

CDC DIS Workforce Development Funding Guidance

May 28, 2021

Summary

On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (Public Law 117-2). This act provides additional relief to address the continued impact of the COVID-19 pandemic on the economy; public health; and state and local governments. To support the governmental public health response to COVID-19, the Centers for Disease Control and Prevention (CDC) is creating a Supplement to CDC-RFA-PS19-1901.¹ Approximately one billion dollars has been authorized through this Act to execute these activities. CDC intends to make these resources available over a five-year period by awarding \$200M each year to recipients. During the final two years, these funds will be awarded under cooperative agreement CDC PS19-1901 and the remaining funds will be through a new Notice of Funding Opportunity Announcement commencing in FY2023. At this time, CDC is awarding funding, totaling \$200,000,000, to 59 state, local, and territorial project areas to hire and support Disease Intervention Specialists (DIS) to strengthen the capacity of state, Tribal, local and territorial (STLT) public health departments to mitigate the spread of COVID-19 and other infections. These funds are in addition to, and separate from, funds CDC previously awarded to these 59 jurisdictions through [CDC-RFA-PS19-1901](#) on January 1, 2021

Availability of Funds

A total of \$200,000,000 will be available to the 59 current recipients of CDC's RFA-PS19-1901, "Strengthening STD Prevention and Control for Health Departments." Similar amounts will be awarded for the remaining performance period. A funding table is included at the end of this document.

Terms of Funding

Funds will remain available until CDC's RFA-PS19-1901, "Strengthening STD Prevention and Control for Health Departments"¹ ends to conduct activities necessary to expand, train, and sustain a response-ready DIS workforce at 59 jurisdictions. Recipients will operate under the current budget and performance period. Details will be provided when available.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<https://www.cdc.gov/os/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

¹ Statutory authority: Section 318(a) – (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) – (c)]

Terms and Conditions

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021; and/or the American Rescue Plan Act of 2021, (P.L. 117-2), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at:
<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

Termination/Non-compliance

This award may be terminated in whole or in part consistent with 45 CFR 75.372. CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

Goal of the Funds

This funding is intended to expand, train, and sustain the DIS workforce to support jurisdictional COVID-19 prevention and response, including in STLT health departments. CDC expects public

health agencies to use available funding to hire personnel to address projected jurisdictional COVID-19 response needs over the performance period, including hiring of personnel (see allowable cost definitions below) to build capacity to address public health priorities deriving from COVID-19 and other infectious diseases. CDC strongly encourages recipients to utilize [CDC's Social Vulnerability Index](#) (SVI) data and tools or U.S. Census Bureau's [Community Resilience Estimates](#) to inform the jurisdiction's COVID-19 planning, response, and hiring strategy.

Funds will support health departments to increase capacity to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases. We expect state and territorial health departments to support local jurisdictions and Tribal governments within their jurisdictions not directly funded through this NOFO.

Hiring priority should be given to front-line public health workforce (DIS and DIS supervisors) with secondary focus on roles that support the success of frontline DIS response and outbreak efforts. However, funding could be used to hire personnel that may range from early career or entry-level positions to mid-level positions, and may include, but is not limited to full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period; which is encouraged).

Allowable Costs

The focus of this funding is to build the DIS workforce to strengthen the capacity of STLT public health departments to respond to the COVID-19 pandemic and other infectious diseases more effectively.

Following is a sample list of allowable expenses² that may be considered, as well as supportive services that may be provided. This list is not exhaustive; recipients are encouraged to think broadly and target hiring to meet their individual jurisdictional needs as well as the needs at the state, Tribal, local, and territorial level, if applicable.

² *The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).*

In determining if costs are allowable, consideration must be given to applicable grant regulations; the overall underlying cooperative agreement (PS19-1901); be considered necessary and reasonable; and be considered allocable (see: [45 CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and your Project Officer.

1. The costs, including wages and benefits, related to recruiting, hiring, training and retaining disease investigation staff, including those who conduct or support case investigation, contact tracing, linkage to prevention and treatment, and outbreak response.

These individuals may be employed by:

- STLT public health governments or their fiscal agents;
 - Nonprofit private or public organizations, clinical settings, or community-based organizations, with demonstrated expertise in implementing public health programs and established relationships with such STLT public health departments, particularly in medically underserved areas.
2. Purchase of equipment and supplies necessary to support DIS including personal protective equipment, diagnostic tests (up to 10% of funding without CDC approval), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position, and other costs associated with support of the expanded workforce (to the extent these aren't included in recipient indirect costs).
 3. Administrative support services necessary to implement funded activities, including travel, training (to the extent these aren't included in recipient indirect costs), and any required or recommended certifications.

Allowable Activities

Following is a sample list of allowable activities that may be considered to build the DIS workforce as well as activities that can be completed by the DIS workforce supported with this funding. This list is not exhaustive; recipients are encouraged to think broadly to meet their individual jurisdictional needs as well as the needs at the state, Tribal, local, and territorial level, if applicable.

- Using recent gap assessments, enumerate current staffing, identify programmatic strengths and gaps, and prioritize DIS hiring needs and goals, with a focus on frontline public health staff to respond to incident infections and outbreaks. If a gap assessment is not readily available, funds can be used to conduct this activity.
- In addition to directly hiring staff, programs can use a variety of mechanisms to expand the DIS workforce, including, but not limited to:
 - Using the COVID-19 Related Support Services (CRSS) contract mechanism through the General Services Administration (GSA) ([Acquisition Gateway \(gsa.gov\)](https://www.acquisitiongateway.gov)) to obtain contract staff or services;

- Veterans Employment Services ([Veterans.gov](https://www.veterans.gov));
 - Forming partnerships with academic institutions, (including minority serving institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines;
 - Establishing partnerships with schools of public health, technical and administrative schools, and social services and social science programs; and
 - Using temporary staffing or employment agencies.
- Addressing community resilience needs to respond effectively to the COVID-19 pandemic and other infectious diseases, including support of vaccine implementation.
 - Making subawards or contracts to Tribal and local entities to expand, train, and sustain a response-ready DIS workforce.
 - Training and education for new and existing staff on topics, including but not limited to disease intervention, including disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management and oversight, outbreak response, improving health equity and working with underserved populations at highest-risk for COVID-19, cultural competency, informatics or data management, or other needs identified by the jurisdiction and CDC. All DIS training must adhere to the core competencies developed by CDC. Programs are strongly encouraged to use CDC developed training where available, specifically for CDC developed core DIS training. If programs use other core training, they must submit training curriculum for review and approval.
 - Training should be specialized to public health and strategic to program needs.
 - Training should also include cross-training existing staff in other program areas who may be called upon to support the response.
 - Developing, training, and equipping staff to be ready to respond to COVID-19 and incident infections and outbreaks.
 - Recipients must demonstrate a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve. Community-level public health vulnerability or resilience assessments, such as [CDC's Social Vulnerability Index](#) or the U.S. Census Bureau's [Community Resilience Estimates](#) should be used to inform jurisdictional activities, strategies and hiring.

- Recipients are strongly encouraged to ensure the systematic collection of information about the activities, characteristics and outcomes of programs (including the pandemic and other infectious disease response efforts) to inform and improve program effectiveness, and/or make decisions about future program development.

Deliverables

- **Work Plan:** Within 60 days of receipt of funds, recipients must submit work plans that describe their approaches through 12/31/2021 for procuring sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic and other incident infections, prioritizing communities at highest risk, focusing on how recipients will focus efforts on diversity, health equity, and inclusion in hiring and recruiting workers from local communities they serve. Recipients will be expected to provide a brief overview of their programmatic context and capacity to implement workforce development goals, and information on needs assessment, including their current organizational structure, current staffing, staffing and skills gaps, training, training gaps, and outbreak response capacity. Recipients will be expected to include organizational chart(s) and policy and procedure documents at the state and local levels, as applicable. CDC will provide a suggested work plan template. Recipients are not required to use the CDC template but will be required to submit all information included in the CDC work plan template.
- **One-year Hiring Goals:** As part of their work plans, recipients must project their hiring goals and priorities, including those of subrecipients for the current performance period. The summary of hiring goals should include mitigation plans to address challenges in meeting these goals. Recipients should identify the community-based organizations with whom they or subrecipients partner and the specific community(ies) those partners primarily support.
- **Acknowledgement:** The funding will be made available to each recipient by the end of June 2021. Within five business days of receipt of this guidance, the Authorized Official for each respective recipient is required to acknowledge receipt of this guidance as a Grant Note in GrantSolutions. The acknowledgement must be submitted on official letterhead and utilize the attached “Acknowledgement Letter for PS19-1901– COVID-19 Supplemental Funds” template.
- **Budget:** Within 60 days of receipt of funds, recipients must submit budgets for activities through 12/31/2021. This award will operate on the STD PCHD budget and performance period. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance.
- **Progress and Fiscal Reports:** Recipients must submit progress updates and fiscal reports every 12 months. Progress reports must include status in meeting hiring goals at recipient and sub-recipient levels. Fiscal reports must summarize progress in obligating and spending the allotted funds. Reporting templates will be made available.

Application Package

The application package must consist of the following documents:

Application for Federal Assistance 424

- One form for supplemental request - fill out the e-form in GrantSolutions

Budget Information 424a

- Total funding request- for supplemental project- provide form as an attachment

Workplan and Budget

- Workplan and budget describing activities

Except where otherwise authorized by statute, 45 CFR 75 Subpart E – Cost Principles is applicable.

Measures and Metrics

Recipients will work with CDC to develop an evaluation plan to assess progress towards intended workforce development outcomes within the first six months of award. CDC will work with recipients to create evaluation plans that include process and outcome metrics related to staffing, hiring, and training, as well as disease intervention measures and outcomes related to COVID-19 and other infectious diseases response as applicable to the staff hired under this supplement. Recipients must report these data for all staff, including those hired by sub-recipients.

Funding Table

FY21 PS19-1901 (STD PCHD) Year 3 Supplement Funding Amounts	
STD PCHD Project Area	CRE Allocation
Alabama	\$ 2,888,606
Alaska	\$ 1,000,000
Arizona	\$ 4,620,011
Arkansas	\$ 1,743,229
Baltimore, MD	\$ 1,495,071
California, (excl. LA & SF)	\$ 15,261,723
Chicago, IL	\$ 3,420,190
Colorado	\$ 3,044,289
Connecticut	\$ 1,896,432
Delaware	\$ 1,000,000

District of Columbia	\$	1,000,000
Florida	\$	14,639,830
Georgia	\$	5,277,100
Hawaii	\$	1,000,000
Idaho	\$	1,000,000
Illinois, (excl. Chic.)	\$	4,341,390
Indiana	\$	3,353,254
Iowa	\$	1,557,589
Kansas	\$	1,502,887
Kentucky	\$	2,538,247
Los Angeles, CA	\$	6,598,516
Louisiana	\$	2,872,569
Maine	\$	1,000,000
Maryland, (excl. Balt.)	\$	2,001,033
Massachusetts	\$	3,705,271
Michigan	\$	5,539,350
Minnesota	\$	2,678,096
Mississippi	\$	1,818,280
Missouri	\$	3,221,424
Montana	\$	1,000,000
Nebraska	\$	1,103,504
Nevada	\$	2,099,161
New Hampshire	\$	1,000,000
New Jersey	\$	5,276,937
New Mexico	\$	1,408,230
New York City, NY	\$	8,273,411
New York, (excl. NYC)	\$	4,693,315
North Carolina	\$	5,472,349
North Dakota	\$	1,000,000
Ohio	\$	6,321,570
Oklahoma	\$	2,386,705
Oregon	\$	2,340,700
Pennsylvania, (excl. Phil.)	\$	4,185,084
Philadelphia, PA	\$	3,200,256
Puerto Rico	\$	1,917,681
Rhode Island	\$	1,000,000
San Francisco, CA	\$	2,246,359
South Carolina	\$	2,779,711
South Dakota	\$	1,000,000

Tennessee	\$	3,832,183
Texas	\$	18,681,523
Utah	\$	1,394,710
Vermont	\$	1,000,000
Virgin Islands	\$	1,000,000
Virginia	\$	4,519,512
Washington	\$	3,779,428
West Virginia	\$	1,070,880
Wisconsin	\$	3,002,404
Wyoming	\$	1,000,000
Total	\$	200,000,000

COVID-19 Funding for CDC-RFA-PS19-1901

Date:

Organization Name:

Subject: **Acknowledgement Letter for CDC-RFA-PS19-1901 – COVID-19 Funds**

Reference: Guidance for the use of COVID-19 funding (2021) for CDC-RFA-PS19-1901, CDC-RFA-PS19-1901, “Strengthening STD Prevention and Control for Health Departments” through the American Rescue Plan Act of 2021 (Public Law 117-2).

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

The federal funding received will be in support of the COVID-19 activities. Funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

Please upload signed document into GrantSolutions as a grant note.

Authorized Official