<u>\$6,240</u>	<u>\$15,600</u>
Total SFY17 Grant Costs	\$63,905	\$17,240	\$81,145

Appropriation Summary

Total Personal Services	\$45,760	\$6,240	\$52,000
Total Operating Expenses	\$18,145	\$11,000	\$29,145
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$63,905	\$17,240	\$81,145

VERMONT DEPARTMENT OF HEALTH

SFY18 PHEP ZIKA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$52,000	\$0	\$52,000
Fringe Benefits	\$20,800	\$0	\$20,800
3rd Party Contracts	\$0	\$0	\$0
Total Personal Services	\$72,800	\$0	\$72,800
Equipment	\$0	\$0	\$0
Supplies	\$0	\$22,000	\$22,000
Other	\$36,289	\$0	\$36,289
Travel	\$0	\$0	\$0
Total Operating Expenses	\$36,289	\$22,000	\$58,289
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$109,089	\$22,000	\$131,089
Total Indirect Costs	\$18,720	\$12,480	\$31,200
Total SFY18 Grant Costs	\$127,809	\$34,480	\$162,289

Appropriation Summary

Total Personal Services	\$91,520	\$12,480	\$104,000
Total Operating Expenses	\$36,289	\$22,000	\$58,289
Total Subgrants	\$0	\$0	\$0
	\$127,809	\$34,480	\$162,289

VERMONT DEPARTMENT OF HEALTH

SFY19 PHEP ZIKA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$26,000	\$0	\$26,000
Fringe Benefits	\$10,400	\$0	\$10,400
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$36,400	\$0	\$36,400
Equipment	\$0	\$0	\$0
Supplies	\$0	\$11,000	\$11,000
Other	\$18,145	\$0	\$18,145
Travel	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Operating Expenses	\$18,145	\$11,000	\$29,145
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$54,545	\$11,000	\$65,545
Total Indirect Costs	<u>\$9,360</u>	<u>\$6,240</u>	<u>\$15,600</u>
Total SFY19 Grant Costs	\$63,905	\$17,240	\$81,145

Appropriation Summary

Total Personal Services	\$45,760	\$6,240	\$52,000
Total Operating Expenses	\$18,145	\$11,000	\$29,145
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$63,905	\$17,240	\$81,145

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

The request for classification for a new position as Public Health Communication Officer is based on the need for extensive public outreach to prevent health impacts from ZIKA virus. This position will be used to manage the Health Department's new public website, and create, disseminate and evaluate public health information and risk communication regarding ZIKA to Vermont communities, in many languages.

BACKGROUND

The nature of the work of public health has become broader in scope over the past few years, requiring a higher level of skill, responsibility and accountability – especially when responding to emerging infectious threats such as ZIKA virus. The primary purpose of this position is to provide timely, accurate and credible information that will move Vermonters to take action or change behavior to protect and improve health.

Public Health is defined as "what we do as a society to collectively assure the conditions in which people can be healthy". It is the science and art of preventing disease, prolonging healthy life, and promoting physical and mental health. Public health is distinct from health care in that it focuses on the health of populations, rather than individual patients. Communication – Informing, educating and empowering people with information about health issues – is one of the '10 Essential Services of Public Health'.

As the state's public health agency, the Health Department encompasses a broad range of complex public health, scientific and medical disciplines (e.g. epidemiology, toxicology, radiological sciences, forensic pathology, maternal and child health, EMS and emergency response, etc.). Recognizing that communication is an essential part of most of our work, over the past year we have created or redefined positions, decentralized in the divisions, to focus on public information outreach in specific subject areas: e.g. chronic disease information director, infectious disease information director, environmental health information director, substance abuse information director, etc. To be most effective, staff serving in these roles require leadership and coordination, training and tools, which is a function of the Communication Office team (see attached organizational chart).

Communicating in an emergency is different from day to day health promotion communication, and must be based on proven crisis and emergency risk communication principles. The person in this position must have a thorough understanding of when and how to effectively deliver needed health/risk/safety information in real time as a public information officer (PIO) in the context of emergency preparedness and response through an incident command structure.

In a statewide emergency the Health Department supports the State Emergency Operations Center, staffing State Support Function #8 (Health & Medical) and State Support Function #14 (Public Information & Warning).

In health and medical emergencies, the Health Department leads and operates the Health Operations Center to manage the response. The public information and warning or PIO function is part of the HOC Incident Command. The person in this position serves as lead PIO, deputy PIO and in other PIO capacities both with the State and the Health Operations Center. Duties as a PIO include:

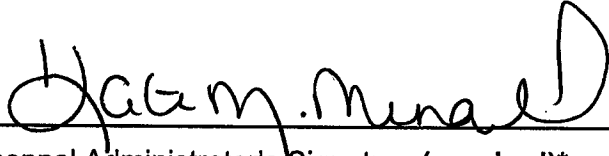
1. Oversee delivery of consistent, coordinated, credible and audience-appropriate public health and safety messages needed before, during and after an emergency. Specifically, oversee development, delivery and evaluation of a ZIKA communication plan. Collaborate with communicators and other professional staff to anticipate, develop and deliver public/media messages for preparedness, or in response to a wide range of public health events and emergencies. Facilitate rapid translation of emergency information for non-English speaking populations.
2. Serve within the Health Department's incident command during public health events and emergencies. Serve in a variety of communication roles during public health events and emergencies, including lead public information officer at the Health Department or off-site as assigned. Collaborate and participate in special events such as emergency drills, tabletops and exercises.
3. Serve as subject matter expert on public health communication. Represent public health in the State's Joint Information System, collaborating with other communication professionals from the Agencies of Human Services, Natural Resources, Transportation, Education, Agriculture, Food & Markets, Public Safety/Dept. of Emergency Management and Homeland Security, Vermont State Police and Vermont 2-1-1.
4. Design and delivery training for staff on crisis, emergency and risk communication topics.

WHY: To motivate action before, during and following emergencies that will protect the health of Vermonters and communities.

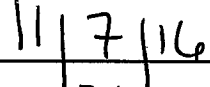
WHAT: Manage public health information outreach and media relations.

HOW:

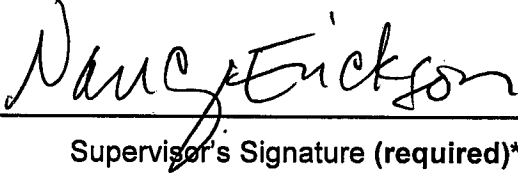
1. Collaborate with Communication Office staff to formulate communication policies, standards and procedures and clarify the role of public health communication throughout the department.
2. Identify accurate information that meets the needs of intended audiences. Use data to determine how to communicate public health issues, and present data in understandable terms.
3. Research, write, edit and prepare for release a broad range of public information materials for various audiences and situations. This includes news releases, health advisories, alerts, key messages, statements, speeches, scripts, web content, social media posts, fact sheets, backgrounders, brochures, reports, plans, analyses, presentations, etc.
4. Promote public health communication best practices and tools, including health literacy, clear communication index, writers style guide, choice of graphics and messengers.



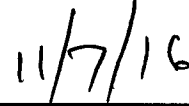
Personnel Administrator's Signature (required)*



Date



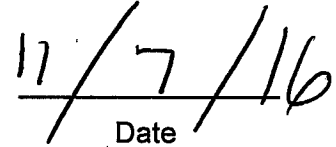
Supervisor's Signature (required)*



Date



Appointing Authority or Authorized Representative Signature (required)*



Date

* Note: Attach additional information or comments if appropriate.

PROJECT NARRATIVE– PHPR- ZIKA 2016
Vermont Department of Health
10 June 2016

A. Background

ZIKA virus is a newly- emerging public health concern for Vermont. One of the mosquitos (Aedes albopictus) that transmits the virus has an estimate distribution coverage that includes the southern half of the state. The state must quickly prepare the infrastructure necessary to educate, conduct surveillance, test for, report on and respond to Zika virus infections.

Although the densely populated areas of the southern United States require intense planning for Zika virus surveillance, prevention, and exposure/disease management, public health and health care professionals in northern New England face the unique challenges of serving a largely rural population through a network of multiple small, critical access hospitals. In addition, adapting, disseminating and implementing guidelines to meet these regional needs will be especially challenging, as we will likely have many fewer exposures/cases than in the southern regions. This will require a significant focus on communication, information sharing and coordination.

B. Approach

a. Purpose

This application will address response coordination and communications requirements of the state to prepare for and respond to a potential ZIKA outbreak. Through this agreement, the Health Department will hire one full-time Public Health Administrator (PHA-ZIKA). This position will focus on risk communication, public information sharing and awareness raising and will also assist in coordinating enhancing collaborations between other ZIKA related grant efforts within the department.

b. Outcomes

i. Long Term Outcomes: Prevent or reduce Zika Morbidity and Mortality

ii. Intermediate Outcomes

1. VDH maintains a robust ZIKA Protocol
2. VDH can implement expedited hiring, reassignment, laboratory surge, and procurement processes to meet ZIKA response needs.
3. Vermont communities are well informed about the risks associated with ZVD and can implement measures to reduce risk.
4. VDH is prepared to support families and children impacted by ZVD.

iii. Short-Term Outcomes

1. Response partners understand their roles in the response and meet performance standards outlined in Vermont's ZIKA response protocol.

2. VDH can rapidly identify and investigate a possible ZVD outbreak.
3. VDH's ZIKA Workgroup monitors performance measures and evaluation requirements for ZIKA response.
4. VDH Can communicate risk information and situational awareness to response partners and to the public in time to meet response needs of the jurisdiction.
5. VDH can effectively reach at-risk communities and vulnerable populations to assure they have a basic understanding of ZVD, understand their personal and community risk, understand self-protective measures, and understand how to access service.

c. **Strategies and Activities** - Activity linkages are detailed in the work plan below and utilize the CDC suggested strategies detailed within the guidance documentation for this opportunity.

Strategy One: Strengthen Public Health Incident Management and Emergency Operations Coordination

Long Term Outcome	
1. The Vermont Department of Health implements a coordinated public health ZIKA emergency response that meets ongoing response needs of the community.	
Intermediate Outcomes	
<ol style="list-style-type: none"> 1. The Vermont Department of Health maintains a robust ZIKA Protocol 2. The Vermont Department of Health can implement expedited hiring, reassignment, laboratory surge, and procurement processes to meet ZIKA response needs. 	
Short-Term Outcomes	
<ol style="list-style-type: none"> 1. Response partners understand their roles in the response and meet performance standards outlined in Vermont's ZIKA response protocol. 2. The Vermont Department of Health can rapidly identify and investigate a possible ZVD outbreak. 3. The Vermont Department of Health's ZIKA Workgroup monitors performance measures and evaluation requirements for ZIKA response. 	
Planned Activities for Outcomes	Estimated Timeframe
1. By the end of September 2016, recruit and hire one Public Health Administrator.	Start: 08/01/2016 End: 9/30/2016
2. By the end of July 2017, Vermont's ZIKA Public Health Response Protocol will be updated to incorporate Emergency Operation functions.	START: 8/01/2016 END: 07/31/2017
3. By the end of July 2017, VDH'S Zika Public Health Response Protocol is exercised and improvement plan documented.	START: 8/01/2016 END: 07/31/2017

4. ZIKA Workgroup meets regularly throughout 2016 (at least quarterly) to share information, monitor vector-surveillance, and update progress on plans and the CDC PHPR Checklist.	START: 8/01/2016 END: 07/31/2017
5. By the end of February 2017, VDH will draft and finalize a Public Health Preparedness and Response (PHPR) Performance Measurement and Evaluation Plan and forward to CDC.	START: 8/01/2016 END: 02/29/2017
6. The VDH Public Health Laboratory maintains the needed supplies to meet the demand for ZVD antibody testing.	START: 8/01/2016 END: 07/31/2017

Strategy Two: Strengthen Public Health Information Management

Long Term Outcome	
1. Prevention of or reduced ZIKA Morbidity and Mortality.	
Intermediate Outcomes	
1. Vermont communities are well informed about the risks associated with ZVD and can implement measures to reduce risk.	
Short-Term Outcomes	
1. VDH can communicate risk information and situational awareness to response partners and to the public in time to meet the response needs of the jurisdiction. 2. VDH can effectively reach at-risk communities and vulnerable populations to assure they have a basic understanding of ZVD, understand their personal and community risk, understand self-protective measures, and understand how to access services. 3. VDH can provide timely situational awareness to clinicians and other healthcare response partners.	
Planned Activities for Outcomes	Estimated Timeframe
1. By the end of December 2016, Vermont Department of Health (VDH) will have a comprehensive communication plan that addresses risk information and situational awareness for the public and is inclusive of at-risk populations.	Start: 08/01/2016 End: 12/01/2016
2. By the end of February 2017, risk communication messages are translated into languages other than English and shared with at-risk populations.	START: 8/01/2016 END: 02/28/2017
3. VDH Division of Health Surveillance will utilize a digital awareness advertising campaign during peak travel months (Jan – March) to increase awareness of ZIKA to individuals considering travel to Zika-affected areas.	START: 1/01/2017 END: 03/31/2017

Strategy Three: Strengthen Community Recovery and Resilience

Long Term Outcome	
1. Prevention of or reduced ZIKA Morbidity and Mortality.	
Intermediate Outcomes	
1. Vermont communities are well informed about the risks associated with ZIKA. 2. The VDH is prepared to support families and children impacted by ZIKA virus disease.	

Short-Term Outcomes	
1. VDH can identify local support services for individuals, families and children affected by ZVD. 2. VDH supports local services that may serve individuals, families and children affected by ZVD.	
Planned Activities for Outcomes	Estimated Timeframe
1. By the February 2017, VDH will have an up-to-date list of all blood donation centers.	Start: 08/01/2016 End: 02/01/2017
2. By the end July 2017, VDH will work with partners to ensure blood centers in Vermont follow FDA Guidance for deferring blood donations for people who have recent travel history to a ZIKA affected area.	Start: 02/01/2017 End: 07/31/2017
3. Risk communication messages, situational awareness and academic detail targeting clinicians and other healthcare response partners are regularly communicated by VDH.	START: 8/01/2016 END: 07/31/2017
4. By the end of October 2016, information on Zika will be communicated EMS responders on ZIKA and ensuring standard precautions.	START: 8/01/2016 END: 10/31/2016
5. By the end of July 2017, the VDH will have a list of appropriate resources for a Zika infected infant and their family.	Start: 08/01/2016 End: 07/31/2017

i. Collaborations

The PHA-ZIKA will work collaboratively with several different areas within the Health Department including Emergency Preparedness, Response and Injury Prevention; Maternal and Child Health; Epidemiology and Surveillance; Public Health Laboratory and Communications. The position will also work to strengthen emergency coordination, and communications within the Division of Emergency Preparedness, Response and Injury Prevention, as well as collaborate with other grants including PHEP and HPP as well as other ZIKA related grants including the Epidemiology and Laboratory Capacity (ELC) and the National Center for Birth Defects and Developmental Disabilities (NCBDDD) to ensure a focused, locally appropriate response to ZIKA.

ii. Target Populations

The communication needs of this grant will focus on general public awareness, clinician technical support, EMS and travelers to ZIKA-affected areas. Work will also be done to identify relevant services for ZIKA infected infants and their families.

1. Inclusion

The work of this grant will be inclusive of at-risk populations including for speakers of languages other than English. Risk communication messages will be developed and translated and communicated through identified channels.

C. Performance Measures and Evaluation Plan

The PHA-ZIKA in collaboration with the ZIKA Workgroup and other related partners

at the Health Department will work to develop a Performance Measures and Evaluation Plan (PMEP) utilizing the PHPR – ZIKA log frame provided by CDC. This will be completed through a one-day workshop and will be completed in conjunction with the NCBDDD and ELC grant coordinators to ensure collaboration and decrease potential duplication. Performance Measures will be established at the workshop. Progress towards achieving the performance measures will be monitored through quarterly meetings to ensure continuous quality improvement. The PMEP will be hosted on the VDH Shared Document Center for all members of the Workgroup to access.

D. Organization Capacity

The Division of Emergency Preparedness, Response and Injury Prevention of the Vermont Department of Health is a current recipient of CDC's Public Health Emergency Preparedness Cooperative Agreement (PHEP) and will utilize this opportunity to enhance communication abilities that encompass the Public Information and Warning, Emergency Operations Coordination and Information Sharing capabilities as defined by PHEP. The Health Department has identified a ZIKA Workgroup that will meet at least quarterly to monitor and evaluate progress on the CDC provided ZIKA Checklist as well as the Performance Measure and Evaluation Plan.

PROJECT BUDGET AND BUDGET NARRATIVE – PHPR- ZIKA 2016
 Vermont Department of Health
 10 June 2016

A. Salaries and Wages \$52,000

Job Title	Annual Salary	Time	Months	Amount Requested
Public Health Administrator	\$52,000	100%	12 Months	\$52,000

Personnel Justification: Public Health Programs Administrator AC: General Disaster and all-hazards planning and coordination for ZVD, particularly focused on emergency coordination and the communication and information sharing requirements surrounding ZVD. Position will also assist with the development and updating of select all-hazard and hazard specific plans including the identification of training and exercise and evaluation requirements.

B. Fringe Benefits \$20,800

Fringe is calculated as an established rate of 40% of personnel costs (\$20,800). Fringe benefits include FICA, retirement, and employer portions of medical, dental and life insurance.

C. Consultant Costs \$0

D. Travel \$0

E. Equipment \$0

E. Supplies \$22,000

Serology reagents required for ZVD testing at the Vermont Department of Health Public Health Laboratory. This is an estimated cost for a one-year supply (\$20,000) for related reagents used in the tests. Actual costs will vary pending number of tests requested and conducted.

One Laptop, docking station and software supplies for PH Administrator. Laptop (1 at \$1,500), PC/monitor set up (1 at \$500)

F. Other \$33,089

Communication Plan \$21,089

Communications planning will include the creation of a state-wide ZVD communication plan targeting the public, travelers and clinicians for risk communication messages and information sharing.

Public Education for Vermonters Traveling to Zika Infected areas \$10,000

This activity will supplement work that will be conducted under Vermont's current ELC Grant. Information will be distributed through an expansive digital advertising campaign that targets Vermonters who are searching on travel-related websites. A pay-per-click advertisement will be served to people from Vermont who are searching on Google for hotels or flights to specific places. These advertisements will drive traffic to the Health Department website, which contains the most up-to-date information as it is syndicated from CDC.

Coordination, Planning and Evaluation Workshop \$1,200

The workshop will be to draft the required Performance Measure and Evaluation Plan (PMEP) for the PHPR funding. Ideally a one-day workshop (\$1,200 budgeted for venue and lunch) will be conducted in conjunction with the NCBDDD and ELC grant partners to address cross-over issues for monitoring, evaluation and reporting. Quarterly meetings will be organized to ensure monitoring and updating of the PMEP and PHPR Checklist and ensure organizational readiness.

Translation Services \$4,000

The Health Department will incorporate translation of required ZVD related materials into languages other than English.

G.	Contractual Costs	\$0
H.	Total Direct Costs	\$131,889
I.	Indirect Cost	\$31,200

$$\$52,000 \times 60\% = \$31,200$$

Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most a recent approval letter is listed in the attachments. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently

estimate these allocated costs at 60% of the direct salary line item.

J. Total **\$162,289**

1. DATE ISSUED MM/DD/YYYY 06/30/2016
 2. CFDA NO. 93.069
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 SEC391(A)317(K)OPHS42U.S.C.SEC241A 247B

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 1 NU90TP921847-01-00
 Formerly

5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY
 From 07/01/2016 Through 06/30/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 07/01/2016 Through 06/30/2017

8. TITLE OF PROJECT (OR PROGRAM)
 Vermont Public Health Preparedness and Response - ZIKA 2016

9a. GRANTEE NAME AND ADDRESS
 Vermont Agency of Human Services
 108 Cherry St
 Health Promo. Disease Preventi
 Burlington, VT 05401-4295

9b. GRANTEE PROJECT DIRECTOR
 Mr. Christopher Bell
 208 Hurricane Ln
 Williston, VT 05495-2069
 Phone: 802-863-7230

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. Gary Leach
 208 Hurricane Ln
 Williston, VT 05495-2069
 Phone: 802-863-7384

10b. FEDERAL PROJECT OFFICER
 Anita Pullani
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: (404) 639-7312

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 162,289.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	52,000.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	20,800.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 162,289.00	
c. Total Personnel Costs	72,800.00	13. Total Federal Funds Awarded to Date for Project Period 162,289.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	22,000.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	0.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 2	d. 5
h. Other	36,289.00	b. 3	e. 6
i. Contractual	0.00	c. 4	f. 7
j. TOTAL DIRECT COSTS	131,089.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	31,200.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	162,289.00	b. ADDITIONAL COSTS	
m. Federal Share	162,289.00	c. MATCHING	
n. Non-Federal Share	0.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: Shicann Phillips

17. OBJ CLASS 41.51	18a. VENDOR CODE 1036000274B8	18b. EIN 036000264	19. DUNS 809376155	20. CONG. DIST. 00
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-93906FV	b. 16TP921847	c. TP	d. \$162,289.00	e. 75-1519-0943
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

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AWARD CONDITIONS

1. Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number TP16-1602, entitled Public Health Preparedness and Response (PHPR) Cooperative Agreement for All-Hazards Public Health Emergencies: Zika 2016, and application dated June 13, 2016, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of \$162,289 is approved for the Year 2016 budget period, which is July 1, 2016 through June 30, 2017. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Award Funding: Not funded by the Prevention and Public Health Fund

Direct Assistance: Not Applicable to this Award.

Objective/Technical Review Statement Response Requirement: THE OBJECTIVE REVIEW PROCESS HAS NOT BEEN COMPLETED BY OPHPR/DSL.R. Once the review process and budget discussions are complete a revised Notice of Award will be sent.

Budget Revision Requirement: By August 1, 2016 the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date. (If Applicable)

The budget must include (if applicable):

- Salaries and wages
- Fringe benefits
- Consultant costs

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- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the **Addition alternative**.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Cost sharing or matching alternative: Under this alternative, program income is used to finance some or the entire non-Federal share of the project/program.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Funding Opportunity Announcement (FOA) Restrictions: Reimbursement of pre-award costs as of May 18, 2016, is allowed under the current announcement TP16-1602. These pre-award cost cannot exceed 20% of the total budget. Funding cannot be used for activities already covered by other Federal grants or cooperative agreements.

The ADS restrictions apply to this current budget period only and do not apply to carryover of unobligated funding into a following year. All continuation and carryover activities and budget items will be reviewed by the ADS office every budget period, and applicable restrictions will be enforced during that budget period.

- Awardees may not use funds for research
- Awardees may not use funds for clinical care except as allowed by law
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally awardees 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 awardee.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, no funds may be used for: 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's (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees
- The direct and primary recipient in a cooperative agreement program must perform a

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substantial role in carrying outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Recipients may not use funds for construction or major renovations.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive level II or 185,100 per year, (See http://grants.nih.gov/grants/policy/salcap_summary.htm)
- Recipients cannot use funds to acquire real property such as land, land improvements, structures, and appurtenances thereto. In addition, activities under individual grants that constitute major renovation of real property or purchase of a trailer or modular unit that will be used as real property may be charged to HHS grants only with specific statutory authority and GMO approval,
- Recipient's awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts. Recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

Program and Administrative Restriction(s): Fifty percent (50%) of the total approved funding amount is hereby restricted and cannot be drawn down from the payment management system (PMS) until CDC completes budget discussions and Objective Reviews for TP16-1602. Once budget discussions and reviews have been completed your organization will receive a revised Notice of Award releasing restricted funds providing all issues/concerns discussed during the budget calls receive a satisfactory response.

Indirect Costs:

1. Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated December 21, 2015.

Matching Funds Requirement: *Not applicable to this award.*

Matching is calculated on the basis of the federal award amount and is comprised of grantee contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the grantee via their Federal Financial Report). The grantee must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The grantee may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a grantee requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the grantee must provide evidence with the carryover request.

Maintenance of Effort (MOE) Requirement: *Not applicable to this award.*

MOE represents an applicant/grantee historical level of contributions related to Federal programmatic activities which have been made prior to the receipt of Federal funds "expenditures (money spent)." MOE is used as an indicator of non-federal support for public health security before the infusion of Federal funds. These expenditures are calculated by the grantee without reference to any Federal funding that also may have contributed to such programmatic activities in the past. Awardees must

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stipulate the total dollar amount in their grant applications. Grantees must be able to account for MOE separately from accounting for Federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015

A. Cap on Salaries (Div. G, Title II, Sec. 203): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Div. G, Title II, Sec. 217): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. G, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <http://www.cdc.gov/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

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D. Needle Exchange (Div. G, Title V, Sec. 521): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. G, Title V, Sec. 526): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below.

Fiscal Year (FY) 2016 funds will expire September 30, 2016. All FY 2016 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2017. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMO/GMS no later than 90 days after the end of budget period. The FFR for this budget period is due by September 30, 2017. Reporting timeframe is July 1, 2016 through June 30, 2017.

The FFR may be downloaded from the following website below and submitted to the GMS via email. https://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/SF-425.pdf

The FFR should only include 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. All Federal reporting in PMS is unchanged

Failure to submit the required information in a timely manner may adversely affect the future funding

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of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, **March 2, 2017**, and serves as the continuing application. This report should include the information specified in the FOA.

In addition to the annual performance report, awardees must submit a March 2, 2017. Performance measures report as specified in the FOA.

Audit Requirement:

An organization that expends \$750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period.

The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System

Electronic Submission: [https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit

Electronic Copy to: PGO.Audit.Resolution@cdc.gov

An organization that expends \$300,000 or more in a fiscal year on its Federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Electronic Copy to:

OGS.Audit.Resolution@cdc.gov (CDC Office of Grants Services)

After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits

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necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Note: The standards set forth in 45 CFR Part 75 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA):

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to www.fsrs.gov. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is \$25,000 or more;
- In the preceding fiscal year, you received—
 - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal

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Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm?explorer.event=true>).

Report executive total compensation as part of your registration profile at <http://www.sam.gov>. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
 - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

You must report sub-recipient executive total compensation to the grantee by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):
 - Governmental organization, which is a State, local government, or Indian tribe;
 - Foreign public entity;
 - Domestic or foreign non-profit organization;
 - Domestic or foreign for-profit organization;
 - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity. Executive means officers, managing partners, or any other employees in management positions.
- Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.
- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee for the use of the Federal funds provided by the sub-award.

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- Total compensation means the cash and non-cash dollar value earned by the executive during the grantee’s or sub-recipient’s preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
 - Salary and bonus
 - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - Above-market earnings on deferred compensation which is not tax-qualified.
 - Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization’s established travel policies and procedures. Grantees approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by March 2, 2017 or no later than 120 days prior to this budget period’s end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions
- Conferences or meetings that were not specified in the approved budget
- OVERTIME/COMPENSATORY TIME: Must be submitted to your Grants Management Specialist prior to applying the proposed cost. Requests should clearly state the following:
 - Name of Staff

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- Percentage of effort on current award
- Number of hours worked
- What activities are being accomplished during overtime hours

Templates for prior approval requests can be found at: [Prior Approval Requests](#)

Templates for prior approval requests can be found at:
<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Key Personnel: In accordance with 45 CFR Part 75.308, CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates grantees to comply with the standard patent rights clause in 37 CFR Part 401.14.

Publications: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, TP921847-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Acknowledgment Of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Copyright Interests Provision: 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

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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.

Disclaimer for Conference/Meeting/Seminar Materials: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer. Further, the HHS and CDC logo cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with grantee policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

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FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "subgrant," or "subgrantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements 41 U.S.C. 4712.

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

(i) Relates to an activity of an element of the intelligence community; or

(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

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“Inspector General” means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

(1) A Member of Congress or a representative of a committee of Congress.

(2) An Inspector General.

(3) The Government Accountability Office.

(4) A Federal employee responsible for contract oversight or management at the relevant agency.

(5) An authorized official of the Department of Justice or other law enforcement agency.

(6) A court or grand jury.

(7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all

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subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov

Website: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

Note: To obtain the contact information of PMS staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true
- Governmental and Tribal Payment Branch:
http://www.dpm.psc.gov/contacts/governmental_and_tribal.aspx?explorer.event=true
- Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/cross_servicing.aspx?explorer.event=true
- International Payment Branch:
Bhavin Patel (301) 492-4918
Email: Bhavin.patel@psc.hhs.gov

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

For additional information and/or to obtain your agency point of contact at the PMS, see, http://www.dpm.psc.gov/contacts/dpm_contact_list/dpm_contact_list.aspx?explorer.event=true

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Under the manual payment method, the grantee will be placed on a reimbursement payment plan. The GMS will work with the grantee to develop a corrective action plan with timeframes and consequences for non-compliance. Formal action will consist of monitoring progress with regard to completion of proposed activities. Additionally, the corrective action may include provision of technical assistance (by sponsoring program office staff). Failure to submit the required information in a timely manner may adversely affect the future funding of this project.

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

Funds must be used in support of approved activities in the FOA and the approved application. All award funds must be tracked and reported separately.

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 16TP921847
Subaccount Title: TP161602-ZIKA-COAG16

This FOA does not have multiple components

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable

HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CDC ROLES AND RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

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Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact: See Staff Contacts below for the assigned GMO

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

GMS Contact: See Staff Contacts below for the assigned GMS

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- *The development of programs and FOAs to meet the CDC's mission*
- *Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources*
- *Providing technical assistance to grantees in the performance of their project*
- *Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS*

STAFF CONTACTS

Grants Management Specialist: Keisha Thompson
Center for Disease Control and Prevention
CDC / ATSDR
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Email: DWT6@cdc.gov Phone: 770-488-2681 Fax: 770-488-8350

Grants Management Officer: Shicann Phillips
Center for Disease Control and Prevention

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CDC / ATSDR
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Email: IBQ7@CDC.GOV **Phone:** 770.488.2809