Notice of Funding Opportunity

Application due June 18, 2024

ASPR
Administration for Strategic Preparedness and Response

Office of Health Care Readiness

Hospital Preparedness Program Cooperative Agreement

Opportunity number: EP-U3R-24-001

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registration is active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by June 18, 2024

Applications are due by 11:59 p.m. Eastern Time on June 18, 2024.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Administration for Strategic Preparedness and Response (ASPR)

Office of Health Care Readiness

Have questions? Refer to Contacts and Support.

Preparing the health care delivery system to save lives during emergencies.

Key facts

Opportunity Name:
Hospital Preparedness Program Cooperative Agreement

Opportunity Number:
EP-U3R-24-001

Federal Assistance Listing:
93.889

Statutory authority number:
42 USC 247d-3b, 42 USC 243

Key dates

Application deadline:
June 18, 2024

Expected award date:
July 1, 2024

Expected start date:
July 1, 2024

Summary

HPP is a cooperative agreement program that, through its support for health care coalitions (HCCs), prepares the health care delivery system to save lives during emergencies that exceed the day-to-day capacity of health care and emergency response systems.[1] HPP is the primary source of federal funding for health care delivery system preparedness and response. HPP enables the formation of public-private partnerships among multiple types of health care, public health, and emergency management organizations, empowering health care entities across the nation to save lives during disasters and emergencies. ASPR requires HPP recipients to invest in HCCs, providing a foundation for health care readiness. An HCC is a network of individual public and private health care and response organizations in a defined geographic location that partner to conduct preparedness activities and collaborate to ensure that each member has what it needs to respond to disasters and emergencies.

Strategic direction

Over the past five years, you and your HCC(s) strengthened collective preparedness and response planning across jurisdictions. For fiscal year (FY) 2024-2028, we, as ASPR, are building on previous years' progress and prioritizing:

- **Outcomes.** We designed this Notice of Funding Opportunity (NOFO) to advance the outcomes of this cooperative agreement and to support you and your HCC(s) in performing core functions that support health care readiness.
- **Coordination and connectivity.** We understand the importance of coordination and connectivity between you and your HCC(s). We note any specific activities where you or your HCC(s) must take on complementary

roles, but we expect that you will work together to develop, update, and carry out health care readiness activities.

- **Flexibility.** As much as possible, we provided high level guidance on what you and your HCC(s) must do as part of this cooperative agreement. **How** you and your HCC(s) carry out these activities may vary depending on the needs of your jurisdiction, HCC membership, and community.

You and your HCC(s) will use both the upcoming *National Health Care Preparedness and Response Capabilities* and the *Health Care Preparedness and Response Capabilities for Health Care Coalitions* (formerly known as the *2017 – 2022 Health Care Preparedness and Response Capabilities*) to support your approach to whole community health care readiness.[2] Both sets of capabilities serve as a guide for HCCs and the health care delivery system as a whole, and the activities laid out in this cooperative agreement support you and your HCC(s) in achieving them. You and your HCC(s) will use the capabilities as a guide for how you may work with partners across the health care delivery system to prepare for, respond to, and recover from emergencies and disasters.

Finally, since HPP's inception in 2002, the cooperative agreement has continued to grow and evolve by incorporating lessons learned from recent responses. For this period of performance, we have incorporated new activities that reflect the readiness needs of the health care delivery system today, emphasizing preparation for extended downtime (including cyber incidents), patient movement, health care workforce support, and other critical priorities.

Funding details

Type: Cooperative agreement

Projected total program funding, subject to the availability of funds, over the five-year performance period: $1,200,000,000

Expected awards: 62

Projected total program funding, subject to the availability of funds, per budget period (BP): $240,000,000

Funding range: $255,889 to $23,171,118

Fiscal years: 2024 through 2028

This program plans to fund five 12-month BPs for a total period of performance of five years beginning on July 1, 2024, and ending on June 30, 2029.

Note: This NOFO will refer to each year (12 months) as a "budget period" and the five-year span of the cooperative agreement as the "period of performance."

Funding strategy

We will award projects using a statutorily required formula.

- Refer to Appendix C: Funding Table. Note: The funding table includes planning numbers based on BP5 of the previous period of performance (FY 2019-2023).

Eligibility

Eligible applicants

Only these types of applicants, as defined in Sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act, or their bona fide agents may apply:

- State governments or a state government agency designated by the state's chief executive officer. Includes the District of Columbia.
- The local governments of the City of Chicago, IL; the County of Los Angeles, CA; and the City of New York, NY.
- The territorial governments of American Samoa, Guam, U.S. Virgin Islands, Puerto Rico, and the Commonwealth of the Northern Mariana Islands.
- Freely Associated States of the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.
- Eligible recipients for this funding opportunity must be currently funded under EP-U3R-19-001.

If a bona fide agent applies, refer to attachments for needed documentation.

Cost sharing and match

This program requires you to contribute $1 for every $10 we award you in federal funds.

To calculate the match requirement, divide the federal share by 10.

For example: Divide $3,500,000 by 10. Your match would be $350,000.

Cost sharing exceptions

We waive the match requirement for:

- City of Chicago, IL; the County of Los Angeles, CA; and the City of New York, NY.
- Freely Associated States of the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.
- A portion of the requirement up to $200,000 for American Samoa, Guam, U.S. Virgin Islands, Puerto Rico, and the Commonwealth of the Northern Mariana Islands. If your calculated match requirement is more than $200,000, then you must contribute that amount minus $200,000. Refer to title 48 United States Code (USC) § 1469a(d).

- Cost sharing will not apply to future contingent emergency response awards that may be authorized under section 311 of the PHS Act (title 42 USC § 243) unless such a requirement is imposed by statute or administrative process at the time.

Types of cost sharing

You can meet your match requirement through any combination of:

- Cash or in-kind contributions (non-cash) from your organization.
- Cash or in-kind contributions (non-cash) from public or private entities.

You must not use federal funds to meet match requirements.

Cost sharing commitments

You must follow through on your promise of cost sharing funds. This includes amounts more than the required minimum. We put these commitments in the Notice of Award (NoA).

If you do not provide your promised amount, we may decrease your award amount. You will have to report your funds when you fill out your annual Federal Financial Report. This accounting is subject to ongoing monitoring, oversight, and audit.

Maintenance of effort

Federal funds must add to any existing non-federal funds for your proposed activities. If you receive an award, you will have to maintain at least the same spending level as in the previous two fiscal years before the award. This policy is required by 319C-2 of the PHS Act. We will enforce these statutory requirements through all available mechanisms. You must provide supporting documentation in your attachments.

You must be able to account for maintaining state funding separate from accounting for:

- Federal funds.
- Any matching funds requirements.

This accounting is subject to ongoing monitoring, oversight, and audit.

Program description

Purpose

HPP is a whole-of-community endeavor that connects health care entities at the local, state, regional, and national levels to plan for and respond to emergencies and disasters by:

- **Addressing community needs.** HPP helps health care entities meet the needs of their communities in times of emergency.
- **Building connectivity.** HPP integrates and coordinates recipient public health agencies, HCCs, and coalition members to ensure all people have equitable access to care.
- **Saving lives.** HPP enables the health care delivery system to continue to provide care during a disaster or emergency, improve patient outcomes, and save lives.

Outcomes

We expect you and your HCC(s) to advance key outcomes through this cooperative agreement.[3]

- **Establish and act on multi-year priorities.** Outcomes include:
  - Health care delivery system readiness to respond to a shifting threat landscape and community needs over multiple years.
  - Continuous programmatic and administrative improvement on multi-year priorities.
- **Enhance and sustain HCCs.** Outcomes include:
  - HCC governance, management, and operations that reflect community partnerships.
- **Coordination.** Outcomes include:
  - Coordinated planning and decision-making among health care delivery system partners.
  - State, local, tribal, and territorial agencies, HCCs, and other partners provide integrated health care response incident management (Emergency Support Function #8 [ESF-8] – Public Health and Medical Services).[4]
- **Continuity of health care service delivery.** Outcomes include:

- A resilient health care workforce able to safely meet response and recovery demands.[5]
- Sufficient space, systems, staff, and resources to support patient movement and patient care delivery during response and recovery.

Core functions

We understand that every jurisdiction is different and must tailor their activities to meet the needs of their communities and achieve the outcomes. You and your HCC(s) must work together to identify and meet community needs, foster connections among members, and strengthen the health care delivery system's ability to continue to provide care during a disaster or emergency, improve patient outcomes, and save lives. This includes strengthening the health care delivery system's ability to prepare for and respond to all-hazards, including mitigating medical surge resulting from mass casualty incidents, natural disasters, and service members returning from overseas combat.

Through the activities in this cooperative agreement, every recipient and their HCC(s) must perform the following core functions:

- **Assessment and risk mitigation.** Anticipate challenges and mitigate risks to support decision-making that meets community or jurisdiction health care needs during a disaster or emergency.
- **Information sharing.** Collect and share near real-time information to provide multidirectional health care situational awareness during an emergency or disaster.
- **Specialty care planning and coordination.** Incorporate necessary expertise to support health care readiness planning, disaster and incident management, including for specialty care delivery, and/or to address specific hazards or events.
- **Respond.** Coordinate and support the implementation of plans, policies, and procedures among recipients, HCCs, HCC members, and their partners to address patient care needs during an emergency or disaster.
- **Health care workforce support.** Equip, protect, and support the health care workforce by providing access to health care readiness resources, training, and exercises.
- **Resource management.** Facilitate resource management and planning among recipients, HCCs, HCC members, and their partners to mitigate shortfalls, maintain operations, and sustain delivery of patient care services during an emergency or disaster.

- **Training, exercise, and evaluation.** Conduct trainings, exercises, and evaluations that incorporate input from assessments, plans, policies, and previous trainings and exercises to evaluate, validate, and improve readiness and response processes.
- **Continuity and recovery.** Support the improvement of processes and systems that promote continuity of health care operations and aid in recovery.
- **Organizational development.** Create and carry out strategies to sustain and grow HCCs and their partnerships.

Collaboration and engagement

In addition to facilitating connection between you and your HCC(s), we expect you to prioritize collaboration and engagement with partners across the health care delivery system to support a whole community approach for health care readiness. Partners that you will engage include required partners, community partners that represent and/or serve communities most impacted by disasters, and additional health care readiness partners.

Required partners for collaboration

We require that you engage with the following health care readiness partners:

- **Emergency Medical Services for Children (EMSC).** You and the Health Resources and Services Administration (HRSA) EMSC program recipients within your state or jurisdiction must provide a joint letter of support indicating that you are integrating EMSC and HPP at the recipient level. You must provide a letter of support with your funding applications at the beginning of each BP throughout the five-year period of performance. Note: You may not use HPP funding for activities already covered by other federal grants or cooperative agreements.
- **Educational agencies and state child care agencies.** We require you to coordinate with educational agencies and child care agencies in your state or jurisdiction on preparedness and response.[6]
- **State Unit on Aging or the equivalent office.** We require you to engage the State Unit on Aging, Area Agency on Aging, or an equivalent office to address the emergency preparedness, response, and recovery needs of older adults.[7]
- **Community organizations.** We require you to engage community organizations that represent and/or serve communities most impacted by disasters (e.g., dialysis networks, skilled nursing facilities/long-term care sites, community health center associations).

- **Regional Emerging Special Pathogen Treatment Centers (RESPTCs).** We require you to engage with the RESPTC(s) in your HHS region. You must collaborate with the RESPTC(s) in your HHS region to provide input on their regional concept of operations (CONOPS) for special pathogen preparedness and response, which includes their plan for coordinating across the region (e.g., for interfacility transport) in a medical surge event. Additionally, we require you to engage RESPTC(s) to conduct specific activities (detailed within the activities section) so that coalition- and state or jurisdiction-level activities support regional preparedness and response.

Communities most impacted by disasters

Throughout this NOFO, we refer to "communities most impacted by disasters." This term is inclusive of:

- At-risk individuals, including children, pregnant individuals, older adults, individuals with disabilities, or others who may have access and functional needs in the event of an emergency, such as those with chronic physical or behavioral health conditions or immunocompromised individuals.[8] Individuals may also be at risk due to their geographic location and/or limited access to health care, such as those in rural, frontier, or otherwise isolated areas.
- Individuals and groups who may be at risk due to the specific risk profile of a disaster or emergency.[9]
- Populations experiencing structural inequities, which include historically and currently marginalized communities.[10]
- Other populations disproportionately impacted by disasters in your jurisdiction, identified through data collection or assessments. For more detail on datasets that you and your HCC(s) can use to identify communities most impacted by disasters within your jurisdiction, please refer to Appendix B: Resources for Recipients and HCCs.

Across all activities, you must describe how you will engage these partners that represent and/or serve communities most impacted by disasters and address the specific health care needs of these communities. During the period of performance, you may need to engage and serve different communities based on their changing health care needs and your state's or jurisdiction's evolving needs. Each BP, you and your HCC(s) are responsible for updating your activities and plans to reflect the needs of communities most impacted by disasters in your jurisdiction.

Additional health care readiness partners

Health care readiness requires collaboration with partners at the local, state, regional, and national levels, from the public and private sectors, and from specific organizations and networks that support emergency preparedness and response.

Across all activities, we encourage you and your HCC(s) to work with partners that can strengthen your state's or jurisdiction's readiness. Please refer to Appendix B: Resources for Recipients and HCCs for examples of relevant health care readiness partners. During the period of performance, you may need to work with different additional partners based on the changing needs of your state or jurisdiction and the communities that you serve. For each BP, you and your HCC(s) will be responsible for updating your activities to reflect the partner engagement needed to address those changes.

Activities

This section describes activities you and your HCC(s) will carry out as part of this cooperative agreement.[11] As the recipient, you are responsible for working with your HCC(s) so that all activities enhance jurisdiction-level preparedness, response, and recovery efforts. You and your HCC(s) are responsible for submitting your materials according to the timelines summarized in the timing and deadlines table.

As you and your HCC(s) work together to complete these activities, you are responsible for using new insights, capabilities, and resources to inform the next BP's activities.

To build on progress from the FY 2019-2023 period of performance, you and your HCC(s) may use current versions of materials, if available and relevant, as a starting point. You must update existing materials to make sure the material meets any new specific requirements. If you have new HCC(s) in your jurisdiction, you can support them as they conduct these activities and develop new materials by providing technical assistance and resources (e.g., examples of materials developed by other HCC(s) in your jurisdiction).

1. Establish governance

You must work with each of your HCC(s) to complete the following governance activities. While many of these activities take place at the coalition-level, they require inputs from you as the recipient. Governance structures, assessments, planning, and exercises (described throughout the NOFO) are mutually dependent. As you identify new gaps or priorities through your assessments, you must use those insights to inform governance structures and activities, and the other way around.

1.1 HCC Governance Document

You must work with each of your HCC(s) to develop a governance document for their coalition. The HCC Governance Document must include the following components:

1.1.1 Management / Administration

- Define your HCC's organizational structure, including HCC leadership and any decision-making structures (e.g., an advisory board). You must specify if your HCC is:
  - A subcomponent of a state or local health department.
  - A non-profit or private structure (e.g., 501(c)(3), hospital-led).
- Describe the HCC's operational roles, including:
  - The process, personnel, and structure that your HCC(s) use to carry out core functions (e.g., planning committees, subject matter experts).
  - The responsibilities of the HCC Readiness and Response Coordinator.
  - How the HCC integrates clinical expertise.
- Describe your HCC's funding structure, including:
  - The funding sources (e.g., grant funding, donations, state funding) and the mechanism(s) your HCC uses to receive funds (e.g., fiduciary agent, direct funding by contract or subaward).

- Any funding methods (e.g., cost-sharing staff between HCCs) that enhance or sustain HCC development.

1.1.2 Geographic coverage

Define the geography that your HCC serves (e.g., urban, suburban, rural, frontier, or a mix), as well as the relevant counties, cities, townships, American Indian and Alaska Native tribes, and/or municipalities within your HCC's jurisdiction.

1.1.3 Membership

Describe your HCC's membership. Your HCC(s) are required to include members who provide the clinical and non-clinical expertise necessary to carry out core functions and advance outcomes. Members must also be able to communicate with their agency or organization decision-makers or executive leadership. To conduct activities in the NOFO, your HCC(s) must, at a minimum, include membership of leaders of organizations from the following categories:

- Health care (e.g., hospitals, health systems, health care facilities).
- Emergency management, including the ESF-8 lead agency coordinating health care response incident management. Note: Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.
- Emergency medical services (EMS) and patient transport services.[12]
- Public health.

Your HCC(s) should include additional members such as health care critical infrastructure partners (e.g., utilities), and supply chain partners (e.g., manufacturers, distributors), as well as partners with expertise in areas such as cybersecurity (e.g., chief information security officers [CISOs]), specialty care delivery, mental and behavioral health, long-term care, and culturally and linguistically appropriate health care services.[13]

Your HCC(s) should strive to make strategic membership decisions based on expertise needed to accomplish the following: carry out the core functions, address readiness gaps (for example, gaps identified through assessments), and meet the needs of the communities your HCC serves, including communities most impacted by disasters.

1.1.4 Community coordination and engagement

You must demonstrate how your HCC improves community coordination and engagement by doing the following:

- Describe how your HCC promotes a whole community approach to health care readiness.[14]
- Identify the communities most impacted by disasters and their health care needs within the area your HCC serves. We require that your HCC specify the datasets or other inputs they used to identify these communities.
- Describe how your HCC collaborates with community partners and additional health care readiness partners in their jurisdiction. Examples of partners include:
  - Health care executives.
  - The RESPTC(s) in their region.[15]
  - The Regional Disaster Health Response System (RDHRS) site in their region (if applicable).
  - Community organizations that represent and/or serve communities most impacted by disasters. As you conduct activities (e.g., develop plans) related to addressing the needs of communities most impacted by disasters, you must collaborate with Public Health Emergency Preparedness (PHEP) cooperative agreement recipients and other relevant partners.

1.1.5 Response operations

You must demonstrate how your HCC will support response operations by doing the following:

- Outline the HCC's policies and procedures related to incident management and define your HCC's incident management structure roles and responsibilities.
- Describe the HCC's coordination with the agency or agencies leading ESF-8 to address health care response, incident management, and resource and policy needs. Note: The Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.

1.2 Jurisdiction information

You must provide information about your HCC's county and/or city boundaries within your jurisdiction. You must submit the jurisdictional information within the first six months of BP1 and in the End of Year report. You should update the information as needed during the period of performance to reflect any jurisdictional boundary changes that occur.

2. Assess readiness

You must work with each of your HCC(s) to complete the following assessments. While each of these assessments except for the Risk Assessment (RA) take place at the coalition-level, they all require inputs from you as the recipient. Assessments, planning, and exercises (described throughout the NOFO) are mutually dependent. As you identify new gaps or priorities through your assessment, you must use those insights to inform planning and exercises, as well as other future assessments.

Your HCC(s) must use the Risk Identification and Site Criticality (RISC) Toolkit 2.0 to the extent possible to inform their assessments. You and your HCC(s) may also use additional data sources and other resources to inform assessments. For more information and additional resources, please refer to Appendix B: Resources for Recipients and HCCs.

2.1 Risk Assessment (RA) (formerly Jurisdictional Risk Assessment)

You must coordinate with PHEP recipient point(s) of contact to complete a new RA (formerly Jurisdictional Risk Assessment) once every five years to prepare for a disaster or emergency. You must update your current RA to:

- Identify communities most impacted by disasters, using available data.
- Reflect input from your HCC(s). You must incorporate input from the members that represent health care (e.g., hospitals), emergency management (including the ESF-8 lead agency coordinating health care response incident management), EMS and patient transport services, and public health.

Other assessments, such as the Threat and Hazard Identification and Risk Assessments (THIRA), may inform your RA or the other way around.[16]

2.2 Hazard Vulnerability Assessment (HVA)

You must work with your HCC(s) to complete an HVA for their state or jurisdiction every BP. You may use or adapt existing HVA templates and resources to complete this activity or create your own.[17] Your HCC(s) must share HVA outputs with their members. At a minimum, HVAs must:

- **Identify threats and hazards.** Identify the threats and hazards for your jurisdiction. Group these under categories such as natural, human-caused, and technological.
- **Identify vulnerabilities.** Identify vulnerabilities (e.g., infrastructure, resource) with respect to extreme weather events (e.g., storms, floods) and other identified threats and hazards.
- **Estimate probability of occurrence.** Assess the likelihood of a threat or hazard to occur within the next one to five years. For natural threats and hazards, consider how extreme weather events impact this probability.
- **Determine severity of impact.** Assess the severity of the identified threats and hazards on people, property/infrastructure, and business operations within your HCC(s). Identify how the threats and hazards may affect communities most impacted by disasters, and how extreme weather events may affect the severity of impact.
- **Establish priority actions.** Identify internal (i.e., jurisdictional) and external (i.e., regional and/or statewide) actions to build and sustain preparedness, response, and recovery capabilities.

2.3 Readiness Assessment

You must work with your HCC(s) to complete a Readiness Assessment detailing the HCC's capacity and capability to carry out NOFO activities, conduct health care preparedness and response operations, and address health care readiness gaps. We will provide Readiness Assessment materials to you and your HCC(s). In addition to informing the Readiness Plan, this assessment will also directly inform your Strategic Plan and Response Plan, among other activities.

2.4 Supply Chain Integrity Assessment

You must work with your HCC(s) to complete Supply Chain Integrity Assessment(s) for their jurisdiction(s). Your HCC(s) may use or adapt their most recent Supply Chain Integrity Assessment(s) to complete this activity. You and your HCC(s) must collaborate with community partners and health care readiness partners, including manufacturers and distributors, to conduct this assessment. You and your HCC(s) may work with partners such as local supply chain associations to access information about your state's or

jurisdiction's medical supply chain and use these insights to develop potential mitigation strategies to address gaps in your Resource Management Plan. This assessment must identify:

- **Resource needs.** Describe the equipment and supplies that may experience increased demand during emergencies and disasters and that cannot be stockpiled.
- **Vulnerabilities.** Describe existing supply chain vulnerabilities (e.g., potential disruptions that could impact supply of blood, oxygen, pharmaceuticals, medical devices [e.g., ventilators], personal protective equipment [PPE]) at the jurisdiction level.
- **Current access and infrastructure.** Describe existing access to critical supplies and infrastructure, quantity of supplies available in regional systems, and alternate delivery options in case access or infrastructure is compromised. You must also describe how inventories are managed, including systems for management (e.g., electronic) and chain of command for supply distribution.
- **Impact on communities.** Describe the anticipated impact of potential supply chain shortfalls on communities most impacted by disasters.
- **Mitigation strategies.** Describe existing mitigation strategies to address potential supply chain shortfalls. Consider how you and your HCC(s) plan to communicate HCC members' supply shortfalls through your local and/or state channels.

Please note that certain components of the supply chain integrity assessment, like access to stockpiles and cross-jurisdictional resources, rely on your participation (for example, you may need to provide resource request procedures or share information about statewide memoranda of agreement [MOA] for resource-sharing).

2.5 Workforce Assessment

You must work with your HCC(s) to complete Workforce Assessment(s) for their jurisdiction(s). You may use or adapt existing assessments to complete this activity. Your HCC(s) must collaborate with their members, community partners, and additional health care readiness partners to conduct this assessment. The outputs of this assessment will inform other activities, including the state's or jurisdiction's Training and Exercise Plan. This assessment must identify:

- **Vulnerabilities.** Describe existing health care workforce vulnerabilities, including health care workforce shortages and risks to the health care

workforce. Risks to the health care workforce may include risks specific to climate-related emergencies and extreme weather events.[18]

- **Ability to provide specialty expertise.** Describe the state's or jurisdiction's ability to access and incorporate clinical specialty expertise during emergencies and disasters.
- **Ability to provide care to the communities within the jurisdiction, including communities most impacted by disasters.** For example, you may describe the health care workforce's ability to deliver accessible care, including culturally and linguistically appropriate services.[19]
- **Training needs.** Identify gaps and opportunities for including the health care workforce in training, exercises, and planning for emergencies and disasters.
- **Workforce safety and health resources.** Describe the health care workforce's current access to behavioral health resources and other relevant worker safety and health resources.
- **Community impact.** Describe the anticipated impact of potential workforce shortfalls on communities most impacted by disasters.
- **Mitigation strategies.** Describe existing mitigation strategies to address potential workforce shortfalls.[20]

As a connector to state and federal programs that support workforce protection and readiness, you will need to share available information and resources that support workforce development with your HCC(s).

2.6 Cybersecurity Assessment

You must work with your HCC(s) to complete Cybersecurity Assessment(s) for their jurisdiction(s). The outputs of this assessment will inform other activities, including the Cybersecurity Support Plan and Extended Downtime Support Plan. This assessment must:

- **Assess use of cybersecurity practices.** Identify, at a high level, the practices and/or systems that your HCC(s) have in place that correspond to the Healthcare and Public Health (HPH) Sector-Specific Cybersecurity Performance Goals (CPGs) to strengthen cyber preparedness and resiliency.[21]
- **Describe community impact.** Describe the impact of a potential cyber incident on communities most impacted by disasters.
- **Identify mitigation strategies.** Based on the ten essential HPH Sector-Specific CPGs, determine where your HCCs may have gaps and identify mitigation strategies that will address these priority areas for cyber preparedness and resiliency.

2.7 Extended Downtime Health Care Delivery Impact Assessment

You must work with your HCC(s) to complete their Extended Downtime Health Care Delivery Impact Assessment(s) for their jurisdictions. Downtime events occur when part or all of an electronic system, network, hardware, or software is unavailable or offline. This assessment must identify the following for non-cyber extended downtime events:

- **Impacted functions.** Describe the clinical and operational functions that may be impacted by an extended downtime event affecting coalition- or jurisdiction-wide systems. This may include describing how a downtime event may impact communications, information-sharing, resource management, and other functions that affect health care delivery (e.g., telemedicine) within the area that your HCC(s) serve.
- **Community impact.** Describe the impact of a potential downtime event on communities most impacted by disasters.
- **Mitigation strategies.** Describe the existing mitigation strategies to address potential impacts, including how your HCC(s) currently integrate with the ESF-8 lead agency coordinating health care response incident management to address extended downtime events. Note: Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.
    - Specifically, your HCC(s) will need to describe the coalition-, state-, or regional-level resources available to them to support response to an extended downtime event. This includes the ability of health care partners to support patient care in critical medical service areas in the event of an extended downtime event affecting the HCC or its members. It also includes the escalation of downtime event risks and/or realized events to the state, regional, or federal level.

3. Plan and implement

You and your HCC(s) must develop, submit, and implement plans that address preparedness, response, and recovery. You may use existing plans from the FY 2019-2023 period of performance as a baseline for many of these plans, updating documents to meet new requirements for the FY 2024-2028 period of performance. Assessments, plans, and exercises (described throughout the NOFO) are mutually dependent. As you identify new gaps or priorities through your assessments or exercises, you should use those insights to inform planning, and the other way around. As you develop these plans with your HCC(s), note that you are responsible for providing resources that sit outside their jurisdictions to support the plans' implementation.

3.1 Strategic Plan for FY 2024-2028

You must submit a Strategic Plan for the FY 2024-2028 period of performance. Your Strategic Plan must reflect input from your HCC(s) and must include:

- **Priorities.** Describe your top jurisdictional strategic priorities for the five-year period of performance. You must develop your top jurisdictional strategic priorities in collaboration with your HCC(s) as they develop their top priorities for their Readiness Plan(s) so that the plans are aligned and can support one another. You must identify the data sources used to inform the strategic priorities. Sources include but are not limited to assessments, National Health Security Preparedness Index (NHSPI), previous after-action reports/improvement plans (AAR/IP), and community input.
- **Strategic Advisory Committee.** Describe how you will establish, maintain, and/or participate in a strategic advisory committee or similar mechanism, comprised of HCC representation, senior officials from governmental and non-governmental organizations involved in homeland security, health care, public health, EMS, and behavioral health.[22] You must describe how you will work with that body to:

    - Integrate health care readiness efforts across local, state, and regional levels.
    - Maximize funding streams and leverage resources.
    - Support your HCC(s).
- **Policy approach.** Describe how you will address policy or regulatory challenges during incidents that may also impact health care delivery.
- **Coordination for health care response incident management.** Describe how you will coordinate with partners across your jurisdiction, within your HHS region or across states, and with federal partners. You must describe how you are integrating HCCs in your jurisdiction with ESF-8 – coordination of health care response incident management. Note: Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.
- **Community impact.** Based on assessments, describe how your top priorities address the health care needs of the communities in your area, including communities most impacted by disasters.
- **Community engagement.** Describe how you engage with community partners. You must include:
    - A list of community partners you and your HCC(s) engaged with to develop the Strategic Plan.
    - A description of how you engaged with community partners to identify and select your top priorities.
    - A description of the community organizations that represent or serve communities most impacted by disasters that you plan to engage to address your top priorities during the period of performance.

Please note that you will use your Strategic Plan to inform your detailed work plans for BP2-5.

3.2 Readiness Plan

You must work with your HCC(s) to develop Readiness Plan(s). These plans provide a roadmap for the HCC to address strategic priorities, implement the cooperative agreement activities, and develop and grow as an organization. Each HCC must develop a Readiness Plan for its jurisdiction and update it every BP. Each Readiness Plan must include:

- **Priorities.** Describe top strategic priorities of your HCC(s) for each BP. Your HCC(s) should collaborate with you as they develop their top strategic priorities so that their Readiness Plan and the Strategic Plan for

FY 2024-2028 are aligned and can support one another. Your HCC(s) may update their priorities each BP based on the previous assessments.

- **Implementation planning.** Describe how your HCC(s) will implement activities. This should include your HCC(s)'s method for:
  - Developing the required materials identified in this NOFO, including approach, timelines, and expected milestones. Note: You and your HCC(s) must adhere to the submission deadlines specified in the timing and deadlines table.
  - Addressing gaps identified through assessments. Note: This section can be updated on a rolling basis as you and your HCC(s) complete assessments and identify areas for improvement.
  - Engaging community partners.
  - Facilitating continuous improvement from the previous BP.
- **HCC development.** Describe how your HCC(s) will develop as an organization, including how your HCC(s) will:
  - Manage and improve administrative and financial functions.
  - Communicate the benefits of HCC activities to health care readiness partners, community partners, and other key audiences (e.g., engaging leader "champions").

3.2.1 Training and Exercise Plan

As part of the Readiness Plan, you must work with your HCC(s) to develop, update, and submit a Training and Exercise Plan for approval by your field project officer (FPO). Based on your assessments and plans, you and your HCC(s) may provide training opportunities, tools, and resources to the health care workforce on topics most relevant to your jurisdiction. Refer to Appendix B: Example Training and Exercise Topics for potential topics for trainings. Your Training and Exercise Plan must include:

- **Priorities.** Based on priorities identified in the Strategic Plan and Readiness Plan, describe how you and your HCC(s) will select which trainings and exercises to conduct.
- **Audience.** Identify the intended audiences for the training. The audience can include specific parts of the health care workforce, as well as groups involved in plans, budgets, management, design, conduct, and evaluation of exercises.
- **Relevant partnerships and resources.** Describe any existing partnerships or resources you and your HCC(s) can use to support training and exercises, such as existing centers of excellence or partners that provide guidance, trainings, and curricula relevant to health care

readiness. For example, you may describe how you will use training resources (e.g., didactic training, "train the trainer" sessions, virtual consultations) developed by the National Emerging Special Pathogens Training and Education Center (NETEC) or RESPTCs to support special pathogen preparedness.

- **Calendar.** Your Training and Exercise Plan must include a calendar or timeline of planned trainings and exercises for all five BPs, as well as the intended audiences and outcomes for training and exercises.
- **National Incident Management System (NIMS) Training.** You must work with your HCC(s) to assist their members with NIMS implementation throughout the period of performance. Your HCC(s) must:
  - Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and needs.
  - Promote NIMS implementation among HCC members, including training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure.
  - Assist HCC members with incorporating NIMS components into their emergency operations plans.

3.3 Response Plan

Your Response Plan will consist of detailed descriptions of how you and your HCC(s) will implement activities that support the core functions. You should update your Response Plan to incorporate the top priorities for your jurisdiction(s), based on the Strategic Plan and the Readiness Plan. You and your HCC(s) must work with clinicians, community partners, health care executives, and additional health care readiness partners to develop:

3.3.1 Information-Sharing Plan

- **Common operating picture.** Describe how you and your HCC(s), their members, and other partners will communicate and share information. You must use a common operating picture or situational awareness tool to collect, share, and exchange health care information (e.g., staffing and resource availability, patient tracking, hospital or facility status, EMS data, elements of electronic health records [EHRs]).
  - You must identify and use situational awareness and information tools that can help identify and support communities most impacted by disasters in your jurisdiction.

    - You must describe how you share information with partners outside of your jurisdiction (e.g., through MOAs with other states), including with federal partners.
- **Coordination role.** Describe how you will coordinate with partners across your jurisdiction, within your HHS region or across states, and with federal partners. Describe how your HCC(s) will play a communication and coordination role within their jurisdiction(s), including how your HCC(s) will manage and support:
    - Access to the common operating picture or situational awareness tool among HCC members.
    - Incident action planning and response.
    - HCC member communication with health care workers, patients, and visitors.
    - Coordination with community partners.
- **Clinical knowledge-sharing.** Describe the processes and procedures you and your HCC(s) will use to rapidly acquire and share clinical knowledge among health care providers, HCC members, and additional health care readiness partners during responses to provide multidirectional situational awareness and address patient needs (e.g., telemedicine, peer-to-peer sharing platforms).
- **Systems protection.** Describe how you and your HCC(s) will protect the common operating picture or situational awareness tool used by you, your HCC(s), their members, and other partners, including how you will manage cybersecurity risks to any shared communications or information-sharing platforms.
    - As available, your approach should incorporate insights from resources such as the RISC Toolkit 2.0, Cybersecurity Assessment, Extended Downtime Health Care Delivery Impact Assessment, Extended Downtime Support Plan, Cybersecurity Exercise, and Non-Cyber Extended Downtime Exercise.
- **Redundant Communications.** Describe the multiple communication modalities that you and your HCC(s) use to serve as back-up systems during a downtime event. Please refer to Extended Downtime Support Plan requirements for more information. Additionally, your approach must incorporate SAFECOM guidance. Please refer to funding policies and limitations for more information on SAFECOM requirements and Appendix B: Additional Resources for more information about the Public Safety Communications and Cyber Resiliency Toolkit.

- **Misinformation, disinformation, and mal-information.**[23] Describe the resources used to monitor updates during a disaster, emergency, or exercise to avoid mis-, dis-, and mal-information.

3.3.2 Resource Management Plan

- **Supplies.** Describe how you and your HCC(s) will acquire, store, and manage supplies, including using procurement, distribution, and resource-sharing structures to provide supplies that meet health care needs. For more detail on this requirement, please refer to Appendix A: Additional Activity Detail.
- **Stockpile activation**. Describe how you will support your HCC(s) to manage stockpile activation and deployment, including policies and procedures for requesting the federal Strategic National Stockpile (SNS).[24]
- **Staffing.** Describe how you and your HCC(s) will request and manage supplemental staffing, including how you and your HCCs will:
  - Use mutual aid agreements (e.g., Emergency Management Assistance Compact), staff sharing agreements, staff sharing resources, and rapid credential verification processes that support supplemental staffing.
  - Implement flexibilities or strategies that support supplemental staffing.
  - Distribute additional staff when demand exceeds available supplemental staff.
  - Address barriers that may discourage volunteers (e.g., liability, licensure, scope of practice issues).
  - Incorporate hospital, HCC, jurisdictional, or state-based medical assistance teams into medical surge planning and response.
- **Volunteer registration programs and federal supplemental staffing resources.** Describe how you will support your HCC(s) to use:
  - Volunteer registration programs, including the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).
  - Staff augmentation programs and deployable teams, including the Medical Reserve Corps (MRC).
  - The National Guard for medical countermeasure (MCM) distribution and dispensing operations.

- **Alternate care sites.** Describe how you and your HCC(s) will select, establish, and use alternate care sites/systems, including virtual care systems.
- **Telemedicine.** Describe how you and your HCC(s) will use telemedicine platforms, services, or partnerships to support coordination and meet health care readiness needs (e.g., access to specialty care) at the coalition- and/or jurisdiction-level.

3.3.3 Workforce Readiness / Resilience Plan

- **Workforce safety and resilience.** Describe how you and your HCC(s) will support the health care workforce's access to resources that support workforce safety and resilience (e.g., workplace safety trainings, behavioral health support).
- **Training.** The Training and Exercise Plan must describe how you and your HCC(s) will engage the health care workforce in trainings and exercises.
- **Addressing gaps.** After completing the Workforce Assessment, you must describe how you and your HCC(s) will address the gaps identified in that assessment.

3.3.4 Medical Surge Support Plan

- **Medical surge plan.** Describe how you and your HCC(s) will respond to medical surge and mass casualty incidents.[25] You may use your base medical surge / mass casualty response plan(s) from the FY 2019-2023 period of performance as a starting point for this requirement. Refer to Appendix A: Additional Activity Detail for additional information about this requirement.
- **Specialty surge annexes.** Each BP, your HCC(s) must assess gaps and priorities related to the medical surge plan to refine and update annexes as needed for specialty surge events, including but not limited to – pediatric, burn, special pathogen, chemical, and radiological. Refer to Appendix A: Additional Activity Detail for additional information about this requirement.

3.3.5 Patient Movement Plan

Coordination of patient movement and load balancing is critical to improving access to care and supporting equity during emergencies and disasters. We require you to work with your HCC(s) to plan for coordinated patient movement and load balancing. You and your HCC(s) must engage specific partners, including community partners, as well as EMS and patient transport services, to coordinate patient movement and load balancing within the areas you serve. As described earlier in this document, EMS is a system of

coordinated response and emergency medical care, involving private and public agencies and organizations, communications and transportation networks, trauma systems, hospitals, trauma centers, and specialty centers. EMS encompasses pre-hospital care including ambulance services, paramedic services, and 911 dispatch, as well as specialty transport, including pediatric transport, air transport, and critical care transport.

Note: You and your HCC(s) must determine your date of submission for the Patient Movement Plan and for the Patient Movement Exercise, which tests this plan. Include the planned timing for these materials in your Training and Exercise Plan.

- **Coordination with key health care partners.**
  - Identify and describe how you and your HCC(s) will coordinate with the following key partners for patient movement, family reunification, and evacuation:
    - Hospitals.
    - Long-term care facilities.
    - EMS.
  - Identify and describe how you will coordinate with the following other key partners in your jurisdictions for patient movement, family reunification, and evacuation:
    - RESPTC(s) in your region. Specifically, you must describe how you will collaborate with the RESPTC(s) to coordinate across the region during a special pathogen event. You may maintain relationships and agreements with the RESPTC(s) for transfer and load balancing of patients infected or suspected to be infected with a special pathogen.
    - RDHRS sites in your region (if applicable).
    - Federal Coordination Centers (FCCs) in your region (if applicable).
    - Community organizations that represent and/or serve communities most impacted by disasters.
- **Incident management.** Describe how you and your HCC(s) will integrate with your state's or jurisdiction's incident management structures and roles, including how you and your HCC(s) will interface with the agency leading coordination of health care response incident management (e.g.,

ESF-8) to conduct patient movement, load balancing, evacuation, and family reunification. Note: Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.

- **Transfer agreements.** Your HCC(s) must identify key transfer agreements with at least one receiving facility for pediatric, trauma, and burn patients.
- **Medical coordination.** Identify the Medical Operations Coordination Center (MOCC) or other mechanisms you and your HCC(s) will use to conduct patient movement, load balancing, evacuation, and other related activities (e.g., virtual coordination centers).
- **EMS plans.** You and your HCC(s) should work with HCC members and additional health care readiness partners (e.g., Biosafety Transport Consortium, other partners that support EMS readiness) to review and update EMS plans as needed, including:
  - Disaster-related dispatch, response, mutual aid and regional coordination, data-sharing, pre-hospital triage and treatment, load-balancing, transportation, supplies, and equipment. Note: HPP funding is not authorized to support routine EMS administrative and operational requirements (e.g., certifications, state EMS medical director).
  - Integration with and use of a MOCC or other mechanism(s) to monitor health care facility capability and capacity and manage necessary medical transport to the closest appropriate hospital-based emergency department, designated trauma center, or designated specialty referral center (e.g., during patient surges, hospital evacuation).
- **Community medical transport needs.** Identify if the communities most impacted by disasters in your jurisdiction have any anticipated specific medical transport needs and describe how you and your HCC(s) will address those needs, whether anticipated or realized.
- **Federal patient movement.** Identify if you and your HCC(s) are located within a Federal Coordinating Center (FCC) patient reception area. You should identify and acknowledge any health care entities that have signed the NDMS Definitive Care MOA.[26] As applicable, describe how your patient movement plan supports FCC operations and the NDMS Definitive Care MOA. Refer to the Federal Patient Movement Exercise for more information. For additional guidance, you or your HCC(s) can inquire directly with the FCC in your region or with ASPR NDMS Definitive Care.

3.3.6 Allocation of Scarce Resources Plan

- **Scarce resource management.** You must describe your role in providing legal protections for scarce resource allocation and surge strategies, as well as regulatory relief. Additionally, describe how you and your HCC(s) will:
  - Manage information, equity, and policy decisions related to scarce resources during a protracted event, including the development and/or circulation of guidelines or promising practices. Note: Refer to non-discrimination and assurance for more information.
  - Manage resource requests and scarce resource allocation decisions when the demand cannot be met.
  - Support health care entity and EMS agency planning for indicators, triggers, and response strategies during scarce resource conditions.
  - Integrate scarce resource conditions into trainings and exercises.
  - Facilitate connections with federal, regional, and state-level resources (e.g., regional networks, the SNS) to support your HCC(s) to manage response operations in scarce resource conditions.
- **Allocation of scarce resources planning.** Describe how you and your HCC(s) will engage community partners that represent communities most impacted by disasters, and specifically community partners that represent the health care needs of at-risk individuals, to develop an allocation of scarce resources plan that complies with federal nondiscrimination laws. You may use your previous Crisis Standards of Care (CSC) CONOPS as a starting point to satisfy this requirement. For more information about what is required, please refer to Appendix A: Additional Activity Detail.

3.4 Continuity and Recovery Plan

Your Continuity and Recovery Plan will consist of several detailed plans for activities that support the core functions. You and your HCC(s) must work with clinicians, community partners, and health care executives to develop these plans:

3.4.1 Continuity of Operations Plan (COOP)

You must work with your HCC(s) to develop a COOP that is informed by their members' COOP and, at a minimum, includes:

- **Activation.** Describe the processes to activate the COOP, including immediate actions and assessments in case of disruptions.
- **Contacts.** Provide multiple points of contact for each HCC member.

- **Leadership continuity.** Describe orders of succession and delegations of authority for leadership continuity.
- **Continuity determinations.** Describe processes for safety assessment and resource inventory to determine ongoing HCC operations.
- **Supplemental resources.** Describe redundant, replacement, or supplemental resources, including communications systems.
- **Critical infrastructure disruption mitigation.** Describe strategies for addressing disruptions to mission critical systems, including disruptions resulting from cyber incidents.
- **Essential records.** List essential records and forms, including locations of electronic and hard copies.

3.4.2 Cybersecurity Support Plan

You must work with your HCC(s) to create their Cybersecurity Support Plan. Your HCC(s) must use the Cybersecurity Assessment to inform this plan. Your HCC(s) must describe how they will:

- **Implement cybersecurity practices.** Your HCC(s) must prioritize implementation of high-impact cybersecurity practices and describe at a high-level the steps they intend to take to address these gap areas. For example, HCCs may identify "Basic Cybersecurity Training" as an HPH Sector-Specific CPG gap area to address. An intended next step may be updating their support plan to include high-level practices to address this goal (e.g., hosting cybersecurity trainings, identifying relevant technical assistance resources).

3.4.3 Extended Downtime Support Plan

You must work with your HCC(s) to create their Extended Downtime Support Plan. Your HCC(s) must use their Cybersecurity Assessment and Extended Downtime Health Care Delivery Impact Assessment to inform this plan. Your HCC(s) must describe how they will:

- **Address gaps.** Describe:
  - Preventive actions that your HCC(s) will take (e.g., establishing redundancies, conducting ongoing vulnerability assessments) to protect a coalition- or jurisdiction-wide system from downtime events.
  - Actions that your HCC(s) will take to prepare the health care delivery system in the area that your HCC(s) serves to absorb patient care from impacted entities.

- **Mitigate disruption.** Manage and mitigate disruptions to clinical or operational activities from a downtime event affecting the area that your HCC(s) serve, including planning for:
  - Escalation of downtime event risks and/or realized events to the state, regional, or federal level.
  - Using onsite resources (e.g., generators, batteries) to mitigate disruptions.
  - Maintaining operations in events of temporary and/or permanent data loss.
  - Coordination (e.g., for patient movement, resource sharing) during outages that impact health care delivery within the area.
  - Processes for communication, including internal notification and alerts within the HCC, and redundant communication systems. Please refer to the Response Plan: Information-Sharing activity for more information.
  - Collection, analysis, and dissemination of Extended Downtime Event Essential Elements of Information (EEI) to share with state and federal response partners.

3.4.4 Recovery Plan

Your Recovery Plan must describe how you and your HCC(s) will:

- **Integrate with key partners.** Integrate with the Health and Social Services Recovery Support Function lead agency, if activated, and with state emergency management to communicate the needs of health care, support information-sharing, and manage resource availability among HCC members. You and your HCC(s) must also work with these partners to contribute to the jurisdictional pre-disaster recovery planning process.
- **Support the workforce.** Support health care workforce recovery following emergencies. This includes mitigation of behavioral health impacts.
- **Recover critical infrastructure.** Prioritize critical infrastructure dependencies necessary for health care recovery (e.g., equipment user agreements, memorandums of understanding, mission ready package costs).
- **Manage community impact.** Identify and address anticipated and realized recovery needs and priorities for the communities that the HCC serves, including communities most impacted by disasters.

- **Engage community partners.** Engage and support community partners to connect with recovery assistance programs including support with initial disaster cost estimation and assistance with state and federal disaster recovery funding application (if applicable).

4. Exercise and improve

As part of the cooperative agreement, you and your HCC(s) must exercise and improve the activities described in your plans. As available, you and your HCC(s) must review the completed assessments described in assess readiness to inform the scenario, objectives, and desired outcomes for the exercises. After you and your HCC(s) conduct exercises or respond to real world incidents, you and your HCC(s) must update your assessments and plans to reflect any relevant new findings or insights. You must adhere to the following components to demonstrate compliance with HPP requirements:

- **Homeland Security Exercise and Evaluation Program (HSEEP) methodology.** We require you and your HCC(s) to conduct planning, exercises, exercise evaluation processes, and reporting activities that are consistent with the HSEEP methodology. Note: Freely Associated States may use alternative methodologies but should follow similar guiding principles. We encourage you to work with your FPOs to ensure compliance.
- **Address the needs of communities.** You must conduct at least one public health and medical preparedness exercise every BP that specifically addresses the needs of communities most impacted by disasters. You and your HCC(s) should consider the access and functional needs of at-risk individuals and engage community partners when planning for all exercises. **You may meet this requirement by addressing the needs of communities most impacted by disasters in at**

least one of the exercises described in this section, as long as you carry out at least one exercise each BP that meets the requirement.

- **AARs/IPs.** You and your HCC(s) must complete an AAR/IP for each exercise you conduct following each exercise and real-world response.
  - Your HCC(s) must submit all AARs/IPs to you for your review prior to submission.
  - You must submit an AAR/IP to ASPR for each qualifying exercise within 90 days.
  - Note: If you and/or your HCC(s) meet multiple exercise requirements during a single exercise, you and your HCC(s) are required to submit only one AAR/IP. Please refer to Appendix A: Additional Activity Detail for more information on IP requirements.
- **Delineate funding and roles for cross-state exercises.** If you and your HCC(s) plan to conduct an exercise across state lines with another HPP recipient and their HCC(s), you must clearly establish your role as well as the role of your HCC(s) and delineate the portion of your funding that will be used for your state's or jurisdiction's exercise activities.
- **Scarce resource conditions.** You and your HCC(s) must conduct exercises to address conditions where resources are scarce. Refer to the Response Plan and Appendix A: Additional Activity Detail for more information.

As long as you and your HCC(s) are compliant with and address all exercise requirements and objectives for each discrete activity, you and your HCC(s) may:

- Combine exercises to meet requirements. For example, you may use the Medical Response Surge and Exercise (MRSE) to meet the Patient Movement Exercise, as long as you fulfill all of the requirements and objectives for both activities through the one exercise.
- Use real-world incidents in lieu of conducting an exercise, in the event that the real-world incident meets all of the requirements and objectives for that exercise.

4.1 Medical Response and Surge Exercise (MRSE)

You must support your HCC(s) in planning for and conducting at least one operations-based functional or full-scale MRSE every BP. HCCs, their members, and other partners must conduct the MRSE to evaluate their ability to deliver appropriate care to patients during medical surge. You must review MRSE documentation before your HCC(s) submit the Exercise Reporting Tool. Your HCC(s) must submit the Exercise Reporting Tool within 90 days following the exercise, and submit both the MRSE and Exercise Reporting Tool by June

30 of each BP. Please refer to the MRSE website for more information on MRSE requirements and resources, such as the MRSE Situation Manual, MRSE Evaluation Plan, and Recipient Review Guide.

4.2 Patient Movement Exercise

You and your HCC(s) must complete the Patient Movement Exercise after you develop your Patient Movement Plan. We encourage you and your HCC(s) to exercise with other HPP recipients, public health departments, HCCs, and any coordination centers (e.g., MOCCs) identified in your plan. You and your HCC(s) must develop and submit an AAR/IP after completing this exercise.

Please note: Recipients and HCCs that conduct a Patient Movement Exercise across state lines must coordinate with the other recipients and HCCs to clearly delineate funding for each of the participating jurisdictions.

4.3 Federal Patient Movement Exercise

HCCs within an FCC patient reception area should contact the FCC within their area and request to support the FCC's pre-planned exercise.[27] For additional guidance, you or your HCC(s) can inquire directly with the FCC in your region or with ASPR NDMS definitive care.

Even if your HCC's members are not located within an FCC patient reception area, your HCC(s) may be able to participate in alternative federal patient movement exercises. Please contact ASPR NDMS definitive care for more information about alternative options.

Please note: if you conduct the Patient Movement and Federal Patient Movement Exercise concurrently, you and your HCC(s) are required to submit only one AAR/IP.

4.4 Cybersecurity Exercise

Your HCC(s) must conduct or participate in a discussion-based Cybersecurity Exercise after they develop their Cybersecurity Support Plan. Please refer to Appendix B: Resources for Recipients and HCCs for examples of Cybersecurity and Infrastructure Security Agency (CISA) scenarios. You and your HCC(s) must develop and submit an AAR/IP after completing this exercise.

4.5 Non-Cyber Extended Downtime Exercise

Your HCC(s) must conduct a Non-Cyber Extended Downtime Exercise after they develop their Extended Downtime Support Plan. The Non-Cyber Extended Downtime Exercise can be a functional or full-scale drill or discussion-based exercise (e.g., workshop, seminar). You and your HCC(s) must develop and submit an AAR/IP after completing this exercise.

4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement

You and your HCC(s) must conduct an additional exercise at least once in the five-year period of performance that addresses a jurisdictional priority defined in your Strategic Plan or Readiness Plan, an identified gap from your assessments, previous exercises or improvement plans, a corrective action from previous improvement plans, or one of your identified critical risks.

You and your HCC(s) have the flexibility to decide what to address in your exercise. However, you may not use this exercise to replace any of the other required exercises (for example, you may not choose to exercise Patient Movement or Extended Downtime here, since those are already addressed by other requirements).

Please refer to Appendix A: Additional Activity Detail for more information.

4.7 Statewide Exercise

At least once during the five-year period of performance, you must conduct a statewide exercise. You must collaborate with health care readiness partners to conduct this exercise, including public health, state emergency management, your HCC(s), and additional health care readiness partners. As long as you and your HCC(s) are compliant with and address all exercise requirements and objectives for each discrete activity, you may conduct any of the other exercises at the statewide level to meet this requirement.

Federal program requirements

In completing the activities above, you must satisfy the following requirements to maintain eligibility for HPP funds:

- **Submit pandemic influenza preparedness plans.**
  - HPP's authorization (sections 319C-1 and 319C-2 of the PHS Act) requires you to have updated plans describing activities you will conduct to prepare for pandemic influenza.
  - You can satisfy the yearly requirement by submitting required program data, such as program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of communities most impacted by disasters.

- **Meet ESAR-VHP compliance requirements.**
  - You must coordinate with volunteer health professional entities. The ESAR-VHP compliance requirements identify capabilities and procedures that state ESAR-VHP programs must have in place to ensure effective management and inter- jurisdictional movement of volunteer health personnel in emergencies. Note: For more information on ESAR-VHP, please refer to the ESAR-VHP website.
  - We also encourage you to collaborate with the MRC to facilitate integration of MRC units with the local, state, and regional infrastructure to help ensure an efficient response to an emergency. For more information on the MRC, please refer to the MRC website.
- **Ensure cross-discipline coordination.**
  - You may use HPP funding to support coordination activities, such as planning activities between local health departments and HCCs, but you must track the accomplishments and outcomes of these activities.
- **Comply with SAFECOM requirements.**
  - Recipients and HCCs that use federal preparedness grant funds to support emergency communications activities must comply with current SAFECOM guidance for emergency communications grants. Please refer to CISA SAFECOM for more information about the current SAFECOM guidance.
- **Comply with cooperative agreement administrative requirements.**
  - You must submit the following:
    - Progress reports.
    - Program and financial data by the deadline, including budget and quarterly spend plan reports. Refer to reporting for more information.
    - Progress in achieving evidence-based benchmarks and objective standards.
    - Performance measures data.
    - Outcomes of preparedness exercises, including strengths, weaknesses, and associated corrective actions.
    - Accomplishments highlighting the HPP activities' impact and value in your jurisdiction.

- You must have fiscal and programmatic systems in place to document accountability and improvement and must demonstrate these systems during site visits.
    - You must plan and participate in site visits.
    - We encourage you to invite FPOs and senior ASPR staff to attend or observe events, such as scheduled exercises, regional meetings, jurisdictional conferences, strategic advisory committee meetings, and/or coalition meetings supported by HPP funding.
- You must participate in mandatory meetings and trainings. We consider the following meetings mandatory, and you should budget travel funds accordingly:
    - National Health Care Coalition Preparedness Conference as specified by ASPR.
    - Directors of Public Health Preparedness annual meeting sponsored by the Association of State and Territorial Health Officials (ASTHO).
    - Annual Preparedness Summit sponsored by the National Association of County and City Health Officials (NACCHO); required each year for states, four directly funded localities, Puerto Rico, and U.S. Virgin Islands; every other year, Pacific islands can alternate with the Pacific Islands Preparedness and Emergency Response Summit.
    - Other mandatory training sessions that may be conducted via webinar or other remote meeting venues.
- You must maintain all program documentation for purposes of data verification and validation. We strongly encourage recipients to develop internal electronic systems that allow jurisdictions to share documentation with FPOs, including evidence of progress in completing corrective actions for weaknesses identified during exercises and drills.
- You must engage in technical assistance planning. You must actively work with your FPOs to properly identify, manage, review, and update technical assistance plans at least quarterly. ASPR encourages HCCs, health care entities, and other partners supporting the provision of care during emergencies to use the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE) website to identify existing technical assistance resources.

Accountability provisions

If you fail to substantially meet the benchmarks required by this NOFO, you are subject to withholding of a statutorily mandated percentage of the award. You are subject to withholding if you fail to substantially meet established benchmarks for the immediately preceding fiscal year or fail to submit a satisfactory pandemic influenza preparedness plan. For example, if you:

- Do not substantially meet the benchmarks (one or more) or do not submit your pandemic influenza preparedness plan in only one of the two immediately subsequent fiscal years following the first failure, we can withhold 10 percent of your award.
- Do not substantially meet the benchmarks (one or more) or do not submit your pandemic influenza preparedness plan in only one of the two immediately subsequent fiscal years following the third consecutive year of failure, we can reduce 15 percent of your funding award.

The HHS Secretary will develop and implement a process to notify you if we determine you failed to substantially meet requirements. That process will provide you with the opportunity to correct noncompliance. If you fail to correct the noncompliance, then you will be subject to withholding in subsequent years.

Benchmarks

Table 1: Recipient and HCC benchmarks

BM number	Requirement description	Recipient	HCC	Possible % of withholding
BM1	Recipients must execute subawards with each HCC within 90 calendar days from the start of each budget period (BP).	X		10%
BM2	Recipients **must** submit quarterly spend plan reports within Notice of Award (NoA) deadlines during each budget period (BP).	X		
BM3	Recipients **must** submit a Strategic Plan for Fiscal Year (FY) 2024-2028 by December 31, 2024. After BP1, updates to the Strategic Plan **must** be submitted by December 31 each BP.	X		
BM4	HCCs **must** submit their final budgets to the recipients and ASPR within 30 days following		X	

	receipt of the subaward. The budget should identify the funding sources the HCC uses (e.g., fiduciary agent, direct funding by contract), the amount received from each funding source, and the mechanism(s) your HCC uses to receive funds.			
BM5	HCCs **must** submit their Readiness Plan by December 31, 2024. HCCs must update and submit their Readiness Plan by December 31 each BP.		X	
BM6	HCCs **must** complete the MRSE annually. Data from the MRSE **must** be submitted by HCCs. HCCs are required to submit MRSE performance measure information and the MRSE Exercise Planning and Evaluation Tool to ASPR. **Note:** Hospitals located in approved jurisdictions: American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of Palau, the Republic of the Marshall Islands, Guam, and the U.S. Virgin Islands, **must** also complete the MRSE. HCCs may include objectives in the MRSE apart from HPP requirements, which support their members in meeting additional exercise requirements (e.g., Joint Commission, CMS, state, and local jurisdictional requirements, etc.). HCCs can request approval to utilize a real-world incident response to satisfy their annual MRSE requirement.		X	
BM7	HPP recipients **must** submit required program data – such as the program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs communities most impacted by disasters.	X		10%
Total potential withholding percentage				20%

Continuation of funds

In future BPs, you will be required to submit a Continuation Application to be eligible for continued funding. Continued funding is subject to the availability of funds and satisfactory progress, which is measured in part by the timely submission of required reports. Continued funding is also subject to your compliance with Accountability Provisions.

Termination provision

The Federal Award may be terminated in whole or in part at any time prior to the end of the period of performance by the HHS Awarding Agency/ASPR if the non-Federal entity fails to comply with the terms and conditions of award. For more information, please refer to 45 Code of Federal Regulations (CFR) 75.372, Termination. The HHS Awarding Agency/ASPR and non-Federal entity/ recipient both remain responsible for compliance with the requirements of 45 CFR 75.381, Closeout and 45 CFR 75.386, Post-closeout adjustments and continuing responsibilities.

Timing and deadlines

The table below summarizes activity submissions and deadlines. To build on progress from the FY 2019-2023 period of performance, **you and your HCC(s) may use current versions of materials, if available, as a starting point**. **You must update existing materials to make sure they meet any new specific requirements**. Additionally, you and your HCC(s) must use any new insights gained from activities conducted in each BP to inform the next BP's activities.

If you have new HCC(s) in your jurisdiction, you can support them as they conduct these activities and develop new materials by providing technical assistance and resources (e.g., examples of materials developed by other HCC(s) in your jurisdiction).

The materials listed in Table 2 must meet the requirements described in the activities section.

Table 2: Submission instructions and timeline for activities

Activities	Submission instructions and timeline
1. Establish governance	
1.1 HCC Governance Document	Submit by December 31, 2024 (BP1). Review each BP and submit updated material as needed.
1.2 Jurisdiction Information	Submit by December 31, 2024 (BP1). Review each BP and submit updated material as needed.
2. Assess readiness	
2.1 Risk Assessment (RA) Note: Previously known as Jurisdiction Risk Assessment (JRA)	Submit once every five years. If you submitted a JRA during the prior HPP FY 2019-2023 period of performance, you must submit the Risk Assessment five years after that submission.
2.2 Hazard Vulnerability Assessment (HVA)	Submit by December 31, 2024 (BP1). Review and submit updated material each BP from BP2-BP5.
2.3 Readiness Assessment	Submit by December 31, 2024 (BP1). Review and submit updated material each BP from BP2-BP5.
2.4 Supply Chain Integrity Assessment	Review the current Supply Chain Integrity Assessment and submit updated material each BP. If you and your HCC(s) do not have a supply chain assessment, submit this by December 31, 2026 (BP3). Review and submit updated material each BP from BP4-BP5.
2.5 Workforce Assessment	Submit by December 31, 2026 (BP3). Review each BP from BP4-BP5 and submit updated material as needed.
2.6 Cybersecurity Assessment	Due by June 30, 2025 (BP1). Review and submit updated material each BP from BP2-BP5.
2.7 Extended Downtime Health Care Delivery Impact Assessment	Due by June 30, 2025 (BP1). Review and submit updated material each BP from BP2-BP5.
3. Plan and implement	
3.1 Strategic Plan for FY 2024-2028	Due by December 31, 2024 (BP1). Review each BP from BP2-BP5 and submit updated material as needed.
3.2 Readiness Plan	Due by December 31, 2024 (BP1). Review and submit updated material each BP from BP2-BP5.

Activities	Submission instructions and timeline
3.2.1 Training and Exercise Plan	Due by December 31, 2024 (BP1). Review and submit updated material each BP from BP2-BP5.
3.3 Response Plan	
3.3.1 Information-Sharing Plan	Review the current information-sharing plan each BP from BP1-BP5 and submit updated material as needed. If you and your HCC(s) do not have an information-sharing plan, submit this by June 30, 2025 (BP1). Review each BP from BP2-BP5 and submit updated material as needed.
3.3.2 Resource Management Plan	Review the current resource management plan each BP from BP1-BP5 and submit updated material as needed. If you and your HCC(s) do not have a resource management plan, submit this by June 30, 2025 (BP1). Review each BP from BP2-BP5 and submit updated material as needed.
3.3.3 Workforce Readiness / Resilience Plan	Due by December 31, 2026 (BP3). Review each BP from BP4-BP5 and submit updated material as needed.
3.3.4 Medical Surge Support Plan	Review the current medical surge support plan each BP from BP1-BP5 and submit updated material as needed. If you and your HCC(s) do not have a medical surge support plan, submit by June 30, 2025 (BP1). Review each BP from BP2-BP5 and submit updated material as needed.
3.3.5 Patient Movement Plan	You and your HCC(s) must define the submission deadline for the Patient Movement Plan when you and your HCC(s) develop your Readiness Plan. Once submitted, review each BP and submit updated material as needed.
3.3.6 Allocation of Scarce Resources Plan	You and your HCC(s) must define the submission deadline for the Allocation of Scarce Resources Plan when you develop your Readiness Plan. Once submitted, review each BP and submit updated material as needed.
3.4 Continuity and Recovery Plan	
3.4.1 Continuity of Operations Plan (COOP)	Review the current COOP each BP from BP1-BP5 and submit updated material as needed. If you and your HCC(s) do not have a COOP, complete this by June 30, 2025 (BP1). Once submitted, review each BP and submit updated material as needed.

Activities	Submission instructions and timeline
3.4.2 Cybersecurity Support Plan	Due by June 30, 2026 (BP2). Review each BP from BP3-BP5 and submit updated material as needed.
3.4.3 Extended Downtime Support Plan	Due by June 30, 2026 (BP2). Review each BP from BP3-BP5 and submit updated material as needed.
3.4.4 Recovery Plan	Due by June 30, 2026 (BP2). Review each BP from BP3-BP5 and submit updated material as needed.
4. Exercise and improve [28]	
4.1 Medical Response and Surge Exercise (MRSE)	Complete the exercise and submit the MRSE Exercise Reporting Tool by June 30 of each BP.
4.2 Patient Movement Exercise	Complete once, within one year of submitting the Patient Movement Plan.
4.3 Federal Patient Movement Exercise	If applicable, complete once every three years, or as required by other cooperative agreements/programs.
4.4 Cybersecurity Exercise	Complete once by June 30, 2027 (BP3).
4.5 Non-Cyber Extended Downtime Exercise	Complete once between BP3-BP5.
4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	Complete once in the five-year period of performance.
4.7 Statewide Exercise	Complete once in the five-year period of performance.

Funding policies and limitations

General policies

- HPP funding must primarily support strengthening health care delivery system preparedness through the development of HCCs that collectively prepare and respond within the areas they serve, rather than individual health care organizations.
- You may not use funds for individual health care entities to meet the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.
- For guidance on unallowable or restricted costs, refer to 45 CFR part 75, General Provisions for Selected Items of Cost.
- You must receive prior approval from your Grants Management Specialist (GMS) and your FPO to use funds for:
  - Response.
  - Changes in the work plan or budget.
  - Meals.
- With prior approval, you may use funds to establish your HCC(s) as a separate legal entity.

Recipient Level Direct Costs (RLDC)

- **Overview.**
  - You may retain HPP funding for the management and monitoring of the cooperative agreement.
  - ASPR limits the amount of funding you can use for those purposes in order to increase resources that support the health care delivery system.
  - These costs, or RLDC, include personnel performing administrative functions, fringe benefits, and travel for your administrative personnel.
  - You may retain up to 15 percent of your funding award amount for RLDC.
- **Exclusions.** You must exclude the following from RLDC:

    - Recipient personnel costs for personnel who work fully for the coalition, or who perform non-administrative activities.[29] Note: If your personnel perform both administrative and non-administrative activities, you must exclude the portion of their salary that is equivalent to the amount of their time spent on non-administrative activities. You must include the portion of their salary spent on administrative activities in your RLDC.
    - Travel costs for up to two staff for each mandatory meeting. For further information on mandatory meetings, refer to the federal program requirements section. Note: If you have travel costs for more than two staff, you must include those costs in your RLDC.
- **Requirements.**
    - Calculate your RLDC cap by multiplying your funding award amount by 0.15.
    - The sum of your costs for personnel performing administrative functions, fringe benefits, and travel for your administrative personnel cannot exceed this amount.
    - Your budget narrative must include all RLDC exclusion allocations.
- **Waivers and exemptions.**
    - You may request a waiver. Refer to Attachments for more information on the RLDC waiver request.
    - Due to their unique nature, the territorial governments of American Samoa, Guam, U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and the Freely Associated States of the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau are exempt from the RLDC cap. These recipients do not need to submit an RLDC waiver request.

Clothing and personal protective equipment

- You may not use funds to purchase promotional clothing or other promotional material.
- You may purchase clothing used for PPE or response purposes, if it can be re-issued.

Meals

- You should exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in approved spend plans and budgets. Refer to 45 CFR 75.432, Conferences, for more information. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
  - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting (i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training).
  - Meal costs are not duplicated in participants' per diem or subsistence allowances.
  - Meeting participants (majority) are traveling from a distance of more than 50 miles.
- You may not pay for guest meals (i.e., meals for non-essential attendees).

Personnel

- With prior approval, you may use funds for personnel overtime included in the award.
- You may not use funds for payment or reimbursement of staff backfilling costs.

Temporary reassignment authority

- During a declared public health emergency, HHS may authorize the temporary reassignment of federally funded state, tribal, and local personnel upon request. This provision is applicable to state, tribal, or local public health department or agency personnel whose positions are funded, in full or in part, under programs authorized by the PHS Act.[30] If authorized, you may request temporary reassignment for qualified state, tribal, and local personnel.
- The following reassignment conditions apply:
  - Reassignment must be voluntary.
  - Locations for reassignment must be covered under the public health emergency.
  - Any reassignment over 30 days must be reauthorized.

Training and exercises

- You may not use funds to support standalone, single-facility exercises.
- You may not spend HPP funds on training courses, exercises, and planning resources when similar offerings are available at no cost.

Vehicle and transportation costs

- You may not use funds to purchase over-the-road passenger vehicles.
- With prior approval, you can use funds to purchase HCC material-handling equipment such as industrial or warehouse-use trucks (e.g., forklifts, lift trucks, turret trucks). Vehicles must be of a type not licensed to travel on public roads.
- With prior approval, you may use funds to procure leased or rental vehicles to transport people during times of need. Examples include transporting HCC leadership to planning meetings, to an exercise, or during a response.
- With prior approval, you may use funds to procure leased or rental vehicles for moving materials, supplies, and equipment by HCC members.
- With prior approval, you may use funds to enter into formal transportation agreements with commercial carriers for moving HCC materials, supplies, and equipment.
- With prior approval, you may use funds to establish your HCC(s) as a separate legal entity.

Funding for response

The Pandemic and All-Hazards Preparedness and Advancing Innovation Act amended section 319C-2 of the PHS Act to allow HPP funds to be used for response activities. You may, on a limited, case-by-case basis requiring prior approval from the GMS and the FPO, use HPP funds to support response activities to the extent they are used for HPP's primary purpose: to prepare the health care delivery system for disasters and emergencies and to improve surge capacity. You may request to use funds for response if the response activities: 1) are consistent with approved project goals, and/or 2) can be used to fulfill training or exercise requirements, as described within the exercise and improve section. We may issue guidance during specific events that may provide additional flexibility.

Other limitations

- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in your budget.
- You may not use funds for research.
- You may not use funds for clinical care. For the purposes of this NOFO, we define clinical care as "directly managing the medical care and treatment of patients."
- You may use funds for minor alteration and renovation (A&R) activities.[31] You may not use funds for construction or major renovation.
  - We define real property A&R as work required to change the interior arrangements or installed equipment in an existing facility so that you may more effectively use it for its designated purpose or adapt it for an alternative use to meet a programmatic requirement.
  - Minor A&R may include:
    - Changes to physical characteristics (e.g., interior dimensions, surfaces), internal environments (e.g., ventilation, acoustics), or utility services.
    - Installation of fixed equipment (e.g., fume hoods, biological safety cabinets).
    - Replacement, removal, or reconfiguration of interior features (e.g., non-load bearing walls, doors, windows) to place equipment in a permanent location.
    - Making unfinished space suitable for purposes other than human occupancy (e.g., storage of pharmaceuticals).
    - Alterations to meet accessibility requirements.
- You may not use funds to purchase a house or other living quarters for those under quarantine.

Indirect costs

Indirect costs are for a common or joint purpose across more than one project and cannot be easily separated by projects. Refer to 45 CFR 75.414, Indirect Costs, for more information.

To charge indirect costs you can select one of two methods:

- **Method 1 – Approved rate.** You currently have an indirect cost rate approved by the cognizant federal agency.

- **Method 2 – *De minimis* rate.** Per 45 CFR 75.414(f), if you never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs. This rate is 10 percent of modified total direct costs (MTDC). Refer to 45 CFR 75.2 for the definition of MTDC. You can use this rate indefinitely.

Statutory authority

- Section 319C-2 of the PHS Act (title 42 USC § 247d-3b), as amended.
- Section 311 of the PHS Act (title 42 USC § 243), subject to available funding and other requirements and limitations.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov entity registration and click 'Get Started.'

From the same page, you can also click on the 'Entity Registration Checklist' for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov. You can follow step-by step instructions at the Grants.gov Quick Start Guide for Applicants.

Need Help? Refer to Contacts and Support.

Find the application package

The application package has all of the forms you need to apply. Go to Grants Search at Grants.gov and search for opportunity number EP-U3R-24-001.

If you cannot use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact Grants.gov for assistance. The Grants.gov Support Center is available 24 hours a day, 7 days a week, except federal holidays. The Grants.gov Support Center is available by phone at 1-800-518-4726 or by email at support@grants.gov.

To get updates on changes to this NOFO, select 'Subscribe' from the 'View Grant Opportunity' page for this NOFO on Grants.gov.

Join an informational webinar

Join one of our webinars about this opportunity on Wednesday, May 22, 2024 at either:

- 2:00 to 3:30 p.m. ET. Please register to receive the Zoom attendance information.
- 8:00 to 9:30 p.m. ET. Please register to receive the Zoom attendance information.

Step 3:
Write Your Application

In this step

Application contents and format

Applications include five main components. This section includes guidance on each. Make sure you include each of the following.

Component	Submission Format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Standard forms	Upload using each required form.

Required format for project abstract, project narrative, and budget narrative

Format: PDF

Font: Times New Roman

Size: 12-point font

Footnotes and text in graphics: 10-point font.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Project abstract

Page limit: 1 page

File name: Project Abstract Summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative

Page limit: 20 pages

File name: Project Narrative

You must submit a project narrative that addresses your proposed activities over the full period of performance. Follow the section order and instructions below.

Purpose

In two or three sentences, describe how your project will prepare the health care delivery system to save lives during emergencies and disasters that exceed the day-to-day capacity of health care and emergency response systems.

Background

Describe relevant background information, including the context of health care readiness challenges and opportunities in your state or jurisdiction. This section must help reviewers understand how your proposed activities will address health care readiness challenges and opportunities, advance outcomes, and address health care readiness priorities.

Objectives and activities

Describe the strategies and activities you will use to advance outcomes and carry out activities. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies, with a reference to where you describe how you will evaluate them in your evaluation and performance measurement plan.

You must also include:

- **Priorities.** Describe the top jurisdictional strategic priorities for the period of performance, identifying the data sources used to inform the strategic priorities. Sources include but are not limited to assessments, NHSPI, AAR/IPs, and community input.
- **Challenges.** List challenges or barriers that are anticipated for the period of performance, including any budgetary issues that might hinder the success or completion of the project as originally proposed and approved.
- **Strengths and weaknesses.** Report on any strengths and weaknesses identified from previous years' exercises and real-world incidents and

corrective actions taken to address weaknesses. You must specifically address any strengths, weaknesses, and corrective actions to address weaknesses related to your ability to address the health care needs of communities most impacted by disasters.

Partner engagement

Describe how you plan to work with your HCC(s) and their members to engage partners across the health care delivery system to support a whole community approach for health care readiness. You must address how you will engage partners that reflect your state's or jurisdiction's specific health care needs, including the needs of communities most impacted by disasters. You must also address how you will work with your HCCs and their members to integrate with required partners for collaboration and additional health care readiness partners, such as regional health care readiness programs, specialty care networks, and other systems.

You must also describe how you will establish and/or maintain a strategic advisory committee or similar mechanism comprised of HCC representation, senior officials from governmental and non-governmental organizations involved in homeland security, health care, public health, EMS, and behavioral health.

Evaluation and performance measurement plan

Performance measures will be available to inform activities beginning in BP1 along with relevant dates and details related to the performance measures data collection process.

Briefly describe how you plan to fulfill the following requirements:

- **Data Collection.** At a high level, describe your plan to collect performance measure data. For example, you may describe who will collect and report performance measure data, anticipated data sources, and anticipated barriers as well as mitigation strategies. You may develop this based on your experiences from the FY 2019-2023 period of performance.
- **Performance Evaluation.** At a high level, outline how you will evaluate and measure your sub-recipients' performance. Describe how you will share findings with your HCC(s) and key partners, as well as your plan to use findings to improve program quality.

Organizational capacity

You must address your ability to implement the proposed project and activities. This includes describing the current staffing (e.g., shortages) and organizational infrastructure you plan to build on to meet period of performance requirements, perform core functions, and advance the outcomes.

You must also provide a copy of the organizational charts for your HPP activities. Refer to attachments.

Budget narrative

Page limit: None

File name: Budget Narrative

The budget narrative supports the detailed work plan and information you provide in Standard Form 424-A. Refer to standard forms.

It includes added detail and justifies your proposed costs. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. Refer to funding policies and limitations.
- Your RLDC and match. Include descriptions on how you will address both in your budget.

To create your budget narrative, prepare a document that includes each of the categories described below. Under each, show the line-item budget detail followed by a justification that describes why you need the cost, how you arrived at the cost, and any calculations needed for understanding. Pay particular attention to justifying equipment or high-cost requests. Each item must also be described in your detailed FY 2024 Budget Period 1 work plan.

Categories

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.

- Travel.
- Other categories.
- Contractual costs.
- Match.
- RLDC exclusions.

Totals

- Total direct costs, including RLDC.
- Total indirect costs.

Attachments

You will upload attachments in Grants.gov using the Attachments Form. Attachments do not have page limits unless specifically required below.

Table of contents

File name: Table of Contents

You must attach a table of contents that guides a reader through your entire application. Include all the documents in the application and headings in the project narrative section.

Detailed FY 2024 Budget Period 1 work plan

File name: Detailed FY 2024 Work Plan

You must submit a detailed FY 2024 work plan for the first BP. In this work plan, you will document how you will carry out activities and meet requirements during BP1. You must address the requirements due within BP1. Your work plan should address how you will prioritize and address activities during the BP, including providing timelines and interim milestones. In BP2 through BP5, your Strategic Plan for FY 2024 – 2028 will inform the Detailed Budget Period Work Plan that you submit as part of your Continuation Application.

In your work plan, it must be evident that you will:

- Engage with community partners and address the needs of communities most impacted by disasters.
- Engage with additional health care readiness partners.
- Tailor the activities to meet the specific needs of your jurisdiction.

Make sure your planned activities follow the PHS Act and cooperative agreement requirements. We encourage you to build and sustain activities to the scale that best meet your jurisdictional needs so you are fully capable of responding to emergencies and disasters, regardless of size or scenario.

You will complete this work plan and save it to upload in the Attachments Form.

Indirect cost rate agreement

File name: Indirect Cost Agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your cognizant agency for indirect costs. If you use the *de minimis* rate, you do not need to submit this attachment.

Emergency Medical Services for Children (EMSC) support letter

File name: EMSC Support Letter

You and the HRSA EMSC program recipients within your jurisdiction must provide a joint letter of support. This letter indicates that EMSC and HPP are integrated at the recipient level. HPP recipients must provide a letter of support with their funding applications at the beginning of each BP throughout the five-year period of performance. You will update this letter each year.

Please note: Funding cannot be used for activities already covered by other federal grants or cooperative agreements.

Organizational chart

File name: Organizational Chart

Provide a one-page diagram that shows the full project's organizational structure. Include all aspects, not just the applicant organization.

RLDC waiver request

If applicable.

File name: RLDC Waiver Request

If you cannot cap your RLDC to 15 percent of your funding award amount, you must request a waiver. We will consider waivers each year. To request a waiver, attach a letter with the following:

- Total HPP cooperative agreement award amount.
- Percentage of total HPP cooperative agreement award requested for RLDC.
- Total amount requested for RLDC. Break down the costs into the following categories:
  - Personnel performing administrative functions.
  - Fringe benefits.
  - Travel for your administrative personnel.
- Justification for exemption request:
  - Program administration or program implementation impacts.
  - Explanation of HPP activity supported by the additional RLDC.
  - Impact to your work plan if not approved.
- Your letters of support showing that your partners, including all of the HCC(s) in your jurisdiction, understand and agree with the waiver request. The signatories may not be recipient personnel.

Refer to the RLDC section for more information on the RLDC definition and exclusions.

Memorandum of Agreement or Understanding

Optional.

File name: MOA

You may provide a document that describes a bilateral or multilateral agreement between parties working together under your project. The agreement should express your shared will and common direction.

Bona fide agent documentation

Optional.

Filename: Bona Fide Agent

You will submit this attachment only if the applicant is a bona fide agent of an otherwise eligible organization. As part of this attachment, you must submit documentation that establishes the validity of the agent and proves its designation as an authorized representative of the eligible organization.

Documents could include an authorizing statute, an executive designation letter, or a binding agreement between the bona fide agent and represented organization.

Standard forms

You will need to complete some standard forms. Upload the standard forms listed below at Grants.gov. You can find them in the NOFO application package or review them and their instructions at Grants.gov forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Assurances – Non-Construction Programs (SF-424B)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.

If you do not follow page limit or formatting requirements, we may remove pages from your application.

Merit review

ASPR will conduct technical reviews of eligible applications in accordance with the criteria below.

Criteria

Approach

The extent to which you as the applicant:

- Describe overall outcomes, outputs, and activities.
- Describe activities that are specific, measurable, achievable, relevant, and time based.
- Identify challenges, gaps, and strategies to mitigate them.
- Show that the proposed use of funds is an efficient and effective way to implement the objectives and activities and achieve the outcomes during the period of performance.
- Present a work plan that supports HPP's purpose (e.g., core functions, strategic priorities, activities, performance measures) and builds on work performed during previous HPP periods of performance.
- Present a budget that supports the submitted work plan and complies with CFR requirements.
- Provide the required attachments (e.g., templates) and information for the application.

Evaluation and performance measurement

The extent to which you as the applicant:

- Show your ability to collect data on the process and forthcoming performance measures.
- Describe clear monitoring and evaluation procedure and how you will incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities.
- Describe how you will report performance measurement and evaluation findings and how you will use them to demonstrate the required outcomes for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

Applicant's organizational capacity to implement the approach

The extent to which you as the applicant:

- Demonstrate your relevant management, administrative, and technical experience and capacity to implement the activities and achieve the project outcomes.
- Demonstrate experience and capacity to implement the evaluation plan.
- Provide a staffing and project management structure that will be sufficient to achieve the project outcomes, and clearly defines staff roles. Provide an organizational chart.
- Provide your HCC(s) structure and demonstrate HCC engagement.

We will conduct a thorough technical review of work plans and budgets to ensure they align with the required objectives and activities.

Risk review

Before making an award, we review your ability to carefully manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices. We use SAM.gov responsibility/qualification to check this history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We will consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, refer to 45 CFR 75.205.

Selection process

We will provide awards to all eligible applicants that submit a complete application. Our ability to make awards depends on available appropriations.

Award notices

If you are successful, we will provide a notification through Grants Solutions with a link to your NoA.

The NoA is the only official award document. The NoA tells you the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you do not have permission to start work.

Step 5:
Submit Your Application

In this step

Application submission and deadlines

Refer to find the application package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. You will have to maintain your SAM.gov registration throughout the life of the award. Refer to get registered for more information on SAM.gov and UEI requirements.

Deadlines

Application

You must submit your application by June 18, 2024 at 11:59PM ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The Chief Grants Management Officer may extend an application due date based on emergency situations, such as documented natural disasters or a verifiable widespread disruption of electronic or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov. Refer to get registered.

For instructions on how to submit in Grants.gov, refer to the Quick Start Guide for Applicants. To ensure submission, make sure that your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

Refer to Contacts and Support if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Refer to 45 CFR 75.113, Mandatory Disclosures.

Send written disclosures to ASPR at Virginia.Simmons@hhs.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov.

Application checklist

Make sure that you have everything you need to apply.

Table 3: Application checklist

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Attachment form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	20 pages
☐ Budget narrative	Use the Budget Narrative Attachment form.	None
Attachments	Insert each in a single Other Attachments form.	
☐ Table of contents		None
☐ Detailed FY 2024 Budget Period 1 work plan		None
☐ Indirect cost rate agreement		None
☐ EMSC support letter		None
☐ Organizational chart		None
☐ RLDC waiver request (if applicable)		None
☐ Memorandum of Agreement or Understanding (optional)		None
☐ Bona fide agent documentation (optional)		None
Standard forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		None
☐ Budget Information for Non-Construction Programs (SF-424A)		None
☐ Assurances – Non-Construction Programs (SF-424B)		None
☐ Disclosure of Lobbying Activities (SF-LLL)		None

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you receive an award. You must follow:

- All terms and conditions in the NoA.
- The rules listed in 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The HHS Grants Policy Statement (GPS). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they will be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.

Reporting

If you receive an award, you will have to submit financial and performance reports.

Updated program requirements will become available on the HPP website page for the new HPP NOFO. Please refer to the resources on the HPP home page for an idea of reporting requirements.

Non-discrimination and assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. Should you successfully compete for an award, recipients of federal financial assistance from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the award, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and

ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS.[32]

Contacts and Support

In this step

Agency contacts

Program

Jennifer Hannah
Jennifer.Hannah@hhs.gov
202-245-0722

Grants Management

Virginia Simmons
Virginia.Simmons@hhs.gov
202-260-0400

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Appendix A: Additional Activity Detail

Establish governance: Additional activity detail

Additional detail: 1.1 HCC Governance Document

Additional detail: 1.1.1 Management / Administration

All HCCs must fund at least 1.0 full-time equivalent (FTE) (combined and may include in-kind support of dedicated time) to support the following two operational role requirements:

HCC Clinical Advisor: The HCC Clinical Advisor gathers and provides clinical expertise to ensure that plans, exercises, and educational activities maintain clinical accuracy and relevance. Clinical Advisors act as the HCC's clinical point of contact with health care entities, EMS agencies, and external subject matter experts.

HCCs may determine how best to fulfill their own needs for clinical advisement over the course of a BP (e.g., a single Clinical Advisor, a team of Clinical Advisors). In their annual workplan, HCCs will substantiate how their clinical advisement structure supports HCC plans.

The Clinical Advisor must be an active clinician who practices as a lead or co-lead for an HCC member health care organization. Clinical Advisors paid through this cooperative agreement will have a history of involvement in emergency services or response activities. We require they know about medical surge issues and hold a basic familiarity with chemical, burn, radiological, nuclear, explosive (CBRNE), trauma, pediatric emergency response, and downtime emergency principles.

HCC Readiness and Response Coordinator (RRC): The HCC RRC serves as the HCC's administrative and programmatic point of contact during everyday operations, including managing communications, systems, and coordination with the recipient. The RRC oversees HCC planning activities, including coordinating trainings, facilitating exercises, ensuring financial sustainability, and developing budgets. They lead three principal activities:

- Reviewing and activating the Readiness Plan.
- Supporting the HCC in steady state and in response.
- Leading engagement with non-clinical community partners.

Plan and implement: Additional activity detail

Additional detail: 3.3 Response Plan

Additional detail: 3.3.2 Resource Management Plan

Your description of how you and your HCC(s) will acquire, store, and manage supplies must include:

- Strategies for acquiring, storing, rotating, decontaminating, sharing, using, and re-using (when appropriate) supplies.
- Inventory management program protocols for all cached material.
- Stockpile activation and deployment, including policies and procedures for contacting and using the SNS.
- Policies and procedures for disposing of expired material.
- Expectations for replenishment/replacement of distribution materials.
- Regional procurement of PPE and other critical supplies, as defined by you and your HCC(s).
- Policies for distributing supplies including prioritization processes if requests exceed supply.
- Addressing supply chain gaps that disproportionately affect communities most impacted by disasters.
- Conducting or participating in resource management activities to test ASPR systems and tools to order, distribute, track local inventory, and report utilization and other operational data for federally procured resources and supplies for public health threats, as needed.

You may determine which supplies should be cached and in what quantities to support regional response needs, building upon facility-based assessment and minimum supplies (e.g., using the Disaster Available Supplies in Hospitals [DASH] Tool).

Additional detail: 3.3.4 Medical Surge Support Plan

Your HCC(s) must develop complementary coalition-level annexes to their base medical surge/trauma mass casualty response plan(s) to manage many casualties with specific needs. You should incorporate the HCC annexes into your state's or jurisdiction's plan for awareness and to support coordination of state resources. In addition to the usual information management and resource coordination functions, each specialty surge annex should be similarly formatted and emphasize the following core elements:

- Indicators/triggers and alerting/notifications of a specialty event.
- Initial coordination mechanism and information gathering to determine impact and specialty needs.
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources).
- Access to subject matter experts – local, regional, and national.
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility).
- Relevant baseline or just-in-time training to support specialty care.
- Evaluation and exercise plan for the specialty function.

Pediatric Annex. In addition to the above, consider:

- Local risks for pediatric-specific mass casualty incidents (e.g., schools, transportation accidents).
- Age-appropriate medical supplies.
- Pediatric/Neonatal Intensive Care Unit evacuation resources and coalition plan.
- Developing plans to collaborate with partners such as Pediatric Disaster Centers of Excellence (COEs) or dedicated children's hospitals to conduct planning and coordination.

Burn Annex. In addition to the above, consider:

- Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents).
- Burn-specific medical supplies.

- Coordination mechanisms with American Burn Association (ABA) centers/ region.
- Incorporation of critical care air/ground assets suitable for burn patients transfer.

Special Pathogen Annex.[33] You must develop or update your Special Pathogen Annex in coordination with the RESPTC(s) in your region, and your planned activities should support their regional CONOPS and other efforts. In addition, you must:

- Expand existing Ebola or COVID-19 plans to enhance preparedness and response for novel/high consequence infectious diseases.
- Develop coalition-level anthrax response plans.
- Develop coalition-level pandemic response plans.
- Develop plans to collaborate with RESPTCs and other partners to build capacity to conduct diagnostic and non-diagnostic clinical laboratory testing for novel/high consequence infectious diseases.
- Include health care-associated infection professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills.
- Develop a continuous screening process for acute care patients and integrating information with EHRs where possible in HCC member facilities and organizations.
- Coordinate visitor policies for infectious disease emergencies at HCC member facilities to ensure uniformity.
- Coordinate MCM distribution and use by health care entities for prophylaxis and acute patient treatment.
- Develop and exercise plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available.

Radiation Annex. In addition to the above, consider:

- Local risks for radiation mass casualty incidents (e.g., industrial/research, power plant and radiological dispersal devices, nuclear detonation).
- Detection and dosimetry equipment for EMS/hospitals.
- Decontamination protocols.
- On-scene triage/screening, assembly center, and community reception center activities.
- Treatment protocols/information.

- Coordination mechanisms with hematology/oncology centers and the National Special Pathogen System (NSPS).

Chemical Annex. In addition to the above, consider:

- Determine risks for community chemical events (e.g., industrial, terrorist, transportation-related).
- Decontamination assets and throughput (pre-hospital and hospital) including capacity for dry decontamination.
- Determine EMS and hospital PPE for hazardous material (HAZMAT) events.
- Review and update Chemical Hazards Emergency Medical Pack (CHEMPACK) and/or other chemical countermeasure mobilization and distribution plan.
- Coordinate training for HCC members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients.
- Ensure involvement and coordination with regional HAZMAT resources (where available) including EMS, fire service, health care entities, and public health agencies (for public messaging).
- Develop plans for a radiation event community reception center with public health partners.

Additional detail: 3.3.6 Allocation of Scarce Resources Plan

You must develop and maintain an Allocation of Scarce Resources Plan that complies with federal nondiscrimination laws, which state that civil rights are not suspended or waived in times of emergencies or disasters. Plans **must comply** with federal nondiscrimination laws, as this decreases the risk of denying an individual access to lifesaving care during a disaster or emergency. Plans should focus less on clinical triage criteria (e.g., ventilator triage criteria, use of scoring systems) and focus more on coordination for your systems to maintain a consistent level of care and maximize use of health care resources in your jurisdiction. Plans must include the following elements:

- Ethical considerations and subject matter experts for consultation during emergencies.
- Guidance for EMS and providers on recommended crisis care strategies.

- Community and provider engagement, education, and communication activities (completed and planned). You must engage community partners that represent communities most impacted by disasters.
- Indicators and triggers for state and jurisdiction activation and the actions that the state or jurisdiction will take to support health care and the community during prolonged scarce resource conditions that cannot be rapidly addressed through standard mutual aid or other mechanisms.
- Operational framework for state- and jurisdiction-level information management, information-sharing, and policy development, including real-time engagement of subject matter experts for technical support with, the coordination of, and the decision processes for the allocation of scarce resources (e.g., pharmaceuticals or PPE) to the health and medical sector.
- Legal and regulatory state or jurisdiction actions to be taken (as well as proposed changes to regulations/statute) that can support health care strategies during scarce resource conditions, to include:
  - State or jurisdiction declarations and their powers.
  - Credentialing and licensure support for intra-state and inter-state assistance.
  - Provider protection from liability during emergencies and disasters.
  - Support for alternate systems of care practices both in health care facilities and alternate environments.
  - Relief from specific regulations that may impede appropriate billing and collection for services rendered under crisis conditions.
  - State or jurisdiction agency support for crisis care (e.g., EMS regulatory agency relief, hospital licensure requirements, State Fire Marshal).

You may also consider incorporating into your planning measures for the Response Plan's other required components (e.g., resource management) that specifically address crisis conditions.

You are not required to include clinical triage decisions in your allocation of scarce resources plans.

Exercise and improve: Additional activity detail

Additional detail: 4.5 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement

Any IP submitted for exercises, including the MRSE, must include the following data elements for each documented area of improvement and associated corrective action:

- Name of exercise/response.
- Start date of exercise/response.
- Completion date of exercise/response.
- Objectives.
- Strengths.
- Issue/area for improvement. Note: This should clearly state the problem or gap.
- Corrective action. Note: This should be an action taken to resolve the identified problem or gap.
- Primary responsible organization.
- Point of contact.

You, your HCC(s), and their members must participate in exercises (including joint exercises) and complete impact assessment processes (e.g., collecting information, identifying issues related to current operational trends and themes, relaying requests for assistance). You must plan for and conduct at least one operation-based functional or full-scale exercise for each BP. You, your HCC(s), and their members must:

- Account for risk assessments, previous JRAs, mandatory exercise objectives provided in exercise supplemental guidance, areas for improvement, relevant accreditation standards, and other preparedness plan inputs within each jurisdictional exercise completed during the BP.
- Engage with state and local jurisdictions as well as health care readiness partners when developing realistic scenarios, setting priorities, and establishing additional objectives.

- Engage community partners and additional health care readiness partners when planning and participating in exercises.
- Account for the unique needs of local health care organizations and communities most impacted by disasters in exercises and reports.
- Align at least one operations-based functional or full-scale exercise with the MRSE supplemental guidance (e.g., MRSE Situation Manual, MRSE Evaluation Plan, Recipient Review Guide found at MRSE website). Refer to exercise and improve for more information on demonstrating compliance with HPP requirements.

Appendix B: Resources for Recipients and HCCs

Health care readiness partners

Examples of additional health care readiness partners include:

- State partners that support elements of health care readiness, such as the State Office of EMS, State Mental Health Authority, and the Disaster Behavioral Health Coordinator.
- Regional hubs for health care readiness, such as RESPTCs or RDHRS sites.
- Health care associations, including hospital and other health care associations.
- Sources for clinical specialty expertise, such as the Pediatric Disaster COEs, EMSC, NETEC, ABA burn centers, trauma centers, and the Regional Pediatric Pandemic Network.[34]
- Partners that can support patient movement and definitive care, including through NDMS.
- Partners that can support the use of deployable teams and staff augmentation, including MRC.
- Partners that support critical infrastructure including the SNS, supply chain associations, blood banks, supply chain manufacturers and partners, sources for health care security and cybersecurity (e.g., CISA regional staff), and utilities.
- Public health partners and community-based health care organizations, such as PHEP recipients, environmental health agencies, and medical ethics organizations.
- Partners for training and exercises.
- Community organizations that represent and/or serve communities most impacted by disasters (e.g., dialysis networks, skilled nursing facilities/ long-term care sites, community health center associations, mental and behavioral health care entities).
- Partners that support communications with the public.

Communities most impacted by disasters: Relevant datasets and links

You and your HCC(s) can use several data sources to identify specific communities most impacted by disasters and their health care needs within your jurisdiction(s). These data sources could include, but are not limited to:

- Aging, Independence, and Disability (AGID) Program Data Portal (Administration for Community Living [ACL]).
- Area Deprivation Index (University of Wisconsin School of Medicine and Public Health).
- Census Community Resilience Estimator (U.S. Census Bureau).
- Climate and Health Outlook Portal (Office of the Assistant Secretary for Health).
- Eldercare Locator (ACL).
- Environmental Justice Index (Agency for Toxic Substances and Disease Registry [ATSDR]).
- Heat-Related EMS Activation Surveillance Dashboard (HHS Office of Climate Change and Health Equity and Department of Transportation National Highway Traffic Safety Administration).
- HHS emPOWER Program and HHS emPOWER Map (ASPR).
- My Community Explorer (U.S. Census Bureau).
- National Integrated Heat Health Information System (National Oceanic and Atmospheric Administration and CDC).
- National Provider Index (CMS).
- PLACES (CDC).
- Provider Data Catalog (CMS). There are many datasets available, based on each provider type. Provided below are the national datasets that include provider general information, including contact information (e.g., addresses, phone numbers).
    - Dialysis Facilities.
    - Doctors and Clinicians.
    - Hospitals.
    - Home Health Care Services.
    - Hospice Care.

  - Inpatient Rehabilitation Facilities.
  - Long-Term Care Hospitals.
  - Nursing Homes including Rehab Services.
  - Suppliers (e.g., home oxygen, durable medical equipment).
- Social Vulnerability Index (SVI) (CDC/ATSDR).
- Unmet Need Score (UNS) Map Tool (HRSA).
- U.S. Census Data (U.S. Census Bureau).
- Workforce Shortage Areas (HRSA).

In addition, you and your HCC(s) can work with partners to identify specific communities most impacted by disasters and their health care needs within your jurisdictions. These partners could include, but are not limited to:

- Alliance for Innovation in Maternal Health (HRSA).
- Title V Maternal and Child Health Services Block Grant (HRSA).

Example training and exercise topics

Topics most relevant to your jurisdiction, about which you may provide related training opportunities, tools, and resources to the health care workforce, include but are not limited to:

- Specialty disaster care or specific hazards, including health care specific CBRNE training.
- Communications, including information-sharing; mitigating mis-, dis-, and mal-information; risk communications; public communication for emergency response.
- Extended downtime prevention and response.
- Cybersecurity, including prevention, risk mitigation, and resiliency against cyber incidents.
- Delivery of accessible care, including culturally and linguistically appropriate services, and other topics related to addressing the health care needs of communities most impacted by disasters.
- Incident Command System (ICS), including ICS training to ensure competency and integration with preparedness requirements.
- Systems and tools used for procurement of resources and supplies used for emergencies and disasters (e.g., for ordering, distributing, tracking, and reporting utilization)

- Family reunification and support.
- Fatality management.
- Patient movement, including topics related to patient transport, use of coordination centers, and patient tracking.
- Recovery and continuity.
- Volunteer management.
- Resilience and well-being of the health care workforce.
- Workplace violence prevention and mitigation.
- Administrative preparedness.

Additional resources

- Health Care Preparedness and Response Capabilities for Health Care Coalitions, formerly known as the *2017-2022 Health Care Preparedness and Response Capabilities* (ASPR).
- Upcoming *National Health Care Preparedness and Response Capabilities* (ASPR).
- ASPR TRACIE (ASPR).
- CISA Tabletop Exercise Packages (CISA).
- Community Reception Centers (CRCs) (CDC).
- EMS Biosafety Transport for Operations (NETEC).
- EMS Supplement for the MOCC Toolkit (HHS).
- Healthcare System Cybersecurity Readiness & Response Considerations (HHS).
- HHS/ASPR Project ECHO Clinical Readiness Rounds (ASPR).
- HPH Sector-Specific CPGs (HHS).
- NETEC library (NETEC).
- Public Safety Communications and Cyber Resiliency Toolkit (CISA)
- Requesting SNS Assets (ASPR).[35]
- RISC Toolkit 2.0 (ASPR).

Reference websites

- U.S. Department of Health and Human Services (HHS).
- Grants.gov Accessibility Information.
- Code of Federal Regulations (CFR).
- United States Code (USC).

Appendix C: Funding Table

Planning numbers to be updated based on availability of funds.

Table: HPP Fiscal Year 2024/Budget Period 1 funding

Recipient	FY 2024 Total Funding Available
Alabama	$3,309,964
Alaska	$1,207,860
American Samoa	$279,341
Arizona	$4,722,840
Arkansas	$2,211,363
California	$23,277,698
Chicago	$2,830,510
Colorado	$3,542,915
Connecticut	$2,350,090
Delaware	$1,197,639
Florida	$11,987,615
Georgia	$9,433,528
Guam	$356,709
Hawaii	$1,337,512
Idaho	$1,467,718
Illinois	$8,361,320
Indiana	$4,058,614
Iowa	$2,132,111
Kansas	$2,015,086
Kentucky	$2,934,305

Recipient	FY 2024 Total Funding Available
Los Angeles County	$9,148,955
Louisiana	$3,028,717
Maine	$1,220,530
Marshall Islands	$271,796
Maryland	$6,076,325
Massachusetts	$4,094,246
Michigan	$5,816,519
Micronesia	$289,591
Minnesota	$3,424,146
Mississippi	$2,097,775
Missouri	$3,725,285
Montana	$1,202,609
Nebraska	$1,479,301
Nevada	$2,968,388
New Hampshire	$1,209,450
New Jersey	$5,395,339
New Mexico	$1,689,996
New York	$10,518,499
New York City	$7,502,867
North Carolina	$6,156,167
North Dakota	$1,140,635
Northern Mariana Islands	$278,826
Ohio	$7,060,825
Oklahoma	$2,654,184
Oregon	$2,753,157
Palau	$256,623

Recipient	FY 2024 Total Funding Available
Pennsylvania	$7,761,310
Puerto Rico	$2,590,638
Rhode Island	$1,144,760
South Carolina	$3,374,105
South Dakota	$1,162,368
Tennessee	$4,123,510
Texas	$15,580,429
Utah	$2,384,511
Vermont	$1,141,219
Virgin Islands (US)	$305,436
Virginia	$8,093,731
Washington	$4,668,338
Washington, DC	$1,203,349
West Virginia	$1,419,786
Wisconsin	$3,431,589
Wyoming	$1,139,432
FY 2024 HPP Total Funding	**$240,000,000**

Endnotes

Select the endnote number to jump to the related section in the document.

[1] As used in this document, "the health care delivery system" refers to all organizations and persons whose mission is to promote, restore, optimize, or maintain health. "All organizations and persons" include those within the U.S. and its territories and Freely Associated States.

[2] Federal Emergency Management Agency (FEMA). (2011). *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*. Department of Homeland Security.

[3] Advancing these outcomes and performing the core functions described below will enable recipients to use their award funds to achieve the preparedness goals described in section 2802(b)(1),(3),(4),(5), and (6) of the Public Health Service (PHS) Act as required by section 319C-2(c) of the PHS Act.

[4] FEMA. (2021, October 15). National Response Framework. U.S. Department of Homeland Security.

[5] As used in this document, "health care workforce" does not refer only to clinical providers, but also includes all those who support the functioning of health care during disasters and emergencies.

[6] In accordance with the PHS Act, section 319C-1(b)(2)(A)(viii) (42 USC § 247d-3a), HPP recipients must coordinate with educational agencies and state child care agencies for public health emergency preparedness.

[7] In accordance with the PHS Act, section 319C-1(b)(2)(A)(v) (42 USC § 247d-3a(b)(2)(A)(v)), HPP recipients must include the State Unit on Aging for public health emergency preparedness.

[8] In accordance with sections 2802(b)(4) and 2814 of the PHS Act (42 USC §§ 300hh-1(b)(4) and 300hh-16), ASPR uses the PHS Act definition of "at-risk individuals" which includes children, pregnant individuals, older adults, individuals with disabilities, or others who may have access and functional needs in the event of a public health emergency, as determined by the Secretary of Health and Human Services.

[9] This subset of communities most impacted by disasters include people with occupations that may raise their exposure to certain emergency conditions (e.g., critical infrastructure workers who must continue to work during an emergency or disaster) or people who are at elevated risk to specific health threats (e.g., during a special pathogen event).

[10] According to The Root Causes of Health Inequity, populations experiencing structural inequities include communities that have been historically, and are currently, marginalized, such as (but not limited to) people from diverse cultures, those with limited English proficiency, limited access to transportation, limited financial resources, experiencing homelessness, and/or who have pharmacological dependency.

[11] Activities for territories and Freely Associated States may be modified – these modifications will be noted in the activity description.

[12] As used in this document, EMS is a system of coordinated response and emergency medical care, involving private and public agencies and organizations, communications and

transportation networks, trauma systems, hospitals, trauma centers, and specialty centers. For the purposes of this document, the term EMS will encompass pre-hospital care including ambulance services, paramedic services, and 911 dispatch, as well as specialty transport, including pediatric transport, air transport, and critical care transport.

[13] Think Cultural Health. (n.d.). *National Culturally and Linguistically Appropriate Services (CLAS) Standards*. U.S. Department of Health and Human Services (HHS).

[14] FEMA. (2011). *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*. U.S. Department of Homeland Security.

[15] In this document, "region" refers to the HHS Regions, which can be found at HHS Regional Offices.

[16] ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE). (n.d.). *Topic Collection: Hazard Vulnerability/Risk Assessment*.

[17] FEMA. (2023, June). *National Risk and Capability Assessment*. U.S. Department of Homeland Security.

[18] Health Resources & Services Administration (HRSA). (n.d.). *Health Workforce Shortage Areas*. U.S. Department of Health and Human Services.

[19] Think Cultural Health. (n.d.). *Tracking CLAS*. U.S. Department of Health and Human Services.

[20] Note: We do not expect you or your HCC(s) to carry out workforce recruitment activities. You may document mitigation strategies related to health care readiness specifically (e.g., staff augmentation strategies).

[21] "HHS published the voluntary health care specific CPGs to help health care organizations prioritize implementation of high-impact cybersecurity practices. These CPGs are a voluntary subset of cybersecurity practices that health care organizations, and health care delivery organizations, in particular, can prioritize to strengthen cyber preparedness, improve cyber resiliency, and ultimately protect patient health information and safety." HHS. (n.d.). *HPH Cybersecurity Performance Goals*.

[22] Your existing Senior Advisory Committee may satisfy the Strategic Advisory Committee requirement as long as it includes the required representation and meets the described objectives.

[23] Refer to Cybersecurity and Infrastructure Security Agency (CISA)'s definitions of mis-, dis-, and mal-information.

[24] Anyone can request access to the SNS Planning Resources website. Email addresses will be verified before granting access.

[25] A mass casualty incident is "an incident that that generates a sufficiently large number of casualties whereby the available health care resources, or their management systems, are severely challenged or unable to meet the health care needs of the affected population." ASPR. (2012, February). 1.1 Mass Casualty and Mass Effect Incidents: Implications for Healthcare Organizations. HHS.

[26] National Disaster Medical System (NDMS). (2023, May). *National Disaster Medical System Partner Healthcare Facility Memorandum of Agreement for Definitive Medical Care*.

[27] The NDMS FCC Guide (health.mil) may serve as an additional resource.

[28] Please refer to Exercise and Improve for a full list of requirements for this section. Please note that certain compliance requirements, like the requirement to conduct at least one exercise that address the needs of at-risk individuals and communities most impacted by disasters, are not listed in this table.

[29] Non-administrative activities include: (1) Programmatic functions, or work conducted to plan for, perform, or exercise any outcomes or activities in the HPP NOFO. For example, programmatic functions include execution of recipient and HCC requirements, and technical assistance; (2) Surge planning and coordination across health care partners, including planning, operations, communication and information-sharing, and training and exercising.

[30] Section 319(e) of the PHS Act authorizes states and tribes to request the temporary reassignment of state, tribal, or local public health department or agency personnel funded under programs authorized by the PHS Act when the HHS Secretary declares a public health emergency. Refer to https://aspr.hhs.gov/legal/pahpa/section201/Pages/default.aspx for more information.

[31] For more information on using funds for minor A&R activities, please refer to the HHS Grants Policy Statement.

[32] Office for Civil Rights (OCR). (n.d.). *For Providers of Health Care and Social Services*. HHS. OCR. (n.d.). *HHS Nondiscrimination Notice*. HHS.

[33] Previously referred to as the Infectious Disease Annex in the FY 2019-2023 Funding Opportunity Announcement.

[34] Pediatric Pandemic Network. (n.d.). *Pediatric Pandemic Network*. U.S. Department of Health and Human Services.

[35] Anyone can request access to the SNS Planning Resources website. Email addresses will be verified before granting access.