

CDC Crisis Workforce Supplemental Cheat Sheet

Application Due September 1, 2021

Award No. 1 NU90TP922163-01-00	Budget Period 7/1/21-6/30/23	Award	\$19,750,412
---	-------------------------------------	--------------	---------------------

Purpose

To establish, expand, train, and sustain the state, tribal, local, and territorial public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.

Workforce Personnel

Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:
 1) Permanent full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period); 2) Temporary or term-limited staff; 3) Fellows; 4) Interns; 5) Contractors or contracted employees.

Hiring and Sustainment of Workforce Activities to include:
 1) Update plans, protocols, and systems based on COVID-19; 2) Support of existing staff and those whose funding is expiring; 3) Hiring staff to expedite recruitment and hiring processes.

School-based health staff

At least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel, including: hiring school-based nurses, converting current nurses from part-time to full-time work, increasing hours, increasing nursing salaries or otherwise supporting retention efforts

Budget Summary

School Based Health Programs*	\$6,677,323
LHDs **	\$5,425,124
UALHD Assessment	\$100,000
CBOs	\$500,000
Tribes	\$2,000,000
DCP (HAI, Epi, Infor, Lab, OME)	\$2,362,685
BEMSP	\$1,776,927
OFO	\$246,777
FHP FAST	\$197,443
Total Direct	\$19,286,279
Indirect	\$464,133
Total Budget	\$19,750,412
Remainder to Budget	\$0

*25% Full Award
 **at least 40% of remaining to LHDs and CBOs (\$5,925,124)

Allowable Expenses

Contractual	Subawards or contracts with healthcare institutions may be allowable to meet workforce needs of the public health programs, but health care is not the intent of this funding.
Incentives	Incentives, professional development, promotion potential, sign on bonuses, etc. potentially could be used to assist with the recruitment efforts. Additionally, there are longer-term workforce initiatives being discussed that may provide more sustainable funding.
Mental Health	Consider the mental health impacts of COVID-19 within K-12 schools, not just contact tracing, vaccination, and screening tests. Parental mental health needs should be considered as well. Responder safety and health would also be a consideration and hiring mental health professionals could be an allowable cost in either situation.
Personnel	Wages, benefits, and other costs related to recruiting, hiring, and training of individuals to serve as: Administrative support staff, Clinical or professional staff, Disease investigation staff, School health staff, and Program management staff. Dedicated human resources (HR) staff to expedite, recruit, and implement more rapid hiring processes for public health emergency preparedness Sustaining current staff: while funding is primarily to hire new staff, if recipients have staff who were hired for COVID-19-specific work supported by other funding streams that is going to expire, then recipients can continue to employ them. Hiring clinical staff that provide COVID-19-related services is an allowable cost. One factor to keep in mind is that CDC would not generally be paying for individual clinical treatment; vaccinating students, for instance, is a component of a public health campaign and isn't considered clinical care within our definitions. Administrative support services necessary to implement and manage activities, including travel and training
Schools	The focus is on K-12 public schools, rather than community or faith-based private schools, but resources can be used for private schools at the discretion of recipients. CDC encourages recipients to meet their individual jurisdictional and local needs, as applicable. School-based clinics are within scope to the extent that that the services are related to COVID-19 activities. Support school health services; if sub-awarding funds to the state department of education will accomplish that goal, it would be allowable. However, there are other funds available for other programs, and care should be taken not to be duplicative nor to supplant existing resources.
Supplies / Equipment	Office equipment and furniture for staff that will work remotely for the duration of the project period. This could include minor reconfiguration of existing space, but not construction. Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce.
Training	Training is an integral component of this funding. It can include core competencies, incident management training, specific job-related skills, formal education related to a position, and so forth. If training advances the skills of the public health workforce, it is generally allowable.
Vaccine Clinics	Staff for vaccine clinics would be an appropriate cost. Remember that this funding is for workforce.

Allowable Activities (General)

Contracting Services	Using the General Services Administration (GSA) COVID-19 Related Support Services (CRSS) contract mechanism available at Acquisition Gateway to obtain contract staff or services.
Cross-Training	Cross-train staff hired to work on COVID-19 response for other communicable disease response and future pandemic response activities.
Partner	Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines.
Planning	Continuity of operations (plans, protocols, and systems-based) related to emergency preparedness is within scope. If that is something that recipients think is important to do for COVID-19 and beyond.
Strategic Planning	LHD strategic planning, if there's an identified a gap in your plans, with how local health department is organized, or need assistance identifying those gaps, that is certainly something CDC would support. This could mean hiring a consultant or purchasing a decision-support tool to help you review your strategic vision for the future.

Strike Force Teams	Developing, training, and equipping response-ready “strike force” teams capable of deploying rapidly to meet emergent needs, including through the Emergency Management Assistance Compact.
Training Education	Focus on COVID-19 and preparedness activities, cross-training of COVID-19 staff for other communicable disease response activities, clinical staff activities
Spending Rules & Requirements	
Allocations	The percentage of distribution can be higher for the school-based health personnel and staff at local health departments (LHDs)
CBOs	Funds cannot be provided to community-based organizations (CBOs) upfront, as federal funds are received on a reimbursement basis. A health department may advance funds to cover costs until federal reimbursement is received.
COVID-19	Spending must be 100% COVID-19 related according to the statute. This is a COVID-19-focused grant. If positions are going to be doing part of their work on other projects, then they should be funded accordingly. For example, if staff are partially doing other general work in public health then the positions should probably be split funded. You cannot supplant funds or duplicate funding between grants. Ultimately, the position should match the workload of the personnel that you're putting in your budget.
Diversity	Focusing on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse work force across all levels who are representative of, and have language cultural competence for, the local communities they serve.
Reporting Metrics	Diversity, equity, and inclusion (DEI) measures must be considered within hiring. When identifying metrics to address DEI in hiring, consider collaboration with local champions or trusted voices representative of diverse populations affected by COVID-19. Metrics may include but not be limited to: <ul style="list-style-type: none"> • Number of personnel hired through community-based organizations and other diversity-focused organizations with brief descriptions of populations they serve, such as communities of color, rural populations, people experiencing homelessness, and people living with disabilities. • Number of employees receiving DEI relevant training, such as cultural competency, working with underserved communities, and health equity. • Establishment of a health equity team to focus on hiring a workforce that represents the diversity in the communities being served. Recipients must report on all staff hired, including those hired at the local and subrecipient level, developing and reporting on goals and monitoring metrics regarding diversity of staff hired and equity and inclusion activities based on the 5 employment categories below: <ul style="list-style-type: none"> • Administrative support staff • Clinical or professional staff • Disease investigation staff • School health staff • Program management staff
Administered by	Utah Bureau of EMS & Preparedness Utah Department of Health
Website: https://www.cdc.gov/cpr/readiness/funding-ph.htm	