

GRANT SUMMARY SHEET

Grant Name: Public Health Emergency Preparedness and Crisis Response 20-21 Amend. 3

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through Grantor
(If applicable):** TENN. DEPT. OF HEALTH

Total Award this Action: \$5,202,300.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 3 adds \$5,202,300.00 and revises previous award amounts and indirect recovery. This is a type of carry forward action to ensure that Metro spends its funds. This will happen again early in FY23 and carry on until at least FY24 once this contract is finalized.

Plan for continuation of services upon grant expiration:

The services would be discontinued.

B.A. Initials

DS
RW

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson			340-0407		
Grant Name:		Public Health Emergency Preparedness and Crisis Response 20-21 Amend. 3					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			Other:		
Grant Period From:		03/16/20	(applications only) Anticipated Application Date:				
Grant Period To:		06/30/23	(applications only) Application Deadline:				
Funding Type:		FED PASS THRU	Multi-Department Grant <input type="checkbox"/> → If yes, list below.				
Pass-Thru:		TENN. DEPT. OF HEALTH	Outside Consultant Project: <input type="checkbox"/>				
Award Type:		FORMULA	Total Award:		\$5,202,300.00		
Status:		AMENDMENT	Metro Cash Match:		\$0.00		
Metro Category:		Est. Prior.	Metro In-Kind Match:		\$0.00		
CFDA #		93.074	Is Council approval required?		<input checked="" type="checkbox"/>		
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 3 adds \$5,202,300 and revises previous award amounts and indirect recovery. This is a type of carry forward action to ensure that Metro spends its funds. This will happen again early in FY23 and carry on until at least FY24 once this contract is finalized.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would be discontinued							
How is Match Determined?							
Fixed Amount of \$			or	% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?			Fund	Business Unit			
Is not budgeted?			Proposed Source of Match:				
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		23.75	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		22.91%	Indirect Cost of Grant to Metro:		\$5,976,029.03		
*Indirect Costs allowed?		<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	17.00%	Ind. Cost Requested from Grantor:	\$3,094,697.15 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?		<input type="checkbox"/>					
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$0.00			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Yr 2	FY21	\$6,706,182.89			\$0.00		\$0.00	\$6,706,182.89	\$1,536,292.61	\$1,103,297.15
Yr 3	FY22	\$18,633,817.11			\$0.00		\$0.00	\$18,633,817.11	\$4,268,746.63	\$1,000,000.00
Yr 4	FY23	\$5,948,700.00			\$0.00		\$0.00	\$5,948,700.00	\$1,362,763.89	\$991,400.00
Yr 5	FY									
Total		\$31,288,700.00			\$0.00		\$0.00	\$31,288,700.00	\$7,167,803.13	\$3,094,697.15
Date Awarded:				04/18/22	Tot. Awarded:		\$5,202,300.00	Contract#:		34349-97220-3
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP RECEIVED 4/19/22

GCP APPROVED 4/21/22

TW



GRANT AMENDMENT

Agency Tracking # 34349-97220	Edison ID 68699	Contract # GG-20-68699	Amendment # 3		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Add additional ELC-Enhancing Detection Expansion, Reopening Schools and Traveler's Health Funds for COVID Response					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: June 30, 2023			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			+ \$ 5,202,300.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020		\$0.00			\$0.00
2021		\$6,706,182.89			\$6,706,182.89
2022		\$18,633,817.11			\$18,633,817.11
2023		\$5,948,700.00			\$5,948,700.00
TOTAL:		\$31,288,700.00			\$31,288,700.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Eric Bucholz</div>			CPO USE <div style="font-size: 1.5em;">GG-20-68699-03</div>		
Speed Chart (optional)		Account Code (optional)			
HL00018456		71301000			
HL00018529					
HL00018544					

**AMENDMENT 3
OF GRANT CONTRACT GG-20-68699-00**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and the Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Section A.3. Service Goals. is deleted in its entirety and replaced with the following:
 - A.3. Service Goals. To ensure federal preparedness funds are directed to Tennessee regional, county, and metropolitan areas to prepare for, respond to, and recover from public health threats, including, but not limited to, the response and recovery from COVID-19.
2. The following is added under Grant Contract Section A.6. Incorporation of Additional Documents. Documents referenced below are attached hereto.
 - c. The most current CDC ELC Enhancing Detection Expansion Guidance, Attachment 5.
 - d. The most current CDC ELC Reopening Schools Guidance, Attachment 6.
3. Grant Contract Section C.1. Maximum Liability is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Thirty-One Million, Two Hundred Eighty-Eight Thousand and Seven Hundred Dollars (\$31,288,700.00) ("Maximum Liability"). The Grant Budget attached and incorporated as Attachment 1 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
4. Grant Contract Attachment 1 and the FAIW are deleted in their entirety and replaced with the new Attachment 1 and FAIW attached hereto

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD 4/18/2022

 Director, Metro Public Health Department Date

DocuSigned by:
Tene Hamilton Franklin 4/18/2022

 Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Plannery/mjw 4/26/2022

 Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb 4/27/2022

 Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Niki Eke 4/26/2022

 Metropolitan Attorney Date

 Metropolitan Mayor Date

ATTEST:

 Metropolitan Clerk Date

DEPARTMENT OF HEALTH:

LISA PIERCEY, MD, MPH, FAAP, COMMISSIONER

DATE

ATTACHMENT 1 (continued)

A3-FY22 *To Rollover unspent Funds, Add ELC-Edx Funds and Additional ELC-ED Grant
Guidance

GRANT BUDGET

(BUDGET PAGE 1)

Metro-Davidson County Health Department - Public Health Emergency Preparedness (PHEP) Base Activities and ELC Enhancing Detection Expansion, (ELC-EDx) COVID Response, ELC Reopening Schools and Travelers Health - ROLLUP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2023.				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$3,296,256.36	\$0.00	\$3,296,256.36
2	Benefits & Taxes	\$1,187,590.00	\$0.00	\$1,187,590.00
4, 15	Professional Fee/ Grant & Award ²	\$16,621,973.76	\$0.00	\$16,621,973.76
5	Supplies	\$1,594,811.33	\$0.00	\$1,594,811.33
6	Telephone	\$155,536.81	\$0.00	\$155,536.81
7	Postage & Shipping	\$550,000.00	\$0.00	\$550,000.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$100,000.00	\$0.00	\$100,000.00
10	Printing & Publications	\$562,834.59	\$0.00	\$562,834.59
11, 12	Travel/ Conferences & Meetings ²	\$120,000.00	\$0.00	\$120,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$3,845,000.00	\$0.00	\$3,845,000.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$160,000.00	\$0.00	\$160,000.00
22	Indirect Cost 11.055% of direct expenses)	\$3,094,697.15	\$0.00	\$3,094,697.15
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$31,288,700.00	\$0.00	\$31,288,700.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 2)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDx)				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$490,267.91	\$0.00	\$490,267.91
2	Benefits & Taxes	\$152,595.93	\$0.00	\$152,595.93
4, 15	Professional Fee/ Grant & Award ²	\$4,219,673.76	\$0.00	\$4,219,673.76
5	Supplies	\$648,411.33	\$0.00	\$648,411.33
6	Telephone	\$5,536.81	\$0.00	\$5,536.81
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (20 % of direct expenses)	\$1,103,297.15	\$0.00	\$1,103,297.15
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$6,619,782.89	\$0.00	\$6,619,782.89

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ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

SALARIES				AMOUNT
Name, Title	Monthly Salary	# of Months	% of time	
OT for staff working COVID-related activiites				\$490,267.91
ROUNDED TOTAL				\$490,267.91

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	\$0.00

PROFESSIONAL FEES/MANAGEMENT	AMOUNT
Temporary Staffing	\$4,169,673.76
Provide Language line assistance for COVID-19 Testing/Results/Information	\$50,000.00
ROUNDED TOTAL	\$4,219,673.76

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	\$0.00

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - Public Health Emergency Preparedness (PHEP)				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020 and ending June 30, 2021.				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$66,400.00	\$0.00	\$66,400.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$20,000.00	\$0.00	\$20,000.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$86,400.00	\$0.00	\$86,400.00

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² Applicable detail follows this page if line-item is funded.

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ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 5)

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Provide Language line assistance for COVID-19 Testing/Results/Information	\$20,000.00
ROUNDED TOTAL	\$20,000.00

ATTACHMENT 1 (continued)

GRANT BUDGET
(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Enhancing Detection Additional Supplemental Funds - Reopening Schools				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021 and ending June 30, 2022				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$300,000.00	\$0.00	\$300,000.00
2	Benefits & Taxes	\$100,000.00	\$0.00	\$100,000.00
4, 15	Professional Fee/ Grant & Award ²	\$400,000.00	\$0.00	\$400,000.00
5	Supplies	\$180,000.00	\$0.00	\$180,000.00
6	Telephone	\$5,000.00	\$0.00	\$5,000.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$10,000.00	\$0.00	\$10,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$5,000.00	\$0.00	\$5,000.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,000,000.00	\$0.00	\$1,000,000.00

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² Applicable detail follows this page if line-item is funded.

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ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 7)

SALARIES	AMOUNT
Support School Health Staff with Salaries, bonuses, longevity, etc.	\$300,000.00
ROUNDED TOTAL	\$300,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
HDOC Call Center Security	\$400,000.00
ROUNDED TOTAL	\$400,000.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
COVID-19 Logistical Efforts	\$10,000.00
ROUNDED TOTAL	\$10,000.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Quarantine Patient Supplies	\$5,000.00
ROUNDED TOTAL	\$5,000.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 1 (continued)

GRANT BUDGET
(BUDGET PAGE 8)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDx), COVID				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022.				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$1,364,688.45	\$0.00	\$1,364,688.45
2	Benefits & Taxes	\$463,994.07	\$0.00	\$463,994.07
4, 15	Professional Fee/ Grant & Award ²	\$10,850,000.00	\$0.00	\$10,850,000.00
5	Supplies	\$200,000.00	\$0.00	\$200,000.00
6	Telephone	\$50,000.00	\$0.00	\$50,000.00
7	Postage & Shipping	\$50,000.00	\$0.00	\$50,000.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$62,834.59	\$0.00	\$62,834.59
11, 12	Travel/ Conferences & Meetings ²	\$10,000.00	\$0.00	\$10,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$3,380,000.00	\$0.00	\$3,380,000.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (6.086 % of direct expenses)	\$1,000,000.00	\$0.00	\$1,000,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$17,431,517.11	\$0.00	\$17,431,517.11

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ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 9)

SALARIES					AMOUNT
Name, Title	Monthly Salary	# of Months	% of time		
Vacant, Communicable Disease Investigator	\$ 3,480.59 x	12 x	100%		\$41,767.08
Waller, Leslie, Epidemiologist	\$ 6,760.71	12 x	100%		\$81,128.46
Monget, Talia Office Support Specialist 1	\$ 3,404.47	12 x	100%		\$40,853.67
Vacant, Office Support Specialist 1	\$ 3,480.59	12 x	100%		\$41,767.08
Lester, Tina, Deputy Director	\$ 16,754.16	12	100%		\$201,049.96
Vacant, Information Systems Analyst 3	\$ 5,072.49	12 x	100%		\$60,869.82
Dianne Harden, Finance Officer	\$ 9,375.60	12 x	25%		\$28,126.80
Vacant, Communicable Disease Investigator	\$ 3,480.59 x	12 x	100%		\$41,767.08
Vacant, Manager 2	\$ 6,079.44 x	12 x	100%		\$72,953.30
Vacant Public Health Administratrpr 1	\$ 5,072.49	12 x	100%		\$60,869.82
Overtime					\$693,535.38
ROUNDED TOTAL					\$1,364,688.45

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$10,000.00
ROUNDED TOTAL	\$10,000.00

PROFESSIONAL FEES/GRANT AWARD	AMOUNT
Temporary Staffing	\$10,800,000.00
Provide Language line assistance for COVID-19 Testing/Results/Information	\$50,000.00
ROUNDED TOTAL	\$10,850,000.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Food/lodging/transportation	\$3,380,000.00
ROUNDED TOTAL	\$3,380,000.00

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 10)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDX), COVID

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2022, and ending June 30, 2023.

POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$1,141,300.00	\$0.00	\$1,141,300.00
2	Benefits & Taxes	\$471,000.00	\$0.00	\$471,000.00
4, 15	Professional Fee/ Grant & Award ²	\$950,000.00	\$0.00	\$950,000.00
5	Supplies	\$500,000.00	\$0.00	\$500,000.00
6	Telephone	\$95,000.00	\$0.00	\$95,000.00
7	Postage & Shipping	\$500,000.00	\$0.00	\$500,000.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$100,000.00	\$0.00	\$100,000.00
10	Printing & Publications	\$500,000.00	\$0.00	\$500,000.00
11, 12	Travel/ Conferences & Meetings ²	\$100,000.00	\$0.00	\$100,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$440,000.00	\$0.00	\$440,000.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$160,000.00	\$0.00	\$160,000.00
22	Indirect Cost (20 % of direct expenses)	\$991,400.00	\$0.00	\$991,400.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$5,948,700.00	\$0.00	\$5,948,700.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*, (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 11)

SALARIES					AMOUNT
Name, Title	Monthly Salary	# of Months	% of time		
Vacant, Communicable Disease Investigator	\$ 3,480.59 x	12	x 100%		\$41,767.08
Vacant, Communicable Disease Investigator	\$ 3,480.59 x	12	x 100%		\$41,767.08
Vacant, Communicable Disease Investigator	\$ 3,480.59	12	x 100%		\$41,767.08
Vacant, Communicable Disease Investigator	\$ 3,480.59 x	12	x 100%		\$41,767.08
Vacant, Communicable Disease Investigator	\$ 3,480.59 x	12	x 100%		\$41,767.08
Vacant, Manager 2	\$ 6,079.44 x	12	x 100%		\$72,953.30
Vacant Public Health Administratrpr 1	\$ 5,072.49	12	x 100%		\$60,869.82
Waller, Leslie, Epideliologist	\$ 6,760.71	12	x 100%		\$81,128.46
Monget, Talia Office Support Specialist 1	\$ 3,404.47	12	x 100%		\$40,853.67
Lester, Tina, Deputy Director	\$ 16,754.16	12	x 100%		\$201,049.96
Vacant, Epidemiologist	\$ 6,079.44	12	x 100%		\$72,953.30
Vacant, PHN 2	\$ 5,072.49	12	x 100%		\$60,869.82
Vacant, Office Support Representative	\$ 2,926.79	12	x 100%		\$35,121.46
Vacant, Office Support Representative	\$ 2,926.79	12	x 100%		\$35,121.46
Vacant, Office Support Representative	\$ 2,926.79	12	x 100%		\$35,121.46
Vacant, Information Systems Analyst 3	\$ 5,072.49	12	x 100%		\$60,869.82
Dianne Harden, Finance Officer	\$ 9,375.60	12	x 25%		\$28,126.80
Vacant, Finance Officer 2	\$ 4,192.55	12	x 50%		\$25,155.30
Overtime					\$122,269.97
ROUNDED TOTAL					\$1,141,300.00

501172	70760.6
501173	16548.85
501174	225000
501175	12500
501176	5000
501177	140836.42
\$	470,645.87

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$100,000.00
ROUNDED TOTAL	\$100,000.00

PROFESSIONAL FEES/MANAGEMENT	AMOUNT
Temporary Staffing	\$900,000.00
Provide Language line assistance for COVID-19 Testing/Results/Information	\$50,000.00
ROUNDED TOTAL	\$950,000.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Food/lodging/transportation	\$440,000.00
ROUNDED TOTAL	\$440,000.00

CAPITOL PURCHASE	AMOUNT
Two Super Duty trucks, Crew Cab to haul emergency trailers. The trucks should be able to pull at least 14,000 lbs. 2 @ \$80,000 each	\$160,000.00
ROUNDED TOTAL	\$160,000.00

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 12)

Metropolitan Government of Nashville and Davidson County - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Enhancing Detection Additional Supplement Travelers				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021 and ending June 30, 2022				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4,15	Professional Fee/ Grant & Award ²	\$202,300.00	\$0.00	\$202,300.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11,12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$202,300.00	\$0.00	\$202,300.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 13)

SALARIES				AMOUNT
Name, Title	Monthly Salary	# of Months	% of time	
ROUNDED TOTAL				\$0.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$0.00
ROUNDED TOTAL	\$0.00

PROFESSIONAL FEES/GRANT AWARD	AMOUNT
Billboards and signage at Airports	\$202,300.00
ROUNDED TOTAL	\$202,300.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

CAPITOL PURCHASE	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 5

**ELC ENHANCING DETECTION
THROUGH CORONAVIRUS
RESPONSE AND RELIEF (CRR)
SUPPLEMENTAL FUNDS -
DRAFT 1/7/2021**

Project E: Emerging Issues Funding for the Enhanced Detection,
Response, Surveillance, and Prevention of COVID-19
Supported through the Coronavirus Response and Relief
Supplemental Appropriations Act of 2021

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ELC ENHANCING DETECTION EXPANSION
PROJECT E: EMERGING ISSUES

BACKGROUND AND PURPOSE

***Note:** As the ‘ELC Enhancing Detection Expansion’ guidance is intended to build upon the prior work supported under ‘ELC Enhancing Detection’, this guidance contains the language from the ‘ELC Enhancing Detection’ guidance. In instances where sections and activities have been expanded, the language will appear in *red font*; whereas, language left unaltered will remain in *black font*.

This guidance is intended to provide details regarding \$19.11 billion from the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260*, that will be provided to ELC recipients early in 2021. While the activities largely build upon those under *Enhancing Detection*, specific details of the guidance should be reviewed in total for important context and clarification.

As part of the CARES Act and Paycheck Protection Program and Health Care Enhancement Act supplements, the ELC awarded approximately \$11 billion in 2020 to help address the domestic response to COVID-19. To provide additional critical support to jurisdictions as they continue to address COVID-19 within their communities, \$19.11 billion from the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260*, will be provided to ELC recipients. These additional resources, by law, are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other activities related to COVID–19 testing, case

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investigation and contact tracing, surveillance, containment, and mitigation (including interstate compacts or other mutual aid agreements for such purposes).

As with the previous awards, direct recipients are limited to existing jurisdictions covered under CK19-1904¹. Recipients should continue to build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems in order to maximize the public health impact of available resources. It is the role of the recipient's ELC Project Director to ensure funds are used to achieve the required activities in this guidance; and to guarantee these new funds do not duplicate financial support through prior awards. These funds are intended to complement and not duplicate resources from any other federal source, including those previously awarded via the ELC Cooperative Agreement. Similarly, these resources are not intended to be applied without foresight, consideration for, and planning to address future infectious disease events.

Ongoing monitoring of milestones and performance measures will be utilized to gauge progress toward successful completion of priority activities supported with these funds. Recipients will again be required to complete and submit Jurisdictional Testing, Case Investigation, and Contact Tracing Plans (please note that these may be published on the HHS website: <https://www.hhs.gov/coronavirus/testing-plans/index.html>). The following guidance outlines other specific details and requirements accompanying the resources.

JURISDICTIONAL TESTING, CASE INVESTIGATION, AND CONTACT TRACING PLANS

Utilizing the provided template, located in REDCap, recipients will update information regarding the overall testing landscape within their jurisdiction. This exercise should be done in partnership with state/jurisdictional leadership (e.g., public health, emergency management, State Health Official, local health departments, etc.) and should reflect the approach to testing at a broad jurisdictional level, including tribal needs as appropriate. For example, testing done at public health, clinical and/or commercial labs should be included as well as approaches for reaching communities placed at greater risk for COVID-19, and the application and use of various types of testing for detection and/or surveillance (antigen, molecular, and serology) and inform contact investigation and tracing efforts. These plans should include aspects of advanced molecular detection (AMD) technologies to inform and drive investigations utilizing molecular epidemiology techniques.

Jurisdictions must provide details regarding their robust SARS-CoV-2 testing, case investigation, and contact tracing program that ensures adequate testing is made available according to CDC priorities, including but not limited to: diagnostic tests, tests for close contacts of cases, and expanded screening testing for asymptomatic persons to identify and isolate infectious individuals and monitor community spread. Recipients should assure that provisions are in place to meet future surge capacity testing needs including point-of-care or other rapid testing for outbreaks. Plans should include provisions for testing at, and reporting from, non-traditional sites (e.g., schools, retail sites, community centers, residential medical facilities, or pharmacies); testing of populations at higher risk of becoming infected with SARS-CoV-2 due to high frequency of residential, occupational or nonoccupational contacts; and should also address any essential partnerships with academic, commercial, and hospital laboratories to successfully meet testing demand.

In conjunction with optimizing testing and increasing test volumes for COVID-19/SARS-CoV-2, resources will support the establishment of modernized, timely (real-time) public health surveillance (e.g., to help support case investigation and contact tracing) and health information systems. These systems will support the public health response to COVID-19 and

¹ Only current ELC recipients are eligible to receive awards associated with the supplement described in this guidance. While tribal nations are not included in these awards, other federal support is provided in the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021*.

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lay the foundation for the future of public health surveillance.

Establishing systems and processes to report the data categories described in this document on a daily, automated basis to state and federal health systems is a requirement of accepting these funds, if such systems are not already in place. These systems must be transparent and visible to communities through an open website. For each data category, data elements will be specified by CDC for each reportable condition (e.g., race/ethnicity) at a later date. Both existing and newly established surveillance and data reporting systems must:

1. Ensure that real-time, at least daily, complete and accurate test orders and results can be exchanged within the healthcare/public health system and simultaneously reported to CDC and others via automated systems in a machine-readable format. These systems must support reporting of test results at the county or zip code level with additional data fields as specified by CDC [e.g., [Ask on Entry \(AOE\) questions](#)]. This includes not only testing for the presence of virus (nucleic acid or antigen testing), but also serological testing documenting past infection.
2. Ensure real-time, at least daily, complete, automated reporting in a machine-readable format for the following data categories: case, hospitalization and death reporting; emergency department syndromic surveillance; and capacity, resources, and patient impact at healthcare facilities through electronic reporting.
3. Support the display of up-to-date, critical public health information relating to COVID-19 and future outbreaks at the county or zip code level in visual dashboards or tables on county or state websites, including case data and syndromic surveillance data.

Enhancements to epidemiologic activities resulting from additional test data are also fundamental to controlling the spread of COVID-19. Recipients must accelerate efforts to conduct robust **case investigation and** contact tracing and then identify and isolate new cases of COVID-19 among symptomatic or asymptomatic individuals. This information should be further utilized to understand COVID-19/SARS-CoV-2 **transmission** within a community and determine appropriate mitigation strategies.

FUNDING STRATEGY

Funding by jurisdiction will be based on population, as provided in the legislative language for the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021* (<https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-116HR133SA-RCP-116-68.pdf>).

Direct Assistance is authorized under CK19-1904²; however, should opportunities for direct assistance be made available, these will be shared broadly with our recipient base and options for providing direct assistance in lieu of financial assistance may be discussed and coordinated with the ELC Project Officer and the CDC Office of Grant Services (OGS).

²Legislative Authority for CK19-1904: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC sections 241 and 247b, as amended; and funding is, in part, appropriated under Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund), Title IV, Section 4002.

ALLOWABLE COSTS

Recipients should consider requesting the following when developing budgets, in furtherance of award activities. The financial resources provided are required, by law, to support activities intended to address prevention and response to COVID-19.

1. Personnel (term, temporary, students, overtime, contract staff, etc.).
2. Laboratory equipment and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables and other necessary supplies for existing testing or onboarding new platforms.
4. Courier service contracts (new or expansion of existing agreements).
5. Hardware and software necessary for robust implementation of electronic laboratory and surveillance data exchange between recipient and other entities, including healthcare entities, jurisdictional public health and CDC.
6. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of disease (e.g. GIS software, visualization dashboards, cloud services).
7. Contracts with academic institutions, private laboratories, **other non-commercial healthcare entities**, and/or commercial entities.
8. **Renovations and minor construction (e.g., alteration of less than 50% total square footage of an existing structure; installation of a concrete slab for modular laboratory units; etc.) may be considered for unique cases where conditions do not currently allow for safe or effective testing and/or delivery of effective public health services.**
9. **Leasing/purchasing vehicles (e.g., mobile testing, providing public health services in underserved areas, etc.). **Note:** Recipients will need to submit quotes with their revised budgets that are due within 60 days of award issuance and receive prior approval from OGS. After the revised NOA is issued, any further request for leasing/purchasing must be made through GrantSolutions and include the necessary quotes.**
10. **Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety or training needs.**
11. **Quarantine and isolation support necessary for preventing the spread of COVID-19 (including wraparound services such as hoteling, food, laundry, mental health services, etc.).**
12. **Stipends/incentives may be considered to encourage participation in testing and/or vaccination coverage for those put at higher risk for COVID-19 (individual level) or for facilities/agencies to enroll and/or report data to the health department (institutional level). Recipients interested in exploring this option (individual and/or institutional) must submit a plan that covers all of the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount, (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 60 days of award issuance, stipend/incentive plans must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support stipends/incentives must be made in GrantSolutions, including the stipend/incentive plan, and receive CDC approval before implementation.**
13. **Resources to complement, but not duplicate, other CDC vaccine delivery efforts (e.g., those activities covered under IP19-1901). Costs can include infrastructure needs (e.g., staff, contractors, call centers, storage, space, etc.) that support testing as well as vaccination operations.**
14. **Health communications materials and health education services to inform and protect communities are allowable, if they do not duplicate activities covered by other CDC funding mechanisms (e.g., IP21-2106, IP21-2107). Recipients are reminded to be cognizant of the statutory and policy requirements for acknowledging the HHS/CDC funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents. In accordance with [CDC General Terms and Conditions for Non-research Awards - Acknowledgement of Federal Funding](#), in your base award.**

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15. Expenses associated with outreach and assistance (e.g., support provided through community-based organizations) for those put at higher risk for COVID-19.

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable grant regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: [45 CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

SUPPORT TO LOCAL HEALTH DEPARTMENTS (LHD)

As with previous support provided for COVID-19 activities, recipients should work with their local health departments (LHDs) to determine how local needs will be addressed with the overall available resources. Direct ELC recipients are strongly encouraged to provide financial resources to LHDs within their jurisdiction by way of a contract or other mechanism(s) that may be available through their health department. In addition to financial resources, directly funded recipients may also provide support to LHDs through offering non-financial resources (personnel, supplies, etc.) to address COVID-19/SARS-CoV-2 testing, surveillance, case detection, reporting, response, and prevention needs at the local level. When completing the revised budget, in the ELC budget workbook, there is a state/local health department allocation section that must be completed accurately to allow tracking of direct and indirect support to LHDs. During the quarterly workplan milestone progress reporting, recipients must provide reports, in the REDCap monitoring portal, on progress in supporting LHDs (e.g., on-track or barriers and proposed remedies, etc.) along with amount of funding (direct and/or indirect) to LHDs at time of reporting.

The ELC Program Office will continue to monitor spending and programmatic performance, which will be reported to CDC and HHS leadership, and others as appropriate and necessary, on progress and barriers experienced by recipients (see HHS regulation on performance measurement [45 CFR 75.301](#)). Information regarding resources provided to local jurisdictions should be made available to the ELC Project Officer during regular monitoring calls and if issues arise that require action on the part of the recipient or CDC (e.g., significant delays by a local health department when submitting documentation to the state for reimbursement). In circumstances where CDC finds lessons learned from programmatic performance, such as successful or unsuccessful strategies, these may be shared with other recipients.

SUPPORTING MANAGEMENT OF ACTIVITIES AND RESOURCES

The ELC Program Office strongly recommends that recipients ensure ELC leadership staff at the recipient level are adequate for the management of this award and its integration with the recipient's overall portfolio of ELC funded activities. A minimum of 1 program manager and 1 budget staff (or equivalents) is suggested for the effective management and implementation of the recipients' proposed activities. Depending on the recipient's current capacity for managing both existing COVID-19 funds and these funds associated with this award, the program manager and budget staff may consist of full-time or additional part-time support to achieve the necessary monitoring and management requirements.

PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.

This funding should support activities and the necessary reporting for **Budget Period 2 (BP2)** under CK19-1904. This supplemental funding is for a 30 ½ month project period and will end on July 31, 2023. The expanded project period coincides with the end of Budget Period 4 (BP4) of the ELC Cooperative Agreement (CK19-1904); therefore, workplans and revised budgets should reflect activities and associated costs that will end on July 31, 2023. Recipients are reminded that expanded authority³ applies, and funding may be extended to subsequent budget periods to cover the activities until July 31, 2023. Within 60 days of receipt of the Notice of Award (NOA), the recipient is required to submit a **workplan and revised budget describing its proposed activities**. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed upon between the recipient and CDC and documented in REDCap; and any agreed upon changes must be captured in GrantSolutions, the system of record, as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the 60-day requirement:

1. Workplan entries will be completed in the ELC **Enhancing Detection Expansion 'ELC ED Expansion'** page, under 'ELC COVID-19 Projects' portal, in REDCap; and
2. Revised budgets **must be completed by using the Excel budget workbook** template provided via GrantSolutions Grant Notes at time of NOA issuance. **Note:** If a recipient does not meet the 60-day submission requirement and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan and budget submission requirement.
 - a. Funds will be awarded under the 'Other' cost category and will be accessible in the Payment Management System (PMS) during the 60-day budget revision period for use in accomplishing activities outlined in this guidance;
 - b. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed;
 - c. Recipients will upload the revised budget into GrantSolutions via a budget revision amendment, with a courtesy copy into REDCap 'ELC ED Expansion Financials' page of the 'ELC COVID-19 Projects' portal, by the 60-day post award deadline; and
 - d. The ELC Project Officer and OGS will process the budget revision amendment in GrantSolutions and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members (i.e., Project Director, Epidemiology Lead, Laboratory Lead, Health Information Systems Lead, and Financial Lead) have both contributed to and agreed upon the workplan and revised budget submitted, must be signed by all Governance Team Members (hard copy or digital signature) and submitted with the documents in the REDCap portal.

³ Expanded Authority is provided to recipients through 45 CFR Part 75.308, which allows carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report.

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Workplan detail

Additional workplan guidance will be provided to recipients post-award; they will be required to provide a clear and concise description of the time-bound strategies and activities they will use to achieve the project's outcomes, including:

1. Description of how 'ELC Enhancing Detection Expansion' funding will be used in coordination with funding from CDC's Crisis COVID-19 Notice of Funding Opportunity (NOFO), **Immunization and Vaccines for Children cooperative agreement (IP19-1901, original and any COVID-19 supplemental awards), and all other ELC COVID-19 funding previously awarded.**
2. Specify the distinct new or enhanced activities made possible by 'ELC **ED Expansion**'.
3. Plans for how the ELC recipient will work with local jurisdictions to meet local needs that support the entire jurisdiction. These plans must include: description of activities to be supported at the local level, identification of local partners and localities to be supported, methods to assess local needs, and description of funding mechanisms to support local entities, and estimated amount of support (monetary and in-kind) including to local health departments.
4. Description of expected mechanisms and frequency of interactions between the health department and/or public health laboratory with academic/hospital and commercial laboratories.
5. Description of testing **and case investigation and contact tracing** plan, including populations and institutional settings. Plans should align to your Jurisdictional Testing, **Case Investigation, and Contact Tracing plans for COVID-19 per legislation⁴. Plans for January 2021 – December 2021 must be submitted by March 18, 2021; and cover a 1-year period. The testing and case investigation and contact tracing plan will then be updated, on a quarterly basis, to reflect substantive changes and/or progress. Details about testing and case investigation and contact tracing plan submission will be shared with recipients via the ELC Program Office.**
 - a. Please note that HHS and/or CDC may work with recipients to transfer activities and associated costs (e.g., community-based testing sites, large test kit purchases (OASH), etc.) to these funds where appropriate and necessary.
 - b. To the extent that there are existing Federal (HHS) contracts for testing supplies, HHS and/or CDC may work with recipients to consider allowing recipients to buy into those existing contracts, as may be possible under applicable law.
6. Description of use of electronic health systems for surveillance, reporting, and public health action.

Note: In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.
4. Coordinate with the HHS Testing **and Diagnostics Working Group**, as needed, to support States testing strategies.

Within 60 days of receipt of the NOA, the recipient is required to submit a 'Budget Revision Amendment' as part of the recipient's current award (CK19-1904), Budget Period 2, no later than March 18, 2021.

⁴ Link to bill stating that there is to be a plan and the elements for incorporation: <https://www.congress.gov/bill/116th-congress/house-bill/266/> CDC will provide a template in REDCap for recipients to complete to provide additional guidance and ensure all necessary elements are addressed.

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The 'budget revision amendment' must consist of the following documents:

1. **Budget Information: SF-424A**
 - a. Recipient can use the form generated by the ELC budget workbook;
 - b. Or, recipient can submit a PDF of this form.
 - c. Please do not use the **e-form in GrantSolutions** as it creates issues when processing the revised NOA.
2. **Cover Letter** signed by the Authorized Official of record in GrantSolutions.
3. **Completed revised budget** using the ELC budget workbook that was provided in GrantSolutions as a Grant Note.

REQUIRED TASKS

Note: If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in PMS for specific cost/activities. Recurring or repeat non-compliance may result in additional restrictions or other actions being taken.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

1. Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.
2. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement.
3. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates **within REDCap**.
4. Report expenditures and unliquidated obligations (ULOs) on a monthly basis. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'ELC ED Expansion Financial Reporting' page.
5. Documentation of any necessary budget change/reallocation through REDCap and, as necessary, GrantSolutions.
6. If implementing new or replacement systems, develop an implementation plan, including:
 - a. Rationale for acquiring a new/replacement health information surveillance system and information used to make the decision, such as
 - i. gaps in existing system
 - ii. options explored prior to making the decision.
 - b. Tasks and efforts required (appropriate milestones).
 - c. Timeline for completion.
 - d. Person responsible for these activities.

Implementation plans must be submitted to EDX@cdc.gov, with a copy uploaded into REDCap. Plans will be reviewed and must receive programmatic support from CDC prior to start of implementation. (See Activities section below for specific activities requiring implementation plan and approval.)

7. Schedule a required call (at least 60 minutes) with CDC ELC Health Information Systems (HIS) team to review HIS related activities and milestones described in this workplan.
8. No later than April 30, 2021, have a call with the ELC Project Officer, which will include the recipient representatives to review proposed workplan activities and revised budget submission.
9. Recipient must establish/maintain electronic reporting of SARS-CoV2/COVID-19 laboratory data to CDC daily per the guidance provided by CDC (e.g., CELR). This includes all testing (e.g., positive/negative, PCR, Point-of-Care, etc.) and complete data elements (e.g., race/ethnicity) per CARES legislation and ELC performance measures.

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Both CDC and recipients should appropriately coordinate with points of contact in relevant stakeholder organizations to maximize the impact of federal dollars [e.g., tribal nations, Health Resources and Services Administration (HRSA), HHS Testing and Diagnostics Working Group, etc.].

ACTIVITIES

Data collected as a part of the Activities supported with these funds shall be reported to CDC in the form and fashion determined by CDC. Recipients are required to establish electronic reporting systems to support comprehensive, timely, automated reporting of these data to LHD, CDC and others, at a frequency determined by CDC, if such systems are not already in place. Such systems must support reporting for COVID-19, other conditions of public health significance.

Note: These additional resources are intended to be directed toward testing, case investigation and contact tracing, surveillance, containment, and mitigation, including support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and other related activities related to COVID-19 testing, case investigation and contact tracing, surveillance, containment, and mitigation which may include interstate compacts or other mutual aid agreements for such purposes.

The following programmatic workplan activities are required and must be completed by the public health department and/or public health laboratory. **Note:** If a recipient does not address all the required activities in the workplan, then the workplan will be considered incomplete. If the workplan is not complete by the 60-day submission requirement, and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan requirement.

The 'ELC Enhancing Detection Expansion' workplans will be started in REDCap for recipients through use of the 'ELC Enhancing Detection' workplans. Recipients will then build upon the workplans, in REDCap, to establish their 'ELC Enhancing Detection Expansion' workplans. If activities were not previously addressed in 'ELC Enhancing Detection' workplans, recipients are required to update 'ELC Enhancing Detection Expansion' workplans and respond to all activities. Certain activities or purchases will require recipients to work with ELC HIS prior to the start of implementation.

Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

1. Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, **quality management, inventory management, specimen management, diagnostic and surveillance testing and reporting results.**
2. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.
3. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including **case investigation and contact tracing**) and **other emerging infections** and conditions of public health significance. **This should include staff who can address unique cultural needs of those put at higher risk for COVID-19.**
4. Build expertise to support management of the COVID-19 related activities within the jurisdiction and integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).
5. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other **emerging coronavirus and other infections** and conditions of public health significance.

Strengthen Laboratory Testing

1. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 and build **infectious disease preparedness for future coronavirus and other events involving** other pathogens with potential for broad community spread.
 - a. Develop systems to improve speed and efficiency of specimen submission to clinical and reference laboratories.
 - b. Strengthen ability to quickly scale testing [e.g., **nucleic acid amplification test (NAAT), antigen, etc.**] as necessary to ensure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner. **Laboratories are strongly encouraged to diversify their testing platforms to enable them to pivot depending on reagent and supply availabilities.**
 - c. Perform serology testing with an FDA EUA authorized serological assay in order to conduct surveillance for past infection and monitor community exposure.
 - d. Work with LHDs, including through sub-awards, to build local capacity for testing of COVID-19/SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.
 - e. Apply laboratory safety methods to ensure worker safety when managing and testing samples that may contain SARS-CoV-2/COVID-19.
 - f. **Implement alternative surveillance methods, including sequencing, wastewater surveillance, regional testing centers for surveillance and screening, etc. and link with other relevant surveillance systems (e.g., immunization registry). [This activity is optional and should complement other already funded activities.]**
 - g. **Augment or add specificity to existing laboratory response plans for future coronavirus and other outbreak responses caused by an infectious disease.**
 - h. **Support national surveillance for SARS-CoV-2 by submitting representative, deidentified samples to CDC for sequencing through the National SARS-CoV-2 Strain Surveillance (NS3) program.**

Note: CDC has issued guidance elsewhere on specifics of the submission of samples and metadata (see <https://www.cdc.gov/nczod/lq/diseases/zoonotic-diseases/2019-nCoV/20200428-ns3-guidance>), but in general: unless otherwise indicated, samples submitted for NS3 should be from separate cases, unrelated to each other and that represent typical cases of COVID-19 in the jurisdiction. The number of samples requested is reflective of a minimum number of samples needed for long term surveillance, with adjustments for population and other factors. Please work with the CDC NS3 surveillance team to develop a sustainable sampling plan for your jurisdiction.
 - i. **Expand the use of SARS-CoV-2 genomic sequencing and molecular epidemiology for state and local surveillance and response.**

Note: Timely access to viral genomic sequence data can be a critically important tool in responding to outbreaks; assessing transmission pathways, mechanisms and risk; determining the effectiveness of public health control measures; positioning state and local public health resources; and in supporting policy decisions. CDC encourages the expanded role of sequence data in support of state, local and regional public health priorities, especially when they are done in coordination with national sequencing efforts such as SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES). These efforts could include rapid sequencing and analysis of SARS-CoV-2 genomes by contractors and staff within the public health laboratory itself, through the expansion of laboratory capacity, workforce or bioinformatics capabilities (including improved access to cloud computing resources), or through the establishment or expansion of partnerships with academia and the private sector.
2. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories
 - a. **Conduct surveillance of all SARS-CoV-2/COVID-19 testing resources and map the jurisdictional testing resources that exist outside the public health arena (e.g., point of care, private, academic, etc.).**

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- b. Establish or expand capacity to coordinate with public/private laboratory testing providers, including those that assist with surge and with testing for high-risk environments.
 - c. Secure and/or utilize mobile laboratory units, or other methods to provide POC testing (including antigen testing) at public health-led clinics or non-traditional test sites including but not limited to shelters or other places of congregate housing, food processing plants, correctional facilities, Long Term Care Facilities (LTCF), elementary and secondary schools, child care facilities, and institutions of higher education.
 - d. Ensure public/private laboratory testing providers, including those providing POC testing at public health-led clinics or non-traditional test sites, are provided biosafety resources for SARS-CoV-2 specimen collection and/or testing.
3. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.
 - a. Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders. Ensure ability to track inventory of testing reagents by device/platform, among other things.
 - b. Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, specimen collection sites, and test type will be used to create data visualizations that will be shared with the public, local health departments, and federal partners.

Advance Electronic Data Exchange at Public Health Labs

1. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.
 - a. Employ a well-functioning Laboratory Information Management System (LIMS) system to support efficient data flows within the PHL and its partners. This includes expanding existing capacity of the current LIMS to improve data exchange and increase data flows through LIMS maintenance, new configurations/modules, and enhancements. Implement new/replacement LIMS where needed.

Note: If implementing new or replacement systems, develop an implementation plan, including appropriate milestones and timeline to completion. Implementation plans will be reviewed and approved for consistency with the activities set forth in the ELC awards by CDC prior to start of implementation.
 - b. Ensure ability to administer LIMS. Ensure the ability to configure all tests that are in LIMS, including new tests, EUAs, etc., in a timely manner. Ensure expanding needs for administration and management of LIMS system are covered through dedicated staff.
 - c. Interface diagnostic equipment to directly report laboratory results into LIMS.
 - d. Put a web portal in place to support online ordering and reporting. Integrate the web portal into the LIMS.

Note: If implementing new or replacement systems, develop an implementation plan, including appropriate milestones and timeline to completion. Implementation plans will be reviewed and approved for consistency with the activities set forth in the ELC awards by CDC prior to start of implementation.
 - e. Enhance laboratory test ordering and reporting capability.
 - i. Implement or improve capacity to consume and produce electronic HL7 test orders and result reporting (ETOR) to allow laboratories and healthcare providers to directly exchange

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standardized test orders and results across different facilities and electronic information systems using agreed upon standards.

- ii. 100% of results must be reported with key demographic variables including age/gender/race.
- iii. Report all testing to the health department and CDC using HL7 ELR.

Improve Surveillance and Reporting of Electronic Health Data

Conducting the activities in this section to enable comprehensive, automated, daily reporting to the CDC and others in a machine-readable format, is a requirement of accepting these funds. See CDC website(s) for required data elements. Websites will be amended as requirements are updated.

A. Lab Reporting: <https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html#what-to-report>

B. Case Reporting: <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>.

1. Establish complete, up-to-date, **timely**, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other coronavirus and other **emerging infections which impact** conditions of public health significance, with required associated data fields in a machine-readable format, by:
 - a. Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals without severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.
 - b. Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zip code level to inform community mitigation strategies.
2. **Establish additional and on-going surveillance methods (e.g. sentinel surveillance) for COVID-19 and other conditions of public health significance.**
3. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported):
 - a. At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows (**e.g., reporting portals**) and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SAR-CoV-2 including serology testing).
 - b. Automate receiving EHR data, including eCR and FHIR-base eCR Now, to generate initial case report as specified by CDC for the reportable disease within 24 hours and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death. Utilize eCR data to ensure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.
 - c. **Develop a project plan for the automated processing of the Electronic Initial Case Report (eICR) and Reportability Response (RR) into health information systems. Prior to implementation of eICR and RR for a specific disease or disease group, plan how data will be used for surveillance workflows (e.g. negative COVID-19 reports from providers), draft reporting specifications, and consumption, as appropriate.**

Note: As an interim solution, while health information system capacity is being developed, convert to a human readable format and provide for use by appropriate surveillance program personnel.

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- d. Increase connectivity with laboratory and healthcare feeds for epidemiologic analysis (including using automated single CSV files).
 - e. Expand **electronic reporting mechanism (e.g., eCR, ELR)** to include all conditions of public health significance.
4. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
- a. Required expansion of reporting facility capacity, resources, and patient impact information, such as patients admitted and hospitalized, in an electronic, machine-readable, as well as human-readable visual, and tabular manner, to achieve 100% coverage in jurisdiction and include daily data from all acute care, long-term care, and ambulatory care settings. Use these data to monitor facilities with confirmed cases of COVID-19/SARS-CoV-2 infection or with COVID-like illness among staff or residents and facilities at high risk of acquiring COVID-19/SARS-CoV-2 cases and COVID-like illness among staff or residents.
 - b. Increase ADT messaging and use to achieve comprehensive surveillance of emergency room visits, hospital admissions, facility and department transfers, and discharges to provide an early warning signal, to monitor the impact on hospitals, and to understand the growth of serious cases requiring admission.
5. Enhance systems for flexible data collection, reporting, analysis, and visualization.
- a. Implement new/replacement systems where needed. Ensure systems are interoperable and that data can be linked across systems (e.g., **public health, healthcare, private labs**), including adding the capacity for lab data and other data to be used by the software/tools that are being deployed for **case investigation and** contact tracing.

Note:

1. If implementing new or replacement systems, develop an implementation plan, including:
 - a. Rationale for acquiring a new/replacement health information surveillance system and information used to make the decision, such as
 - i. gaps in existing system
 - ii. options explored prior to making the decision.
 - b. Tasks and efforts required (appropriate milestones).
 - c. Timeline for completion.
 - d. Person responsible for these activities.

Implementation plans must be submitted to EDX@cdc.gov, with a copy uploaded into REDCap. Plans will be reviewed and must receive programmatic support from CDC prior to start of implementation.

2. Examples for data linkages and/or interoperability across systems include case surveillance data, vaccination data, vital records, etc.
3. If implementing or expanding immunizations related information technology systems (e.g., registries, data lake, VAMS, vaccine finder, etc.), recipient should work with Immunization Cooperative Agreement Project Officer for long-term support. Once COVID funds are exhausted, ELC Cooperative Agreement will not have resources for ongoing financial assistance with these registries.

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- b. Update/Enhance/Modernize infrastructure to handle large data streams and properly process, triage, and retain data. For example, receiving large numbers of negative test results, triage, process, and use as appropriate. Consider scalable storage (e.g. data lake).
 - c. Data must be made available at the local, state, and federal level.
 - d. Make data on cases, syndromic surveillance, laboratory tests, hospitalization, and healthcare capacity available on health department websites at the county/zip code level in a visual and tabular manner.
6. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs.) data transmission to a system and open website available to local health officials and the public by county and zip code, that allows for automated transmission of data to the CDC in a machine readable format.
- a. Increase coverage (Target for emergency departments (ED): 100%) and number of facilities submitting syndromic surveillance data to the National Syndromic Surveillance Program (NSSP) [<https://www.cdc.gov/nssp/index.html>] for emergency department (ED) and urgent care facilities for syndromes and illnesses with messages that include the NSSP priority 1 and 2 data elements.
 - b. Submit all case reports in an immediate, automated way to CDC for COVID-19/SARS-CoV-2 and other conditions of public health significance with associated required data fields in a machine-readable format.
 - c. Provide accurate accounting of COVID-19/SARS-CoV-2 associated deaths. Establish electronic, automated, immediate death reporting to CDC with associated required data fields in a machine-readable format.
 - d. Report requested COVID-19/SARS-CoV-2-related data, including line level testing data (negatives, positives, indeterminants, serology, antigen, nucleic acid) daily by county or zip code to the CDC-designated system.
 - e. Establish these systems in such a manner that they may be used on an ongoing basis for surveillance of, and reporting on, routine and other threats to the public health and conditions of public health significance.

Use Laboratory Data to Enhance Investigation, Response and Prevention

1. Use laboratory data to initiate and conduct case investigation and contact tracing and follow up; and implement containment measures.
 - a. Conduct necessary case investigation and contact tracing including contact elicitation/identification, contact notification, contact testing, and follow-up. Activities could include traditional case investigation and contact tracing and/or proximity/location-based methods, as well as methods adapted for healthcare-specific contexts, employers, elementary and secondary schools, childcare facilities, institutions of higher education, long-term care facilities, or in other settings.
 - b. Utilize tools (e.g., geographic information systems and methods) that assist in the rapid mapping and tracking of disease cases for timely and effective epidemic monitoring and response, incorporating laboratory testing results and other data sources.
2. Identify cases and exposure to COVID-19 in high-risk settings or within populations at increased risk of severe illness or death to target mitigation strategies and referral for therapies (for example, monoclonal antibodies) to prevent hospitalization.
 - a. Assess and monitor infections in healthcare workers across the healthcare spectrum.
 - b. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities, etc.).

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- c. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk **occupational** settings (e.g., meat processing facilities), and congregate living settings (e.g., **correctional facilities**, youth homes, shelters).
- d. Work with LHDs to build local capacity for reporting, rapid containment and prevention of COVID-19/SARS-CoV-2 within high-risk settings or in vulnerable populations that reside in their communities.
- e. **Jurisdictions should ensure systems are in place to link test results to relevant public health strategies, including prevention and treatment.**

Note: Additional resources

Treatment: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html>

Public health strategies: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e2.htm>

- 3. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations as appropriate) including proactive monitoring for asymptomatic case detection.

Note: These additional resources are intended to be directed toward testing, case investigation and contact tracing, surveillance, containment, and mitigation, including support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other related activities related to COVID–19 testing, case investigation and contact tracing, surveillance, containment, and mitigation which may include interstate compacts or other mutual aid agreements for such purposes.

 - a. Build capacity for infection prevention and control in LTCFs (e.g., at least one Infection Preventionist (IP) for every facility) and outpatient settings.
 - i. Build capacity to safely house and isolate infected and exposed residents of LTCFs and other congregate settings.
 - ii. Develop interoperable patient safety information exchange systems.
 - iii. Assist with enrollment of all LTCFs into NHSN and provision of related user support.
 - b. **Build capacity for infection prevention and control in elementary and secondary schools, childcare facilities, and/or institutions of higher education.**
 - c. Increase Infection Prevention and Control (IPC) assessment capacity onsite using tele-ICAR.
 - d. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.
 - e. Coordinate as appropriate with federally funded entities responsible for providing health services to **higher-risk** populations (e.g., tribal nations and federally qualified health centers).

Coordinate and Engage with Partners

- 1. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.
 - a. Support appropriate LHDs with acquiring equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.
 - b. Support LHDs to conduct appropriate specimen collection and/or testing within their jurisdictions.
- 2. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

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- a. Build infection prevention and control and outbreak response expertise in local health departments (LHDs).
- b. Partner with academic medical centers and schools of public health to develop regional centers for IPC consultation and support services.

PERFORMANCE MEASURES AND REPORTING

Performance Measures: In addition to the metrics and deliverable indicated above, performance measures specific to COVID-19-related activities will be finalized and provided to recipients within **approximately 45** days of award. The ELC Program Office will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate, existing ELC performance measures may be used. While more frequent reporting may be employed within the first year of this supplement, these requirements may be adjusted as circumstances allow. Where it is possible, reporting will be aligned to current performance measure reporting timelines.

Consistent with current ELC Program Office practice, progress on **workplan milestones** will be reported on a quarterly basis utilizing REDCap. Recipients will be provided 2 weeks to update their progress and note any challenges encountered since the previous update. Financial reporting requirements shall be noted and, as necessary, updated in the Terms and Conditions of the award. The ELC Program Office will work with OGS to limit the administrative burden on recipients.

Summary of Reporting Requirements:

1. Quarterly progress reports on milestones in approved workplans via REDCap.
2. Monthly fiscal reports (beginning 60 days after NOAs are issued).
3. Performance measure data.
4. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

Please also note: Data collected as a part of the activities supported with these funds shall be reported to CDC in a form and fashion to be determined and communicated at a later date.

ACKNOWLEDGEMENT LETTER: DUE WITHIN FIVE (5) DAYS OF NOA RECEIPT

ELC Enhancing Detection Expansion

Date:

Organization Name:

Subject: Acknowledgement Letter for CK19-1904 – COVID-19 Supplemental Funds

Reference: Guidance for the use of supplemental funding (January 2021) for CK19-1904 ELC Enhancing Detection Through Coronavirus Response and Relief (CRR).

This is to acknowledge that I have received, reviewed and understand the requirements in the attached programmatic guidance.

The federal funding received will be in support of the supplemental funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

Authorized Official



ATTACHMENT 6

**ELC REOPENING SCHOOLS:
SUPPORT FOR SCREENING
TESTING TO REOPEN & KEEP
SCHOOLS OPERATING SAFELY**

UPDATED GUIDANCE: 8/2/2021

Project E: Emerging Issues

Supported through the American Rescue Plan Act of 2021

ELC Reopening Schools: Support for Screening testing to Reopen & Keep Schools Operating Safely

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**ELC REOPENING SCHOOLS: SUPPORT FOR SCREENING TESTING TO REOPEN & KEEP SCHOOLS
OPERATING SAFELY
UPDATED GUIDANCE
PROJECT E: EMERGING ISSUES**

EXECUTIVE SUMMARY

Since the publication of the *ELC Reopening Schools Guidance* the pandemic has evolved. While students over 12 years are presently eligible to receive the COVID-19 vaccine, significant numbers of K-12 students still remain unvaccinated or may be ineligible to receive the vaccine due to age. Additionally, because the pandemic has persisted, communities may soon be dealing with seasonal influenza in addition to COVID-19. Because some of the symptoms of flu, COVID-19, and other respiratory illnesses are similar, the difference between them cannot be made based on symptoms alone. Testing remains critically important to identify and appropriately mitigate the spread of respiratory illness throughout communities.

Updates to the previously published *guidance* reflect the current needs of recipients as they implement plans to address COVID-19 during the 2021-2022 school year. The red font throughout this guidance indicates new or updated content. A high-level summary of updates includes:

1. Activities now explicitly include both detection and prevention of COVID-19 in schools, with a continuing focus on screening testing as a mitigation strategy. Recipients are expected to utilize CDC guidance to implement the appropriate strategies for detecting and mitigating the spread of COVID-19 in K-12 schools. Please refer to CDC guidance: [Operational Strategy for K-12 Schools](#).
2. Expansion of allowable costs, in addition to required screening testing activities, to include:
 - a. Support for diagnostic testing
 - b. Testing events that may also involve other mitigation activities (e.g., promotion of vaccine) to limit

ELC Reopening Schools: Support for Screening testing to Reopen & Keep Schools Operating Safely

- the spread of COVID-19.
- c. The promotion of vaccinations as part of testing/contact tracing activities, and when characterized as a mitigation strategy to prevent widespread COVID-19 within the school and the community.
 - d. Costs related to prevention may also include portable high-efficiency particulate air (HEPA) fan/filtration systems or other small items that may allow for improved air circulation.
3. Required reporting frequency for test volume by school district has been reduced from weekly to monthly. Any weekly data collected after July 5 may be submitted via an attachment in REDCap.
 4. Recipients will be required to submit an updated K-12 plan that details screening testing strategies and other activities to reduce the spread of COVID-19 and maintain safe operations in schools as community transmission and/or vaccination rates change. Whenever possible, the proposed plans should align with [CDC guidance](#). Templates for the plan will be provided or information collected via REDCap.

BACKGROUND AND PURPOSE

To support safe, in-person instruction in kindergarten through grade 12 (K-12) schools, screening testing provides another important layer of prevention to protect students, teachers, and staff, and slow the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). While it is critical for schools to remain open for academic, social, emotional benefits, it is equally important to do so safely ([Operational Strategy for K-12 Schools](#)). Since funds were awarded to ELC recipients in April of 2021, made available from the American Rescue Plan Act of 2021, P.L. 117-2, recipients have been working to integrate screening testing in an overall prevention strategy to allow their schools to safely open for in-person instruction in the Fall, and remain open throughout the 2021-2022 school year. The goal is to maximize in-person learning days.

In addition to the \$10 billion provided as a part of this award, approximately \$30 billion had already been awarded to public health departments to support activities, including screening testing, through the *ELC Enhancing Detection (ED)* and *ELC ED Expansion* supplements. Using those supplemental funds, public health departments increased their ability to provide screening testing broadly to their communities, including congregate settings, like schools. The resources available through this award are aimed at providing support for schools to detect and prevent the transmission of COVID-19 within schools. Recipients should ensure equitable access to the support being provided by this opportunity and where appropriate, coordinate with other initiatives that may already be targeting areas with high Social Vulnerability Index (SVI).

FUNDING STRATEGY & SUPPORT TO SCHOOL DISTRICTS

As the pandemic has evolved and vaccine coverage increased, strategies used to prevent the spread of COVID-19 continue to be important, including tools like screening testing emphasized in the original iteration of the *ELC Reopening Schools* guidance.

The objectives and goals of this funding are primarily focused on providing needed resources to implement screening testing programs Recipients should, whenever possible, align their approach with CDC recommendations for K-12 ([Operational Strategy for K-12 Schools](#)).

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As stated in the original guidance, a minimum of 85% of the award total must be allocated to supporting prevention efforts in school districts. This support can include directly providing funds to schools or indirectly by providing support to increase screening testing and support for related prevention strategies in all K-12 schools (public or private) within the recipient's jurisdiction. Recipients may use a combination of approaches (examples follow below) to successfully provide the necessary support to schools.

Up to 15% may be used by direct recipients for coordination, management, technical assistance, monitoring, and data collection and reporting activities to support K-12 screening testing programs and/or provide necessary support for prevention strategies. These funds may not be applied to expenditures incurred before the date of award. However, recipients can use previously awarded funds for any school screening testing activities that are consistent with those awards and in a way that is not a duplication of effort but an enhancement or complementary effort. School screening testing is an allowable activity under the prior two supplemental awards: *ELC Enhancing Detection* and *ELC Enhancing Detection Expansion*.

Examples of providing funding directly to support school districts, public charter schools, and private schools include, but are not limited to:

1. Contracting with testing companies to directly implement programs in K-12 schools and school districts.
2. Partnering with local or chain pharmacies to provide screening testing for K-12 schools and school districts (e.g., contract or fee-for-service model).
3. Partnering directly with laboratories with or without established regional footprints.
4. Directly contracting with K-12 schools and school districts within a recipient's jurisdiction for the completion of the activities in this guidance.
5. Establishing an account or a mechanism to allow K-12 schools and school districts to be reimbursed for costs associated with screening testing.
6. Coordinating with the state or jurisdictional Department of Education to facilitate financial support for K-12 schools and school districts.
7. Sub-awarding to Local Health Departments to support school screening testing directly.
8. Supporting IT systems to monitor screening testing in K-12 schools and school districts and ensure positive results are linked to public health action.

** Each jurisdiction is different; it is assumed that any proposed approach will align with existing jurisdictional laws, regulations, and business practices, while remaining consistent with this award.*

Examples of indirectly providing materials and services to school districts, public charter schools, and private schools include, but are not limited to:

1. Recipient using purchasing authorities to obtain screening testing kits, and necessary supplies, and providing them to school districts, public charter schools, and private schools within their jurisdiction.
2. Providing courier services to improve turn-around time for results.
3. Providing Personal Protection Equipment (PPE) or other items, such as [appropriate air filters](#), directly to the school.
4. Providing laboratory support.
5. Personnel support, onsite, such as a screening testing coordinator, for sample collection, or other additional staff

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- needed to implement testing programs, etc.
6. Logistical and operational support, including IT systems and data management, as needed. Financial expenditures will be monitored and assessed with recipients monthly.

Financial expenditures will be monitored and assessed with recipients monthly.

ALLOWABLE COSTS

The financial resources provided are required, by law, to support school-based screening testing activities intended to support open, in person K-12 school environments during the COVID-19 pandemic. Additionally, these resources may be used to support items or activities aimed at implementation of prevention strategies necessary to curtail the spread of COVID-19. Recipients should review the updated [Operational Strategy for K-12 Schools](#) and consider requesting the following when revising their *ELC Reopening Schools* budgets:

1. Personnel (term, temporary, students, overtime, contract staff, etc.).
2. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing testing (screening or diagnostic) or onboarding new platforms to support this testing.
4. Personal Protective Equipment **Please see the most current CDC guidance for details ([Operational Strategy for K-12 Schools](#)).**
5. Hygiene and cleaning supplies.
6. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
7. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).
8. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the screening testing needs. This may include contracts with companies that offer comprehensive support for screening testing in K-12 (e.g., sample collection, screening testing, and reporting).
9. Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety, or training needs.
10. Leasing/purchasing vehicles (e.g., mobile screening testing, providing K-12 screening testing services in underserved areas, etc.). Note: Recipients will need to submit quotes with their revised budgets and receive prior approval from the Office of Grant Services (OGS). If need arises before or after the revised Notice of Grant Award (NOA) is issued, requests for leasing/purchasing must be made through GrantSolutions and include the necessary quotes.
11. **Portable high-efficiency particulate air (HEPA) fan/filtration systems or other small items that may allow for improved air circulation**
12. **Public health events that include students and other community members and are aimed at providing opportunities for increased detection and prevention of COVID-19. Please note that promotion of vaccination may be considered a prevention strategy for preventing further spread of COVID-19; however, recipients are asked to coordinate these activities between ELC and Immunization staff within the jurisdiction. Additionally, coordination with ELC Project Officer and Immunization Project Officer is crucial to ensure there is not duplication between the two sources of financial support.**
13. Program incentives may be considered to encourage individuals to participate in screening testing. Recipients interested in exploring this option must submit a plan that covers all of the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount (not to exceed \$25 per instance), (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 60 days of award issuance, the program incentive plan must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using

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funds to support program incentives must be made in GrantSolutions, including the program incentive plan, and must receive CDC approval before implementation.

14. Wrap-around (e.g., hoteling, food, laundry, mental health services, etc.) services for those who test positive.
15. Expenses associated with outreach and assistance (e.g., support provided through community-based organizations).
16. **Costs associated with transporting individuals to get tested.**
17. Expenses associated with technical assistance to establish school-based screening testing programs (NGOs, academic institutions, foundations, etc.).
18. ELC Reopening Schools funds can be used to cover screening **and diagnostic** testing costs (e.g., administration, etc.) fully. Recipients should follow all appropriate federal laws and regulations pertaining to testing reimbursements, including assuring that charges are not covered both by ELC funds and other reimbursement sources.
19. **Testing events that may also involve other mitigation activities (e.g., promotion of vaccination) to limit the spread of COVID-19.**
20. **The promotion vaccinations when characterized as a mitigation strategy to prevent widespread COVID-19 within the school and the community.**
21. **Costs related to prevention may also include portable high-efficiency particulate air (HEPA) fan/filtration systems or other small items that may allow for improved air circulation.**

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: [45 CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

Please also note, the CDC is not prescribing the **specific** tests that may be used for **implementing screening testing; however, recipients are encouraged to adhere to CDC and FDA guidance when selecting a test type and determining the approach to testing.**

COVID-19 TERMS AND CONDITIONS

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory

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reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

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

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, in accordance with HHS' regulatory requirements for pass-through entities at 45 CFR 75.352, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer testing without discriminating on non-public-health grounds within a prioritized group.

Acknowledgement of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. The percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. The percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the OPDIV/STAFFDIV] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [OPDIV/STAFFDIV]/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [OPDIV/STAFFDIV]/HHS, or the U.S. Government. For more information, please visit [OPDIV/STAFFDIV website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the OPDIV/STAFFDIV] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [OPDIV/STAFFDIV]/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [OPDIV/STAFFDIV]/HHS, or the U.S. Government. For more information, please visit [OPDIV/STAFFDIV website, if available].

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The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372.

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

SUPPORTING MANAGEMENT OF ACTIVITIES AND RESOURCES

There are special reporting requirements (see ‘Summary of Reporting Requirements’ in the ‘Performance Measures and Reporting’ section) which will likely require dedicated personnel resources to ensure timeliness and completeness of data being reported. **Please note that these requirements have been updated.**

Examples of support in the form of coordination, management, technical assistance, monitoring and reporting, include but are not limited to:

1. Contracting for the development of a web-based platform, linking **school districts, public charter schools, and private schools** with testing service providers, with a program overview, toolkit and resources, and communication materials (e.g., [COVID-19 Educational Testing](#)).
2. Adapting, modifying or implementing testing program toolkits or playbooks to support **school districts, public charter schools, and private schools** in program design (e.g., [The Rockefeller Foundation Playbook for Educators and Leaders](#)).

PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

At the time of guidance update, recipients should have provided resources to districts and/or determined the method(s) with which support to school districts will be conducted. Please see the ‘Activities’ section of this guidance for details pertaining to the updated required activities under this award. A K-12 plan for implementing screening testing and other measures is required and should be submitted via REDCap (due within 30 calendar days of release of this guidance via GrantSolutions).

This funding was awarded in the ELC Budget Period 2 (BP2) (i.e., August 1, 2020 – July 31, 2021) under CK19-1904. However, recipients should note that this supplemental funding is for a 16-month project period and will end on July 31, 2022. The expanded project period coincides with the end of Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) of the ELC Cooperative

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Agreement (CK19-1904). Recipients are reminded that expanded authority¹ applies, in terms of carryover of unobligated from one budget period to the next budget period to cover the approved workplan activities.

REQUIRED TASKS

Note: If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in the Payment Management System (PMS) for specific costs/activities.

Recurring or repeat non-compliance may result in additional restrictions or other actions being taken, consistent with applicable grant regulations.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to **the following:**

1. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement. *Please note, at the time of guidance update, at least one call with CDC should have taken place.*
2. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates within REDCap.
3. Report expenditures and unliquidated obligations (ULO) on a monthly basis. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'ELC Reopening Schools: COVID Award' portal under the 'ELC Reopening Schools Financial Reporting' page.
4. Documentation of any necessary budget change/reallocation through GrantSolutions and REDCap.
5. **Updated reporting:**
In accordance with previous guidance, recipients should have already been reporting the following items on a weekly basis through July 7 via REDCap:
 - a. The number of tests conducted by school district;
 - b. Test type; and
 - c. Cases identified.

Testing reporting changes are effective immediately upon publication:

- a. *Weekly reporting of test volume data from K-12 schools will be moved to a monthly reporting schedule*
- b. *Recipients are required to submit an updated K-12 plan that details strategies used to reduce the spread of COVID-19 and maintain safe operations in schools as community transmission and/or vaccination rates change. All plans must describe the role of screening testing in as it pertains to the changing conditions of the pandemic. Wherever possible, recipients should follow the CDC guidance for K-12 schools ([Operational Strategy for K-12 Schools](#)). A template will be provided, and the plans should be submitted to REDCap per instruction. Plans will be due within 30 days of publication in GrantSolutions unless otherwise communicated.*

The ELC may be add performance reporting on other mitigation/prevention activities, TBD.

¹ Expanded Authority is provided to recipients through 45 CFR Part 75.308, which allows carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report.

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ACTIVITIES

This award has three (3) required overarching activities that are designed to meet the immediate needs to safely reopen schools and the ongoing efforts to keep schools operating safely.

Activity 1: Rapid deployment of screening testing resources *(At the time of this guidance update, this activity is complete)*

The focus for Activity 1 is to jumpstart the ability for jurisdictions to implement school testing (estimated timeframe April to June). A minimum of 85% (direct and indirect) of the award must be allocated to support schools (public or private) that cover all or some K-12 grades within the recipient's jurisdiction. Recipients may use a combination of mechanisms to successfully provide the necessary support to schools. While not exhaustive, examples of mechanisms to provide financial support are listed in the 'Funding Strategy' section above. Additionally, examples of types of support may be found under the 'Allowable Costs' section. Recipients will need to support school district implementation with technical assistance and monitoring, as well as identifying public health actions needed based on school screening testing information. Recipients should assure that **school districts, public charter schools, and private schools** have adequate plans for action when they identify a positive test result.

Recipients may also plan and implement support for screening programs in school-affiliated summer programs, including camps and summer instruction. Recipients can also consider summer programs outside of schools that focus on providing equitable access to educational and recreational activities.

Updated Activity 2: Development and submission of K-12 screening testing implementation plan

Please note that support for prevention strategies that extend beyond screening testing have been added as allowable (optional) costs.

Recipients are required to submit an updated K-12 plan that details screening testing strategies and other activities used to reduce the spread of COVID-19 and maintain safe operations in schools as community transmission and/or vaccination rates change. All plans are required to include screening testing in the approach. Wherever possible, recipients should follow the CDC guidance for K-12 schools ([Operational Strategy for K-12 Schools](#)). A template will be provided, and the plans should be submitted to REDCap per instruction. Unless otherwise communicated, plans will be due within 30 days of the revised guidance being uploaded into GrantSolutions.

Activity 3: Implementation screening testing action plan

Using the screening testing plan as a guide, recipients will progress through the stepwise implementation of the plans to support schools safely opening/remaining open for the 2021-2022 school year. The implementation plan should include methods to monitor effectiveness and integrate modifications as needed based on lessons learned over time.

Please note that additional supplemental guidance may be released to recipients based on information collected from performance measures, milestone progress reporting, and/or additional scientific understanding of SARS-CoV-2.

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PERFORMANCE MEASURES

Should additional performance measures be requested beyond the reporting requirements noted below, the ELC will work with recipients to maximize the impact of the measures being collected. Whenever possible the ELC utilizes existing data sources.

SUMMARY OF REPORTING REQUIREMENTS

The following is an updated summary of reporting requirements for the *ELC Reopening Schools* award, **effective upon publication**.

1. For those conducting screening over the summer, weekly test data collected after July 5, may be submitted via an attachment in REDCap.
2. Within 30 days of the revised guidance being uploaded into GrantSolutions , recipients should submit an updated K-12 plan for screening testing and the prevention strategies that will be utilized to prevent the spread of COVID-19 in the 2021-2022 school year. A template for this summary will be made available in REDCap.
3. Monthly reporting of test volume data from K-12 schools.
4. Monthly fiscal reports, entered in REDCap with final report in GrantSolutions via Grant Note, beginning 30 days after NOAs are issued. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'ELC Reopening Schools: COVID Award' portal under the 'ELC Reopening Schools Financial Reporting' page.
5. Performance measure data.
6. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

The ELC will be adding performance reporting on other mitigation/prevention activities, TBD.

RESOLUTION NO. RS2021-1069

A resolution approving amendment two to a grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from COVID-19.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Tennessee Department of Health, to prepare for, respond to, and recover from COVID-19 approved by RS2020-508; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$26,000,000.00 from \$86,400.00 for a new grant total of \$26,086,400.00 with no cash match required and extend the end date of the grant agreement from June 30, 2021 to June 30, 2023, a copy of which amendment two is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment two be accepted.

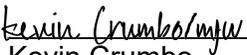
NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment two to the grant by and between the Tennessee Department of Health and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from COVID-19, a copy of which amendment two is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

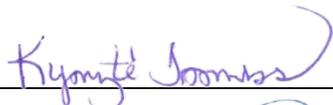
Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

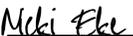

Kevin Grumbo
Department of Finance

INTRODUCED BY:




APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:


Assistant Metropolitan Attorney

Member(s) of Council

GRANT SUMMARY SHEET

Grant Name: Public Health Emergency Preparedness and Crisis Response 20-21 Amend. 2

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Pass-Through Grantor (If applicable): TENN. DEPT. OF HEALTH

Total Award this Action: \$26,000,000.00

Cash Match Amount: \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 2 adds an additional \$26,000,000.00 for a new total of \$26,086,400. This amendment also extends the end date from 6/30/21 to 6/30/23.

Plan for continuation of services upon grant expiration:

The services would be discontinued

Grants Tracking Form

Part One

<input type="radio"/> Pre-Application		<input type="radio"/> Application		<input type="radio"/> Award Acceptance		<input type="radio"/> Contract Amendment	
Department	Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson			340-0407		
Grant Name:		Public Health Emergency Preparedness and Crisis Response 20-21 Amend. 2					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:	
Grant Period From:		03/16/20		(applications only) Anticipated Application Date:			
Grant Period To:		06/30/23		(applications only) Application Deadline:			
Funding Type:		FED PASS THRU		Multi-Department Grant		<input type="checkbox"/> If yes, list below.	
Pass-Thru:		TENN. DEPT. OF HEALTH		Outside Consultant Project:		<input type="checkbox"/>	
Award Type:		FORMULA		Total Award:		\$26,000,000.00	
Status:		AMENDMENT		Metro Cash Match:		\$0.00	
Metro Category:		Est. Prior.		Metro In-Kind Match:		\$0.00	
CFDA #		93.074		Is Council approval required?		<input checked="" type="checkbox"/>	
Project Description:				Applic. Submitted Electronically?		<input type="checkbox"/>	
<p>This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 2 adds an additional \$26,000,000.00 for a new total of \$26,086,400. This amendment also extends the end date from 6/30/21 to 6/30/23.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would be discontinued							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?				Fund		Business Unit	
Is not budgeted?				Proposed Source of Match:			
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		23.75		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro:		\$5,976,029.03	
*Indirect Costs allowed?		<input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		17.00%	
				Ind. Cost Requested from Grantor:		\$4,427,700.00	
						in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$43,200.00			\$0.00		\$0.00	\$43,200.00	\$9,896.52	\$0.00
Yr 2	FY21	\$7,974,800.00			\$0.00		\$0.00	\$7,974,800.00	\$1,826,915.03	\$1,336,300.00
Yr 3	FY22	\$12,119,700.00			\$0.00		\$0.00	\$12,119,700.00	\$2,776,453.59	\$2,100,000.00
Yr 4	FY23	\$5,948,700.00			\$0.00		\$0.00	\$5,948,700.00	\$1,362,763.89	\$991,400.00
Yr 5	FY									
Total		\$26,086,400.00			\$0.00		\$0.00	\$26,086,400.00	\$5,976,029.03	\$4,427,700.00
Date Awarded:				07/09/21	Tot. Awarded:		\$26,000,000.00	Contract#:		34349-97220-2
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP Rec'd
07/15/21

GCP Approved
07/15/21

VW



GRANT AMENDMENT

Agency Tracking # 34349-97220	Edison ID 68699	Contract # GG-20-68699	Amendment # 2		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Add additional ELC-Enhancing Detection Scope and funds for COVID Response					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2023			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 26,000,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020		\$43,200.00			\$43,200.00
2021		\$7,974,800.00			\$7,974,800.00
2022		\$12,119,700.00			\$12,119,700.00
2023		\$5,948,700.00			\$5,948,700.00
TOTAL:		\$26,086,400.00			\$26,086,400.00
<p>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p> <p style="text-align: center; font-size: 1.2em;"><i>Eric Buchholz</i></p>				<p><i>CPO USE</i></p> <p style="font-size: 1.5em; margin-top: 20px;">GG-20-68699-02</p>	
Speed Chart (optional) HL00018456 HL00018529		Account Code (optional) 71301000			

**AMENDMENT TWO
OF GRANT CONTRACT GG-20-68699**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Section A.2. Definitions, is amended to include the following:
 - e. ELC Enhancing Detection – A supplemental grant to the yearly Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Grant, meant to directly address the COVID-19 Pandemic.
2. Grant Contract Section A.5. Service Description, is amended to include the following:
 - j. Additional ELC Enhancing Detection funds will be used to directly address the COVID-19 Pandemic by responding to and recovering from this public health threat. These funds are being issued in support of the following COVID-19 response costs: COVID-19 response support personnel, benefits, indirect costs associated with response personnel, lab processing fees, travel, equipment purchase, supplies, shipping costs, printing, computer related items and fees, costs associated with quarantine/isolation, costs associated with operating alternate/pop-up testing sites, testing of uninsured, costs associated with educating the public on personal health behaviors and choices, and other associated costs throughout this response and recovery.
3. Grant Contract Section B. is deleted in its entirety and replaced with the following:

B. TERM OF CONTRACT:

This Grant Contract shall be effective for the period beginning on March 16, 2020 ("Effective Date") and ending on June 30, 2023, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

4. Grant Contract Attachment 1 and the FAIW are deleted in their entirety and replaced with the new Attachment 1 and FAIW attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

This space intentionally blank.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Tina Lester
 5EE94699A9D6403...
 Director, Metro Public Health Department
 7/14/2021
 Date

DocuSigned by:
Alex Sahangir
 7F973F49A86A4DF...
 Chair, Board of Health
 7/15/2021
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumboltz
 Director, Department of Finance
 7/23/2021
 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
 Director of Risk Management Services
 7/23/2021
 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Niki Fle
 Metropolitan Attorney
 7/23/2021
 Date

Janice Cooper
 Metropolitan Mayor
 AUG 04 2021
 Date

ATTEST:

ES Hildebrand
 Metropolitan Clerk
 AUG 04 2021
 Date

DEPARTMENT OF HEALTH:

LISA PIERCEY, MD, MPH, FAAP, COMMISSIONER RS2021-1069 DATE

2021 JUL 27 AM 11:28
FILED METROPOLITAN CLERK

ORIGINAL

METROPOLITAN COUNTY COUNCIL

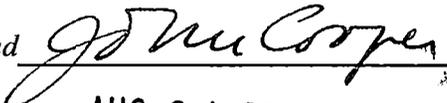
Resolution No. RS2021-1069

A resolution approving amendment two to a grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from COVID-19.

Introduced AUG 03 2021

Amended _____

Adopted AUG 03 2021

Approved 

By AUG 04 2021
Metropolitan Mayor

RESOLUTION NO. RS2021-852

A resolution approving amendment one to a grant from the Tennessee Department of Health, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Tennessee Department of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19 approved by RS2020-508; and,

WHEREAS, the parties wish to amend the grant agreement to extend the end date of the grant agreement from March 15, 2021 to June 30, 2021, a copy of which amendment one is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be accepted.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment one to the grant by and between the Tennessee Department of Health, and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumboltz
Kevin Crumboltz
Department of Finance

INTRODUCED BY:

[Signature]

[Signature]

Zulfat Suara
Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Neki Eke
Assistant Metropolitan Attorney

GRANT SUMMARY SHEET

Grant Public Health Emergency Preparedness and
Crisis Response 20-21 Amend. 1

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through
Grantor** TENN. DEPT. OF HEALTH

Total Award this \$0.00

Cash Match \$0.00

Department Brad Thompson
340-0407

Status AMENDMENT

Program Description:

This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 1 rolls over funding and extends the end date from 3/15/21 to 6/30/21.

Plan for continuation of services upon

The services would be discontinued.

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>		
Department	Dept. No.	Contact				Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson				340-0407		
Grant Name:		Public Health Emergency Preparedness and Crisis Response 20-21 Amend. 1						
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:		
Grant Period From:		03/16/20	(applications only) Anticipated Application Date:					
Grant Period To:		06/30/21	(applications only) Application Deadline:					
Funding Type:		FED PASS THRU	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		TENN. DEPT. OF HEALTH	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:		FORMULA	Total Award:		\$0.00			
Status:		AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:		Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #		93.074	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?					<input type="checkbox"/>	

This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 1 rolls over funding and extends the end date from 3/15/21 to 6/30/21.

Plan for continuation of service after expiration of grant/Budgetary Impact:
The services would be discontinued

How is Match Determined?
Fixed Amount of \$ _____ or _____ % of Grant **Other:**

Explanation for "Other" means of determining match:

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?		Fund	Business Unit
Is not budgeted?		Proposed Source of Match:	

(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)

Other:			
Number of FTEs the grant will fund:	0.00	Actual number of positions added:	0.00
Departmental Indirect Cost Rate	22.91%	Indirect Cost of Grant to Metro:	\$19,794.24
*Indirect Costs allowed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	0.00%
		Ind. Cost Requested from Grantor:	\$0.00
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)			
Draw down allowable?		<input type="checkbox"/>	
Metro or Community-based Partners:			

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21	\$86,400.00			\$0.00		\$0.00	\$86,400.00	\$19,794.24	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$86,400.00	\$0.00	\$0.00	\$0.00		\$0.00	\$86,400.00	\$19,794.24	\$0.00
Date Awarded:				03/12/21	Tot. Awarded:	\$0.00	Contract#:	34349-97220-1		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov



GRANT AMENDMENT

Agency Tracking # 34349-97220	Edison ID 68699	Contract # GG-20-68699	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Rollover Funding and Extend Contract					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2021			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 0		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020		\$43,200.00			\$43,200.00
2021		\$43,200.00			\$43,200.00
TOTAL:		\$86,400.00			\$86,400.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.			<i>CPO USE</i>		
			GG-20-68699-01		
Speed Chart (optional)		Account Code (optional)			

**AMENDMENT 1
OF GRANT CONTRACT GG-20-68699**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Section B. is deleted in its entirety and replaced with the following:

B. TERM OF CONTRACT:

This Grant Contract shall be effective for the period beginning on March 16, 2020 ("Effective Date") and ending on June 30, 2021, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

2. Grant Contract Attachment 1 and the FAIW are deleted in their entirety and replaced with the new Attachment 1 and FAIW attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

This space intentionally blank.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Tina Lester
5EE04599A0B0409...
Interim Administrative Director
Metro Public Health Department

3/12/2021
Date

DocuSigned by:
[Signature]
7F973F48A06A4DF...
Chair, Board of Health

3/12/2021
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kerina Crumboltz
Director, Department of Finance

3/22/2021
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cole
Director of Risk Management Services

3/22/2021
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Neki Eke
Metropolitan Attorney

3/22/2021
Date

[Signature]
Metropolitan Mayor

APR 07 2021
Date

ATTEST:

[Signature]
Metropolitan Clerk

APR 07 2021
Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

2021 MAR 30 AM 10:51
FILED METROPOLITAN CLERK

ORIGINAL

METROPOLITAN COUNTY COUNCIL

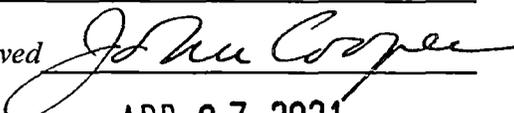
Resolution No. RS2021-852

A resolution approving amendment one to a grant from the Tennessee Department of Health, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19.

Introduced APR 06 2021

Amended _____

Adopted APR 06 2021

Approved 

By APR 07 2021
Metropolitan Mayor

RESOLUTION NO. RS2020 - 508

A resolution accepting a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19.

WHEREAS, the State of Tennessee, Department of Health, has awarded a grant in an amount not to exceed \$86,400.00 with no cash match required to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

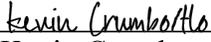
NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the grant by and between the State of Tennessee, Department of Health, in an amount not to exceed \$86,400.00, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19, a copy of which grant is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

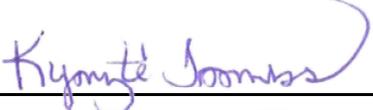
Section 2. That the amount of this grant is to be appropriated to the Metropolitan Department of Health based on the revenues estimated to be received and any match to be applied.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

Kevin Crumbo
Department of Finance

INTRODUCED BY:





APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Assistant Metropolitan Attorney


Member(s) of Council



GRANT SUMMARY SHEET

Grant Public Health Emergency Preparedness and Crisis Response 20-21

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through
Grantor (If** TENN. DEPT. OF HEALTH

Total Award this \$86,400.00

Cash Match \$0.00

Department Brad Thompson
340-0407

Status NEW

Program Description:

This is a grant from Tennessee Department of Health to respond and recover from Covid.

Plan for continuation of services upon

The services would be discontinued.

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson			340-0407		
Grant Name:		Public Health Emergency Preparedness and Crisis Response 20-21					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			Other:		
Grant Period From:		03/16/20		<small>(applications only)</small> Anticipated Application Date:			
Grant Period To:		03/15/21		<small>(applications only)</small> Application Deadline:			
Funding Type:		FED PASS THRU		Multi-Department Grant <input type="checkbox"/> If yes, list below.			
Pass-Thru:		TENN. DEPT. OF HEALTH		Outside Consultant Project: <input type="checkbox"/>			
Award Type:		FORMULA		Total Award: \$86,400.00			
Status:		NEW		Metro Cash Match: \$0.00			
Metro Category:		New Initiative		Metro In-Kind Match: \$0.00			
CFDA #		93.074		Is Council approval required? <input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
This is a grant from Tennessee Department of Health to respond and recover from Covid-19.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would be discontinued							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?			Fund		Business Unit		
Is not budgeted?			Proposed Source of Match:				
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		0.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro:		\$19,794.24	
*Indirect Costs allowed?		<input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.		0.00%	
				Ind. Cost Requested from Grantor:		\$0.00	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21	\$86,400.00			\$0.00		\$0.00	\$86,400.00	\$377,127.89	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$86,400.00	\$0.00	\$0.00	\$0.00		\$0.00	\$86,400.00	\$377,127.89	\$0.00
Date Awarded:				08/07/20	Tot. Awarded:		\$86,400.00	Contract#:		34349-97220
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP Rec'd
08/18/20

GCP
Approved
08/19/20

vw

 GOVERNMENTAL GRANT CONTRACT (cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)					
Begin Date March 16, 2020		End Date March 15, 2021		Agency Tracking # 34349-97220	
Edison ID 68699				Edison Vendor ID 4	
Grantee Legal Entity Name Metropolitan Government of Nashville and Davidson County				Edison Vendor ID 4	
Subrecipient or Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient		CFDA # 93.354			
		Grantee's fiscal year end June 30			
Service Caption (one line only) Public Health Emergency Preparedness and Crisis Response					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2020		\$43,200.00			\$43,200.00
2021		\$43,200.00			\$43,200.00
TOTAL:		\$86,400.00			\$86,400.00
Grantee Selection Process Summary					
<input type="checkbox"/> Competitive Selection					
<input checked="" type="checkbox"/> Non-competitive Selection			Federal preparedness funds are directed to Tennessee Metropolitan Emergency Preparedness programs to prepare for, respond to, and recover from public health threats. Funds are issued to develop and maintain robust emergency preparedness programs and carry out the requirements of the CDC National Standards for State and Local Planning and ASPR National Guidance for Healthcare System Preparedness.		
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. <i>Eric Bucholz</i>				CPO USE - GG GG-20-68699-00	
Speed Chart (optional) HL00018405		Account Code (optional)			

location involved with providing services to the State or involved with processing or storing State data, and Grantee shall cooperate with State staff and audit requests submitted under this Section. Any confidential information of either party accessed or disclosed during the course of the security audit shall be treated as set forth under this Grant Contract or federal or state law or regulations. Each party shall bear its own expenses incurred in the course of conducting this security audit. Grantee shall at its own expense promptly rectify any non-compliance with the Policy or other requirements identified by this security audit and provide proof to the State thereof.

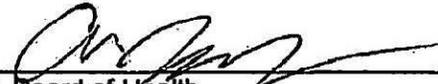
IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



Director, Metro Public Health Department

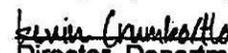
8/7/2020
Date



Chair, Board of Health

8/7/2020
Date

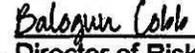
APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:


Director, Department of Finance

8/21/2020
Date

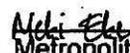
APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:


Director of Risk Management Services

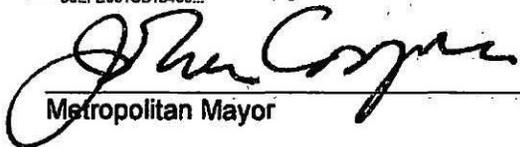
8/21/2020
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:


Metropolitan Attorney

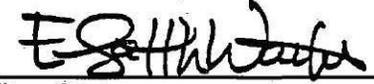
8/21/2020
Date



Metropolitan Mayor

SEP 02 2020
Date

ATTEST:



Metropolitan Clerk RS2020-508

SEP 02 2020
Date

DEPARTMENT OF HEALTH:

Lisa Piercey MD-LO

Lisa Piercey, MD, MBA, FAAP, Commissioner

Digitally signed by Lisa Piercey MD-LO
DN: cn=Lisa Piercey MD-LO, o, ou,
email=Lindsay.R.Oliveras@tn.gov, c=US
Date: 2020.11.06 15:00:18 -06'00'

Date

2020 AUG 25 PM 12:06
FILED METROPOLITAN CLERK

ORIGINAL

METROPOLITAN COUNTY COUNCIL

Resolution No. RS2020-508

A resolution accepting a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare for, respond to, and recover from public health threats, including, but not limited to, response and recovery from COVID-19.

Introduced SEP 01 2020

Amended _____

Adopted SEP 01 2020

Approved SEP 02 2020

By 
Metropolitan Mayor