

Centers for Disease Control and Prevention (CDC)

Office of Financial Resources

Instructions for Preparing an Annual Performance Report (APR)

Catalog of Federal Domestic Assistance (CFDA): 93.069

Notice of Funding Opportunity Number (NOFO): CDC-RFA-TP19-1901

Public Health Emergency Preparedness (PHEP) Cooperative Agreement

Application Deadline: March 17, 2020

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1. Eligibility

This award will be a continuation of funds intended only for recipients previously awarded under [CDC-RFA-TP19-1901, the 2019-2024 Public Health Emergency Preparedness \(PHEP\) Cooperative Agreement notice of funding opportunity \(NOFO\)](#), hereafter referred to as the PHEP NOFO.

For this award, the anticipated funding levels are included in the PHEP fiscal year 2020 funding table for Budget Period 2, which begins July 1, 2020, and ends June 30, 2021. The funding table is located at the end of this document.

2. Application Submission

CDC requires recipients to submit an Annual Performance Report¹, which serves as the noncompeting continuation application, through www.grantsolutions.gov. Reports must be submitted by 11:59 p.m. Eastern Standard Time on **Tuesday, March 17, 2020**.

If you encounter any difficulties submitting this report through www.grantsolutions.gov, please contact the GrantSolutions help desk at 866-577-0771 or email help@grantsolutions.gov prior to the submission deadline. If you need further information regarding the annual performance report process, please contact Shicann Phillips, grants management officer, at ibq7@cdc.gov. For programmatic information, please contact Sharon Sharpe, public health advisor, at lss1@cdc.gov.

Late or incomplete reports could result in an enforcement action such as a delay in the award or a reduction in funds. CDC will accept requests for a deadline extension on rare occasions and after adequate justification has been provided.

3. Annual Federal Financial Report Submission

The annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your grants management specialist/grants management official (GMS/GMO) every 12 months. Annual FFRs are submitted no later than 90 days after the end of the budget period. The annual FFR for PHEP Budget Period 1 (July 1, 2019, to June 30, 2020) is due to the GMS/GMO by September 30, 2020. To submit your FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar, and then click on Federal Financial Reports.

4. General Application Packet Tips

- Properly label each item of the application packet.
- Each section should use 1.5 spacing with one-inch margins.
- Number all pages.
- Where the instructions on the forms conflict with these instructions, follow these instructions.
- GrantSolutions allows several file types to be uploaded within the system excluding zip files. Refer to the GrantSolutions help desk for a list of the acceptable file types.
- CDC **STRONGLY** recommends submission of the required documents in GrantSolutions in advance of the deadline to assure time to troubleshoot any problems with the online submission system.

5. Checklist of Required Contents of Application Packet (see detailed sections that follow)

- a. SF-424 Application for Federal Domestic Assistance Version 2 and [Performance Progress and Monitoring Report \(PPMR\)](#)

¹ For purposes of the continuation application, the term "Annual Performance Report" refers to all the items on the checklist of required contents of the application packet.

- b. SF-424A Budget Information-Non-Construction and Budget Reports
- c. Indirect Cost Rate Agreement
- d. Performance Narrative Consisting of Two Attachments: Progress Update for Budget Period 1 and Domain Work Plan for Budget Period 2
- e. SF-LLL Disclosure of Lobbying Activities
- f. State Health Official Letter
- g. Local Health Department Concurrence Letter

5A. SF-424 Application for Federal Domestic Assistance Version 2 and Performance Progress and Monitoring Report

Instructions on completing the SF-424 Application for Federal Domestic Assistance Version 2 online form are located at www.grants.gov/web/grants/forms/sf-424-family.html. Instructions for completing the PPMR are located at www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf.

5B. SF-424A Budget Information and Budget Reports

The required budget information consists of SF-424A Budget Information-Non-Construction online form, a budget justification report and a budget detail report.

- See application kit for instructions on completing SF-424A Budget Information-Non-Construction online form.
- The proposed budget should be based on the federal funding level, outlined in the funding table found at the end of this document.
- The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines. The budget guidance is provided at <http://www.cdc.gov/grants/applying/application-resources.html> and in the GrantSolutions application control checklist.
- For any new, proposed subcontracts, provide the information specified in the CDC Budget Preparation Guidelines.
- When nonfederal matching is required, provide a line-item list of nonfederal contributions including source, amount, and/or value of third-party contributions proposed to meet a matching requirement.
- Maintaining state funding: In accordance with 42 U.S.C.A § 247d-3a, an entity that receives an award under this section shall maintain expenditures for public health security at a level that is not less than the average level of such expenditures maintained by the entity for the preceding two-year period.
- In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested, including any request to use unobligated funds, to support the activities to be carried out with those funds. This information is provided in two attachments, "Budget Justification Report" and "Budget Detail Report," which can be generated in the PERFORMS system.
- Expanded authority for unobligated funds: In accordance with 45 CFR § 75.308(d), recipients are given expanded authority to carry forward unobligated balances to the successive budget period without receiving prior approval from CDC's Office of Grants Services. The following restrictions apply with this authority.
 1. The expanded authority can only be used to carry over unobligated balances from one budget period to the next successive budget period. Any unobligated funds not expended in the successive budget period must be deobligated and returned to the Treasury as required.
 2. Extensions will not be allowed for the last 12 months of the budget/performance period.
 3. The recipient must report the amount carried over on the Federal Financial Report for the period in which the funds remained unobligated.

4. This authority does not diminish or relinquish CDC administrative oversight of the PHEP program. The CDC program office will continue to provide oversight and guidance to the award recipients to ensure they comply with statutes, regulations, and internal guidelines.
5. The roles and responsibilities of the CDC project officers will remain the same as indicated in the terms and conditions of the award.
6. The roles and responsibilities of the grants management specialists in CDC's Office of Grants Services will remain the same as indicated in the terms and conditions of the award.
7. All other terms and conditions remain in effect throughout the budget period unless otherwise changed in writing by the CDC grants management officer.

Recipients are responsible for ensuring that all costs allocated and obligated are allowable, reasonable, and allocable and in line with the goals and objectives outlined in CDC-RFA-TP19-1901 and approved work plans.

5C. Indirect Cost Rate Agreement (The rates applied are based on the agreement in effect from the first year of the PHEP award.)

- If indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.
- Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the indirect cost rate agreement.
- To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- If there is no indirect cost rate agreement or the agreement has expired, indirect costs may be charged as direct if (1) this practice is consistent with the recipient's approved accounting practices; and (2) if the costs are adequately supported and justified.
- If applicable, attach and name the document "Indirect Cost Rate."
- If applicable, the recipient's indirect costs are based on a rate of 10% of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2.

5D. Performance Narrative

In 2019, the President signed into law the Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act, which amended the PHEP cooperative agreement's authorizing language in the Public Health Service (PHS) Act. Some, but not all, of the changes in the Budget Period 2 guidance reflect amendments made to the statute.

For purposes of this continuation application, the Performance Narrative consists of two reports generated in the PERFORMS system:

1. **Progress Update** for Budget Period 1 (July 1, 2019, to December 31, 2019)
2. **Domain Work Plan** for Budget Period 2 (July 1, 2020, to June 30, 2021)

For Budget Period 2, all PHEP recipients must continue to address and comply with the programmatic requirements outlined in the PHEP NOFO, which remain in effect. The PHEP NOFO and the PHEP logic model describe the comprehensive goals of the PHEP program in these six domains:

- Domain 1: Community Resilience
- Domain 2: Incident Management
- Domain 3: Information Management
- Domain 4: Countermeasures and Mitigation
- Domain 5: Surge Management
- Domain 6: Biosurveillance

Recipients should build or sustain their programs' strategies and activities in accordance with the expectations and requirements stated within the PHEP NOFO, subject to any changes made in this continuation guidance, including changes made to reflect requirements of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019. The PHEP NOFO provides further details regarding the programmatic requirements in the six capability domains, with a goal of achieving "established" operational readiness in all capabilities by the end of the performance period in 2024.

Recipients should be guided by the goals of the PHEP NOFO and the PHEP logic model as they report on their performance in Budget Period 1 and plan for updated project activities in Budget Period 2.

Performance Narrative Section I: Progress Update for Budget Period 1 (July 1, 2019, to December 31, 2019)

In the report titled "Progress Update," recipients must report on progress toward achieving objectives for the current Budget Period 1. Describe progress on completing activities to date, including outcomes and outputs. Describe any risks or challenges that might affect the ability to achieve outcomes or to complete activities in the work plan. Identify any issues for which CDC program support could help overcome these challenges.

Performance Narrative Section II: Domain Work Plan for Budget Period 2 (July 1, 2020, to June 30, 2021)

In the report titled "Domain Work Plan" for Budget Period 2, recipients must list proposed activities for the upcoming budget period.

- These activities must support the intent of the PHEP NOFO.
- Each activity must contain a performance or outcome measure that assesses the effectiveness of the project.
- Provide a timeline for accomplishment.
- Identify any adjustment to previously planned activities, when applicable.

5E. SF-LLL Disclosure of Lobbying Activities

Instructions for completing the SF-LLL Disclosure of Lobbying Activities form are located at <https://www.grants.gov/web/grants/forms/sf-424-family.html>.

5F. State Health Official Letter

Recipients must provide an updated letter signed by the jurisdiction's state health official on official agency letterhead confirming that the PHEP director, the epidemiology lead, and the public health laboratory director or designated representatives have provided input into plans, strategies, and investment priorities for epidemiology, surveillance, and laboratory work plans. PHEP recipients that are unable to obtain effective input from these stakeholders must submit separate attachments with their funding applications describing the reasons why input was not obtained and describe the steps to be taken to obtain input.

5G. Local Health Department Concurrence Letter

Decentralized state recipients must provide updated local health department concurrence letters. The letters must include evidence that at least a majority, if not all, of local health departments within the jurisdiction approves or concurs with the approaches and priorities described in the application. This letter should be signed by the local health departments or representative entities within the jurisdiction. More information is available in the PHEP NOFO.

6. Additional Programmatic Requirements

Requirements outlined in the PHEP NOFO remain in effect and continue into Budget Period 2. Following are additional requirements or clarifications.

Domain 6 Biosurveillance: Additional Requirement for Laboratory Response Network for Biological Threats (LRN-B) and Laboratory Response Network for Chemical Threats (LRN-C)

- LRN-B advanced and standard labs are required to obtain and sustain maintenance agreements for LRN-B equipment valued at more than \$25,000 and for LRN-B equipment that is used for assays cleared by the Food and Drug Administration. This is a new requirement for LRN-B laboratories.
- LRN-C Level 1 labs are required to obtain and sustain maintenance agreements for LRN-C equipment valued at more than \$25,000. This adds the requirement for “sustaining” such agreements. Previously the PHEP NOFO called only for “obtaining” such agreements. Also, this amends the amount from \$10,000 to \$25,000.
- LRN-C Level 2 labs are required to obtain and sustain maintenance agreements for LRN-C equipment valued at more than \$25,000. This is a new requirement for LRN-C Level 2 laboratories.

These maintenance agreement changes help to ensure that preparedness investments are sustained over time. Maintenance must be performed by the manufacturer or a company certified by the manufacturer to perform the maintenance. Recipients must meet these requirements by the end of Budget Period 2 (June 30, 2021) and will be expected to verify compliance with these requirements through the Operational Readiness Review process beginning in Budget Period 3 (July 1, 2021).

PAHPAI Requirements

PHEP recipients must address new provisions outlined in PAHPAI, which mandates new requirements for jurisdictional all-hazards public health emergency preparedness and response plans. Specifically, to be eligible for PHEP funding, recipients must include in their funding applications a narrative description of how they will:

- partner, as appropriate, with relevant public and private stakeholders, including public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies;
- integrate, as applicable, information to account for individuals with behavioral health needs following a public health emergency;
- partner with health care facilities, including hospitals, nursing homes, and other long-term care facilities, to promote and improve public health preparedness and response;
- include, as appropriate and applicable, critical infrastructure partners such as utility companies in planning to help ensure that infrastructure will remain functioning during, or return to function as soon as possible after, a public health emergency; and
- improve enrollment and coordination of volunteer health care professionals seeking to provide medical services during public health emergencies. Per 207(b) of PAHPAI (42 U.S.C. 247d-3a(b)(2)(A)(iv), recipients must describe activities they intend to implement, which may include providing communication methods for volunteer coordination; and providing optional registration opportunities to participate in volunteer services during processes related to state medical licensing, registration, or certification, or renewal of such licensing, registration, or certification.

In addition, PHEP recipients must assure that in coordinating with local response entities such as Metropolitan Medical Response Systems and local public health departments, they include relevant regional health care emergency preparedness and response systems established pursuant to guidelines to be developed by the Assistant Secretary for Preparedness and Response under Section 247d–3c of the PHS Act.

These new requirements are in addition to existing requirements for jurisdictional all-hazards public health emergency preparedness and response plans and other administrative and federal requirements and assurances outlined in the PHEP NOFO.

PHEP NOFO Clarification: Exercise Requirements

Demonstrate Operational Readiness for Multiple Risks

CDC has corrected a technical error in the PHEP NOFO regarding the full-scale exercise (FSE) requirement for metropolitan statistical areas (MSAs) that must focus on an intentional release of anthrax as their primary planning scenario. The text is modified to reflect the requirement for an anthrax dispensing FSE rather than for an anthrax distribution FSE.

PHEP NOFO Clarification: Vaccine Purchases

Funding Restrictions Related to Vaccines

CDC has amended its PHEP funding restrictions regarding the purchase of vaccines for the general public. On a case-by-case basis and only with CDC prior approval, PHEP funds may be used to purchase limited supplies of vaccines for emergency response activities that help jurisdictions strengthen their public health preparedness and response capabilities. This purchase should only be used when necessary for the rapid distribution and administration of medical countermeasures such as during a supply disruption (Section 2802 of the PHS Act).

All other vaccine-related funding restrictions remain in place as outlined in the PHEP NOFO.

7. Performance Measure Reporting

The PHEP NOFO outlines CDC's evaluation and performance measurement strategy for the 2019-2024 performance period. This strategy remains in place for Budget Period 2. CDC will continue to review recipient performance systematically, via the Operational Readiness Review (ORR), other performance measures, and spend rates of cooperative agreement funds. CDC may modify PHEP funding or implement other grants management measures to reflect PHEP recipients' fiscal and administrative performance as outlined in the PHEP NOFO. CDC may restrict funds for noncompliance and may modify base funding for continued noncompliance.

Programmatic Performance

CDC will continue to assess PHEP recipient progress made across the six domains as described in the Strategies and Activities section of the PHEP NOFO. CDC measures PHEP programmatic performance using a variety of methods, including performance measures and the ORR evaluation process. PHEP recipients that do not meet specific programmatic outcomes may be subject to funding restrictions.

CDC has established specific requirements for medical countermeasure (MCM) planning and operations, describing a standard for MCM operational readiness to be achieved by June 30, 2022. These requirements apply to work plan activities in both Budget Period 1 and Budget Period 2. CDC will continue to evaluate jurisdictions in Budget Period 2 using the current ORR tool.

In Budget Period 2, CDC will continue to collect end-of-year performance measure data for Capability 6: Information Sharing, Capability 12: Public Health Laboratory Testing, Capability 13: Public Health Surveillance and Epidemiological Investigation, and Capability 15: Volunteer Management.

The PHEP NOFO forecasted an expansion of the ORR evaluation approach to encompass all 15 capabilities described in CDC's [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health](#). The PHEP ORR is intended to be a comprehensive evaluation of planning and operational readiness across the full array of the 15 public health preparedness and response capabilities. CDC plans to disseminate provisional PHEP ORR guidance in Budget Period 2 to help recipients prepare for the full PHEP ORR evaluation process that will take place in Budget Period 3. The PHEP ORR guidance

will describe the evaluation approach for all 15 capabilities, including a standard for comprehensive operational readiness to be achieved by June 30, 2024.

CDC intends to conduct a pilot of the expanded PHEP ORR tool in select jurisdictions during Budget Period 2. With the full implementation of the PHEP ORR for all recipients in Budget Period 3, CDC will evaluate the progress recipients are making in achieving operational readiness across all 15 capabilities. PHEP recipients should continue to build their preparedness and response capabilities to achieve operational readiness across all capabilities in a manner that meets PHEP requirements but also addresses the risks, resources and priorities that are specific to their respective jurisdictions.

During the 2019-2024 PHEP performance period, CDC is using the ORR process to document evidence of readiness for two primary planning scenarios: 1) Category A agents such as anthrax and 2) emerging infectious diseases such as pandemic influenza. Operational readiness for an anthrax event is characterized by a combination of elements across the full range of preparedness and response capabilities to include antimicrobial dispensing, vaccine administration, community mitigation efforts and crisis standards of care. See [Key Components of Anthrax Operational Readiness](#) for more information. Operational readiness for pandemic influenza is characterized by a combination of elements across the full range of preparedness and response capabilities to include vaccine administration, antiviral distribution, health care surge strategies and nonpharmaceutical interventions. See [Key Components of Pandemic Influenza Operational Readiness](#) for more information.

Over the course of the five-year performance period, the ORR process will capture the descriptive, planning, and operational elements necessary to meet PHEP requirements for pandemic influenza and anthrax planning and response. Meeting ORR requirements is not a substitute for ongoing comprehensive jurisdictional planning for threats such as anthrax or pandemic influenza. PHEP programs should continue to work with partner agencies to establish multisector preparedness plans for their jurisdictions. PHEP programmatic requirements do not prescribe any specific format for jurisdictional planning; thus, jurisdictions can organize planning based on the risks, resources, procedures, and policies specific to any individual jurisdiction.

Evidence-based Benchmarks

CDC continues to specify a subset of measures and select programmatic requirements as benchmarks for Budget Period 2 as mandated by Section 319C-1(g) of the PHS Act. To substantially meet a benchmark, PHEP recipients must provide complete and accurate information describing how the benchmark was met.

PHEP recipients that fail to “substantially meet” Budget Period 2 benchmarks are subject to withholding of a statutorily mandated percentage of the award, consistent with Section 319C-1(g) of the PHS Act. In addition, PHEP recipients that fail to submit satisfactory pandemic influenza plans are also subject to withholding of funds. The Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act of 2019 amended Section 319C-1(g) of the PHS Act, modifying the time period for withholding amounts from entities that fail to achieve benchmarks. The new provisions specifically change the withholding from “for the immediately preceding fiscal year” to “for either of the two immediately preceding fiscal years.”

Before withholding funds, CDC will first notify recipients of their failure to meet the benchmark or pandemic influenza planning requirements and provide an opportunity for corrective action. Upon request, CDC will provide recipients with technical assistance in meeting the requirements, including the provision of advice by subject matter experts. Recipients that fail to correct any noncompliance will then be subject to withholding of PHEP funding.

CDC is required to treat each failure to substantially meet all benchmarks and each failure to submit a satisfactory pandemic influenza plan as separate withholding actions. For example, a PHEP recipient that fails to substantially meet benchmarks AND that fails to submit a satisfactory pandemic influenza plan could have 10% withheld for each failure for a total of 20% of the amount the entity was eligible to receive for no more than one of first two fiscal years immediately following the fiscal year in which a recipient experienced a failure. If this situation remained unchanged, for one of the first two fiscal years immediately following the third consecutive fiscal year in which a recipient experienced a failure to substantially meet benchmark or pandemic influenza requirements, CDC would be required to withhold 15% for each failure for a total of 30% of the amount the recipient was eligible to receive for the respective fiscal year.

PHEP Budget Period 2 Benchmarks and Pandemic Influenza Planning Requirements

<p>PHEP Benchmark 1: Demonstrate MCM Operational Readiness</p>	<p>PHEP recipients must demonstrate readiness to receive, stage, store, distribute, and dispense material during a public health emergency. This benchmark applies to all 62 PHEP recipients. In Budget Period 2, PHEP recipients must complete and submit:</p> <ul style="list-style-type: none"> • MCM operational readiness review data; and • Reports demonstrating significant annual progress in mitigating MCM gaps identified through the MCM ORR process, including gaps in pandemic influenza preparedness. <p>State recipients must also review local CRI planning jurisdiction(s) using the ORR process. States are responsible for completing reviews for CRI local jurisdictions within a two-year cycle. Such updates are required to track progress on addressing identified gaps.</p> <p>On or before the end of Budget Period 3 (June 30, 2022), 100% of PHEP recipients must achieve an overall status level of “established” for MCM operational readiness, as described by CDC ORR guidance. Demonstrating MCM operational readiness for 2022 is achieved through participation in the ORR process.</p>
<p>PHEP Benchmark 2: Demonstrate proficiency in public health laboratory testing for biological agents</p>	<p>PHEP recipients must demonstrate that biological laboratories in the Laboratory Response Network (LRN-B) can pass validated proficiency testing which includes the ability to receive, test, and report on one or more suspected biological agents. This benchmark applies to the 50 states and the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>PHEP-funded LRN-B laboratories cannot fail more than one validated proficiency test challenge during the budget period. Successful demonstration of this capability is defined by the LRN-B proficiency testing policy. CDC will use these elements to determine if the PHEP recipient met this benchmark:</p>

	<ul style="list-style-type: none"> • Number of validated LRN-B proficiency tests successfully passed by the PHEP-funded laboratory during any attempt, including remediation, if applicable. • Number of validated LRN-B proficiency tests participated in by the PHEP-funded laboratory, including remediation, if applicable. <p>CDC's LRN-B program office requires state public health laboratories to participate in all available proficiency testing challenges specific to each laboratory's testing capability; if a laboratory has testing capability for a specific agent and a proficiency testing challenge for that agent is being offered, the PHEP- funded laboratory must participate in that proficiency testing challenge.</p> <p>PHEP- funded laboratories that are offline for extended periods, undergoing renovation, or have other special circumstances are not expected to have their proficiency testing challenges completed by partner or backup labs (such as municipal labs or labs in neighboring states). Instead, those laboratories are expected to report to the LRN-B program office what they would do in real situations had the proficiency testing challenge been associated with a true emergency event. In such a circumstance, this will not adversely affect the PHEP recipient in terms of determining whether this benchmark has been met.</p>
<p>PHEP Benchmark 3: Demonstrate proficiency in public health laboratory specimen packaging, and shipping exercises for chemical agents</p>	<p>PHEP recipients must ensure that at least one LRN chemical (LRN-C) laboratory in their jurisdictions passes the LRN-C specimen packaging, and shipping (SPaS) exercise. This benchmark applies to the 50 states and the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>This annual exercise evaluates the ability of a laboratory to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations. PHEP recipients must ensure at least one LRN-C laboratory passes CDC's SPaS exercise. If a laboratory fails the exercise on its first attempt but passes on the second attempt, then the PHEP recipient will meet the benchmark. If a PHEP recipient has multiple laboratories, at least one laboratory must participate and pass. To pass, a laboratory must score at least 90% on a SPaS exercise.</p>
<p>PHEP Benchmark 4: Demonstrate proficiency in public health laboratory testing for chemical agents</p>	<p>PHEP recipients must demonstrate that LRN chemical (LRN-C) laboratories can pass proficiency testing. This benchmark applies to the 10 states with Level 1 laboratories: California, Florida, Massachusetts, Michigan, Minnesota, New Mexico, New York, South Carolina, Virginia, and Wisconsin.</p>

	<p>PHEP recipients must ensure that LRN-C laboratories pass 90% of the proficiency testing in core and additional analysis methods to meet the CDC benchmark requirement. Successful demonstration of this capability is defined by the LRN-C proficiency testing policy. CDC will use these elements to determine if PHEP recipients met this benchmark:</p> <ul style="list-style-type: none"> • Number of LRN-C proficiency tests successfully passed by the PHEP-funded laboratory, during any attempt, including remediation, if applicable. • Number of LRN-C proficiency tests participated in by the PHEP- funded laboratory, including remediation, if applicable. <p>The LRN-C conducts proficiency testing for all Level 1 and Level 2 chemical laboratories to support meeting the regulatory requirements for the reporting of patient results as part of an emergency response program. Each high complexity test is proficiency tested three times per budget period and each laboratory is evaluated on the ability to report accurate and timely results through secure electronic reporting mechanisms.</p>
Submit updated pandemic influenza plans	<p>PHEP recipients meet the requirement for a pandemic influenza plan through their participation in CDC's ORR process, which evaluates pandemic influenza and mass vaccination elements. In addition, PHEP recipients must address pandemic planning gaps as part of their technical assistance action plans.</p>

Criteria to Determine Potential Withholding of PHEP Fiscal Year 2022 Funds

Benchmarks and Pandemic Influenza Planning	Yes	No	Possible % Withholding
Did the PHEP recipient (all PHEP recipients) demonstrate capability to receive, stage, store, distribute, and dispense material during a public health emergency?			10%
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for biological agents?			
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory specimen packaging, and shipping exercises for chemical agents?			
Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for chemical agents?			
Did the PHEP recipient (all PHEP recipients) meet the 2020 pandemic influenza planning requirement?			10%
Total Potential Withholding Percentage			20%

Scoring Criteria

Section 319C-1(g) requires the withholding of amounts from entities that substantially fail to achieve benchmarks or to submit acceptable pandemic influenza plans. Failure to achieve any of the applicable benchmarks will count as one failure, and a failure to submit evidence of pandemic influenza preparedness planning will count as a second failure.

The first four benchmarks are weighted the same, so failure to substantially meet one or more of the four benchmarks will count as one failure and may result in withholding of 10% of the PHEP award. Failure to meet the pandemic influenza preparedness planning requirement would result in one failure and may result in withholding of an additional and separate 10% of the PHEP award.

8. Funding Table

PHEP Budget Period 2 (Fiscal Year 2020) Funding

Planning Numbers Subject to Change Based on Availability of Funds

Recipient	FY 2020 Base Plus Population Funding	FY 2020 Cities Readiness Initiative Funding	FY 2020 Level 1 Chemical Laboratory Funding	FY 2020 Level 2 Chemical Laboratory Funding*	FY 2020 Total Funding Available
Alabama	\$8,446,487	\$294,407	\$0	\$0	\$8,740,894
Alaska	\$5,000,000	\$169,900	\$0	\$0	\$5,169,900
American Samoa	\$412,042	\$0	\$0	\$0	\$412,042
Arizona	\$10,991,266	\$1,173,679	\$0	\$0	\$12,164,945
Arkansas	\$6,358,264	\$200,619	\$0	\$0	\$6,558,883
California	\$35,752,813	\$5,343,925	\$1,175,583	\$0	\$42,272,321
Chicago	\$8,026,903	\$1,624,657	\$0	\$0	\$9,651,560
Colorado	\$9,346,488	\$720,178	\$0	\$0	\$10,066,666
Connecticut	\$6,980,971	\$534,018	\$0	\$0	\$7,514,989
Delaware	\$5,000,000	\$312,726	\$0	\$0	\$5,312,726
Florida	\$26,733,543	\$2,930,664	\$932,317	\$0	\$30,596,524
Georgia	\$14,721,706	\$1,467,020	\$0	\$0	\$16,188,726
Guam	\$534,657	\$0	\$0	\$0	\$534,657
Hawaii	\$5,000,000	\$254,769	\$0	\$372,600	\$5,627,369
Idaho	\$5,000,000	\$174,300	\$0	\$372,600	\$5,546,900
Illinois	\$14,170,307	\$1,881,995	\$0	\$0	\$16,052,302
Indiana	\$10,456,667	\$781,676	\$0	\$0	\$11,238,343
Iowa	\$6,516,849	\$201,401	\$0	\$0	\$6,718,250
Kansas	\$6,244,250	\$392,221	\$0	\$372,600	\$7,009,071
Kentucky	\$7,979,079	\$369,428	\$0	\$0	\$8,348,507
Los Angeles County	\$16,325,055	\$3,323,413	\$0	\$0	\$19,648,468
Louisiana	\$8,192,549	\$537,660	\$0	\$372,600	\$9,102,809
Maine	\$5,000,000	\$169,900	\$0	\$372,600	\$5,542,500
Marshall Islands	\$409,243	\$0	\$0	\$0	\$409,243
Maryland	\$9,733,317	\$1,372,011	\$0	\$0	\$11,105,328
Massachusetts	\$10,690,969	\$1,260,883	\$1,080,144	\$0	\$13,031,996

Recipient	FY 2020 Base Plus Population Funding	FY 2020 Cities Readiness Initiative Funding	FY 2020 Level 1 Chemical Laboratory Funding	FY 2020 Level 2 Chemical Laboratory Funding*	FY 2020 Total Funding Available
Michigan	\$14,138,310	\$1,107,694	\$1,063,587	\$0	\$16,309,591
Micronesia	\$468,367	\$0	\$0	\$0	\$468,367
Minnesota	\$9,252,459	\$890,306	\$1,092,880	\$0	\$11,235,645
Mississippi	\$6,327,849	\$235,818	\$0	\$372,600	\$6,936,267
Missouri	\$9,826,621	\$865,181	\$0	\$0	\$10,691,802
Montana	\$5,000,000	\$169,900	\$0	\$372,600	\$5,542,500
N. Mariana Islands	\$411,502	\$0	\$0	\$0	\$411,502
Nebraska	\$5,149,757	\$203,745	\$0	\$372,600	\$5,726,102
Nevada	\$6,381,181	\$543,587	\$0	\$0	\$6,924,768
New Hampshire	\$5,000,000	\$280,301	\$0	\$0	\$5,280,301
New Jersey	\$12,926,641	\$2,217,526	\$0	\$0	\$15,144,167
New Mexico	\$5,334,906	\$232,894	\$1,096,376	\$0	\$6,664,176
New York	\$15,167,460	\$1,789,162	\$1,726,734	\$0	\$18,683,356
New York City	\$14,608,153	\$4,000,647	\$0	\$0	\$18,608,800
North Carolina	\$14,570,324	\$538,648	\$0	\$0	\$15,108,972
North Dakota	\$5,000,000	\$169,900	\$0	\$0	\$5,169,900
Ohio	\$16,025,384	\$1,477,238	\$0	\$0	\$17,502,622
Oklahoma	\$7,393,718	\$348,294	\$0	\$0	\$7,742,012
Oregon	\$7,669,654	\$492,284	\$0	\$0	\$8,161,938
Palau	\$374,474	\$0	\$0	\$0	\$374,474
Pennsylvania	\$17,270,730	\$1,671,774	\$0	\$372,600	\$19,315,104
Puerto Rico	\$6,560,315	\$0	\$0	\$0	\$6,560,315
Rhode Island	\$5,000,000	\$271,773	\$0	\$0	\$5,271,773
South Carolina	\$8,665,172	\$303,391	\$1,010,999	\$0	\$9,979,562
South Dakota	\$5,000,000	\$169,900	\$0	\$372,600	\$5,542,500
Tennessee	\$10,543,729	\$738,279	\$0	\$372,600	\$11,654,608
Texas	\$34,982,069	\$4,147,634	\$0	\$0	\$39,129,703
Utah	\$6,522,376	\$301,088	\$0	\$0	\$6,823,464
Vermont	\$5,000,000	\$169,900	\$0	\$0	\$5,169,900
Virgin Islands (U.S.)	\$466,904	\$0	\$0	\$0	\$466,904
Virginia	\$12,491,139	\$1,512,014	\$962,945	\$0	\$14,966,098

Recipient	FY 2020 Base Plus Population Funding	FY 2020 Cities Readiness Initiative Funding	FY 2020 Level 1 Chemical Laboratory Funding	FY 2020 Level 2 Chemical Laboratory Funding*	FY 2020 Total Funding Available
Washington	\$11,396,804	\$1,081,852	\$0	\$0	\$12,478,656
Washington, D.C.	\$5,782,736	\$684,393	\$0	\$0	\$6,467,129
West Virginia	\$5,012,214	\$184,226	\$0	\$0	\$5,196,440
Wisconsin	\$9,477,977	\$481,551	\$1,445,235	\$0	\$11,404,763
Wyoming	\$5,000,000	\$169,900	\$0	\$0	\$5,169,900
TOTAL	\$554,222,350	\$52,942,250	\$11,586,800	\$4,098,600	\$622,850,000

*\$4,098,600 in funding to update nerve agent metabolites (NAM) equipment.