

Centers for Disease Control and Prevention (CDC)  
Office of Financial Resources

**Instructions for Preparing an Annual Performance Report for Fiscal Year 2022**

Catalog of Federal Domestic Assistance 93-069

Notice of Funding Opportunity Number: CDC-RFA-TP19-1901

2019-24 Public Health Emergency Preparedness Cooperative Agreement  
Center for Preparedness and Response, Division of State and Local Readiness

**Application Deadline: March 21, 2022**

### **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. This document provides recipients with instructions for preparing annual performance reports (APRs)<sup>i</sup> for fiscal year 2022 and serves as the mechanism for requesting Budget Period 4 funding.

For this award, the anticipated funding levels are included in the PHEP fiscal year 2022 funding table for Budget Period 4, which begins July 1, 2022, and ends June 30, 2023. The funding table is located in Appendix A. Recipients should note that these are planning numbers subject to change based on availability of funding. More information is available in the application instructions.

### **Application Submission**

CDC requires recipients to submit their annual performance reports (APRs) through [www.grantsolutions.gov](http://www.grantsolutions.gov). APRs serve as the noncompeting continuation applications for Budget Period 4. Difficulties in submitting APRs should be reported prior to the submission deadline to [www.grantsolutions.gov](http://www.grantsolutions.gov), the GrantSolutions help desk at 866-577-0771, or via email to [help@grantsolutions.gov](mailto:help@grantsolutions.gov).

For more information regarding the APR process, recipients should contact their assigned grants management specialists. For programmatic information, recipients should contact Program Implementation Branch Chief David Hunter at [exu5@cdc.gov](mailto:exu5@cdc.gov).

Recipients must submit their APRs by **11:59 p.m. EDT on Monday, March 21, 2022**, for the reporting period July 1, 2021, to December 31, 2021. Late or incomplete reports could result in an enforcement action such as a suspension of the award or a reduction in funds. CDC will accept requests for deadline extensions on rare occasions and after adequate justification has been provided. Deadline extension requests should be submitted by the recipients' authorized organizational representatives via email to the recipients' assigned grants management specialists.

## Annual Federal Financial Report Submission

The annual Federal Financial Report (FFR) SF-425 is required and must be submitted through the Payment Management System (PMS) no later than 90 days after the end of the budget period. The annual FFR for PHEP Budget Period 3 (July 1, 2021, to June 30, 2022) is due in PMS by September 30, 2022.

## 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.
- This report must not exceed 45 pages excluding administrative reporting. Web links are allowed.
- Where the instructions on the forms conflict with these instructions, follow these instructions.
- GrantSolutions allows several file types to be uploaded within the system. Refer to GrantSolutions help support for a list of the file types.
- CDC STRONGLY recommends submission of the required documents in GrantSolutions in advance of the deadline to ensure time to troubleshoot any problems with the online submission system.

## Checklist of Required Contents of Application Packet

1. Performance Progress and Monitoring Report (online form)
2. SF-424A Budget Information-Non-Construction (online form) and Budget Justification (attachment)
3. Indirect Cost Rate Agreement (attachment)
4. Performance Narrative Consisting of Two Attachments: Progress Report for Budget Period 3 and Domain Work Plan for Budget Period 4
5. SF-LLL Disclosure of Lobbying Activities. Online form and instructions, if applicable, are located at [www.grants.gov/web/grants/forms/post-award-reporting-forms.html](http://www.grants.gov/web/grants/forms/post-award-reporting-forms.html).
6. Annual Report for Tangible Property SF-428-A (attachment)
7. Key Contacts (attachment)
8. State Health Official Letter
9. Local Health Department Concurrence Letter

### 1. Performance Progress and Monitoring Report (PPMR)

PPMR instructions are attached to the form located at [www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf](http://www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf).

### 2. SF-424A Budget Information and Justification

Instructions for completing the SF-424A Budget Information-Non-Construction online form are located at [www.grantsolutions.gov/gs/pdf/ophs-1\\_SF424A\\_Instruction.pdf](http://www.grantsolutions.gov/gs/pdf/ophs-1_SF424A_Instruction.pdf).

- The proposed budget should be based on the anticipated federal funding level. See Appendix A.
- In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested for Budget Period 4 to support the activities to be carried out with those funds. Attach and title it "Budget Narrative."

- 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 [www.cdc.gov/grants/documents/budget-preparation-guidance](http://www.cdc.gov/grants/documents/budget-preparation-guidance), and the GrantSolutions application control checklist.
- For any new, proposed subcontracts, provide the information specified in the budget guidance.
- When nonfederal matching is required, provide a line-item list of nonfederal contributions including source, amount, and value of third-party contributions proposed to meet a matching requirement.
- In Budget Period 4, CDC will continue to develop its national network of Career Epidemiology Field Officers (CEFOs). CDC anticipates that every PHEP jurisdiction can be supported by a centrally funded CEFO by the beginning of Budget Period 4. Recipients may continue to request direct assistance to supplement their centrally funded CEFOs.

### 3. Indirect Cost Rate Agreement

- A. 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.
- B. Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
- C. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- D. 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/applicant's approved accounting practices; and (2) if the costs are adequately supported and justified.
- E. If applicable, attach and name the document "Indirect Cost Rate Agreement" in the Miscellaneous attachment section.

### 4. Performance Narrative

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

- Progress Update for Budget Period 3 (July 1, 2021, to December 31, 2021)

In this report, recipients must report on progress to date toward achieving objectives for the current budget period. Describe progress on completing activities, including outcomes and outputs. Describe any risks or challenges, including COVID-19 pandemic response issues, 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.

- Domain Work Plan for Budget Period 4 (July 1, 2022, to June 30, 2023)

In this report, recipients must list proposed activities for the upcoming budget period that support the intent of the PHEP NOFO and:

- Include a performance or outcome measure that assesses the effectiveness of the project.
- Include a timeline for accomplishment.

- Identify any adjustments to previously planned activities, when applicable.

In Budget Period 4, all PHEP recipients must continue to address and comply with the programmatic requirements outlined in the PHEP NOFO, which remain in effect. 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 the continuation guidance issued for Budget Periods 2, 3 and 4.

The PHEP logic model provides a roadmap for building public health preparedness and response capabilities and will continue to guide recipients as they report on their performance in Budget Period 3 and plan for updated project activities in Budget Period 4.

#### **5. SF-LLL Disclosure of Lobbying Activities (If applicable)**

Instructions for completing the SF-LLL Disclosure of Lobbying Activities form are located at [https://apply07.grants.gov/apply/forms/instructions/SFLLL\\_1\\_2-V1.2-Instructions.pdf](https://apply07.grants.gov/apply/forms/instructions/SFLLL_1_2-V1.2-Instructions.pdf).

#### **6. Annual Report for Tangible Property SF-428-A**

This form is used to report federally owned property in recipients' custody including federally owned items provided to subrecipients or contractors. See 45 CFR 75.320 and 75.439.

#### **7. Key Contacts**

This form identifies key personnel and roles that will require prior approval other than the principal investigators or project directors. Otherwise, only key personnel change requests for principal investigators will be processed per the terms and conditions and CFR 75.308.

#### **8. State Health Official Letter**

Recipients must provide an updated letter signed by the jurisdiction's state health official or designee 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.

#### **9. Local Health Department Concurrence Letter (if applicable)**

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.

#### **Additional Program Requirements**

Requirements outlined in the PHEP NOFO and those added or clarified in the continuation guidance for PHEP Budget Periods 2 and 3 remain in effect and continue into Budget Period 4. Following are additional requirements or clarifications.

## **Changes in Domain 6: Biosurveillance**

### Laboratory Response Network for Chemical Threats (LRN-C) Membership Requirements

LRN-C Level 2 laboratories must demonstrate and maintain LRN-C “Qualified” status for all LRN-C core methods. See the [LRN-C Secure Website](#) for more information. This represents a change from the previous requirement that all Level 2 laboratories demonstrate satisfactory testing capabilities for at least four LRN-C core methods.

1. CDC has identified “core” and “additional” LRN-C methods for detecting human exposures to a wide range of known chemical threat agents. LRN-C laboratories are designated as either Level 1, Level 2, or Level 3 based on their respective capacity and capabilities to perform these LRN-C methods.
2. Level 2 laboratories leverage their core chemical threat capabilities to ensure response readiness to human exposures to local public health threats such as toxic metals, plant and marine toxins, toxic industrial chemicals, and synthetic drugs.

Beginning in Budget Period 4, CDC will provide additional funding to select LRN-C laboratories as part of a four-year initiative to support technology transfer activities to help meet this new requirement. The additional funding is intended to help ensure CDC’s continuity of operations (COOP) for response to high threat chemical agents; support proficiency testing and technical assistance for select methods; assist with LRN-C Materials Program quality assessments; and provide chemical threat method validation studies for newly developed CDC methods. In Budget Period 4, four LRN-C laboratories in Alaska, Georgia, Minnesota, and New York state will each receive \$250,000 to support LRN-C technology transfer activities. CDC selected these four laboratories based on their subject matter expertise and demonstrated record of performance in these areas. In subsequent budget periods, other LRN-C laboratories may be eligible for additional funding to support this initiative.

For more information, see the Budget Period 4 supplemental document, “Domain 6: Requirements for Laboratory Response Network for Chemical Threats, January 2022.”

## **Clarifications in Domain 6: Biosurveillance**

### LRN-C Response Reporting

Beginning with Budget Period 4, all LRN-C Level 1, Level 2, and Level 3 laboratories must complete the **LRN-C Laboratory Response Reporting** template by September 30, December 31, March 31, and June 30 of each budget period. The **LRN-C Laboratory Response Reporting** template is located on the [LRN-C Secure Website](#). Previously, CDC required all LRN-C laboratories to “participate” in response reporting.” In Budget Period 4, all LRN-C laboratories must submit updated response reports each quarter to [lrn-c\\_qa\\_program@cdc.gov](mailto:lrn-c_qa_program@cdc.gov).

## **Programmatic Performance and Evaluation**

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 4. CDC systematically reviews

recipient progress in achieving desired programmatic outcomes and financial performance levels via the PHEP Operational Readiness Review (ORR) and other online program management systems.

CDC may modify PHEP funding or implement other grants management measures to reflect PHEP recipients' programmatic, fiscal, and administrative performance as outlined in the PHEP NOFO. PHEP recipients that do not meet specific programmatic outcomes may be subject to enforcement actions. In addition, CDC may take enforcement actions such as restricting funds for noncompliance with fiscal and administrative requirements and may modify base funding for continued noncompliance.

In Budget Period 4, CDC will continue to assess PHEP recipient progress using the PHEP ORR evaluation process. The PHEP ORR evaluation is a rigorous, evidence-based assessment that evaluates overall PHEP program performance through examination of descriptive, planning, and operational functions. This evaluation process is intended to identify strengths and challenges facing preparedness programs as well as recognize areas for improvement and technical assistance.

The PHEP NOFO outlined CDC expectations that PHEP recipients demonstrate measurable progress toward achieving "established" operational readiness across six capability domains by the end of the performance period in 2024. The six domains are:

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

Initially focused on the capabilities in the Countermeasures and Mitigation domain, the scope of ORR evaluation will expand in Budget Period 4 to encompass all 15 capabilities across the six domains as described in CDC's [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#).

The PHEP NOFO requires all 62 PHEP recipients and Cities Readiness Initiative (CRI) local planning jurisdictions to participate in the ORR evaluation process. However, CDC waived the PHEP ORR requirement for the CRI jurisdictions in Budget Period 3. CDC is finalizing PHEP ORR requirements for Budget Period 4 and will release further guidance in calendar year 2022 regarding how recipients must document progress in meeting PHEP requirements.

### **COVID-19 Effects on PHEP Requirements**

The impact of the COVID-19 pandemic on the PHEP program was challenging, but it also provided opportunities to learn and accelerate the strengthening of preparedness and response capabilities. CDC adapted its PHEP ORR implementation approach and reporting requirements for Budget Period 3 to focus on capturing COVID-19 pandemic response data. CDC significantly reduced data collection requirements and temporarily suspended state evaluation of CRI local planning jurisdictions.

Also, given the value of learning from real incidents as opposed to exercises, CDC has encouraged recipients to use their COVID-19 response activities to demonstrate operational elements and meet program requirements. CDC developed the Pandemic COVID-19 Functional Exercise: Vaccination for Critical Workforce Groups and Disproportionately Impacted Populations (VAC) and the Pandemic COVID-19 Incident Response (RSP) measures specifically to collect data about recipients' ability to respond to an actual pandemic in each of the domains described in the [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#). Recipients must submit VAC and RSP data by June 30, 2022, and upload additional response evidence no later than October 31, 2022, using the PHEP ORR Reporting and Tracking System (PORTS). CDC will use this data to conduct a national evaluation of the PHEP COVID-19 response.

Submission of COVID-19 response data will fulfill recipients' PHEP five-year program requirements regarding pandemic influenza functional and full-scale exercises and the joint functional exercise with emergency management and health care coalitions. This data submission also will enable recipients to reset their timeline for meeting the next cycle of PHEP five-year operational requirements.

Those recipients required to conduct dispensing and distribution full-scale exercises can also submit evidence drawing on their COVID-19 pandemic response using these PHEP ORR forms:

- Anthrax Dispensing Full-scale Exercise (DSP) and
- Anthrax Distribution Full-scale Exercise (DST).

### **Health Equity Considerations**

The COVID-19 pandemic has highlighted longstanding health disparities across our nation. Not all communities or population groups are afforded equal access, engagement, or support when public health emergencies occur. Some groups are disproportionately affected by public health emergencies, with documented disparate rates of disease incidence, hospitalization, and deaths. The need for accelerated efforts to reduce health disparities and advance health equity is greater than ever.

The PHEP NOFO has outlined strategies and activities that promote health equity. CDC encourages recipients to revisit strategies and activities in the Domain 1: Community Resilience capabilities to ensure adequate focus on populations being disproportionately impacted by public health emergencies or incidents. Through after-action reports and improvement plans, jurisdictions may modify how they work to ensure access for these groups. For example, many communities are setting up health equity working groups, improving coordination with community-based organizations, and considering social determinants of health to ensure better inclusion of those populations during and after public health incidents.

While CDC does not impose any new specific program requirements for Budget Period 4 related to health equity, CDC encourages intentional planning and leadership efforts that address, improve, and advance health equity among all communities.

Additionally, addressing health disparities and health equity will continue to be a key component of program development in the future, and recipients can expect more specific guidance on inclusion and expansion of partners in planning for jurisdictional risks in future funding opportunities. Meanwhile, CDC supports the exchange of information regarding innovations, promising practices, and proven

metrics that are emerging in state, tribal, local, and territorial jurisdictions. CDC will provide forums over time to facilitate the exchange of information on this topic.

### **Evidence-based Benchmarks**

CDC continues to specify a subset of measures and select programmatic requirements as benchmarks for Budget Period 4 as mandated by Section 319C-1(g) of the Public Health Service (PHS) Act. To substantially meet a benchmark, PHEP recipients must provide complete and accurate information describing how the benchmark was met. In addition, PHEP recipients must maintain updated pandemic influenza plans to prevent, control, and mitigate the impact on the public's health. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel.

PHEP recipients that fail to “substantially meet” Budget Period 4 benchmarks or pandemic influenza planning requirements are subject to withholding of a statutorily mandated percentage of their awards, consistent with Section 319C-1(g) of the PHS Act.

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 calculation for determining 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.

A PHEP recipient that fails to substantially meet benchmarks or fails to submit a pandemic influenza plan is subject to a withholding penalty. The penalty doubles if a recipient fails to do both. These penalties increase following the third consecutive year in which an entity experiences a failure or failures. To illustrate:

- If a recipient fails to substantially meet a benchmark or fails to submit a pandemic influenza plan, the recipient is subject to a 10% withholding penalty.
- If a recipient fails to **both** substantially meet a benchmark and submit a pandemic influenza plan, the recipient is subject to a 10% withholding penalty for each failure, totaling 20%.
- If, for three consecutive years, a recipient fails to substantially meet a benchmark or submit a pandemic influenza plan, the penalty increases to 15% for each failure and 30% for failure to do both.

CDC will apply the penalty in no more than one of each of the first two fiscal years immediately following a fiscal year in which the recipient experienced a failure. The penalty will be deducted from the amount that the entity was eligible to receive for the respective fiscal year.

### **PHEP Budget Period 4 Benchmarks and Pandemic Influenza Planning Requirements**



<p><b>PHEP Benchmark 1:</b>  <b>Demonstrate preparedness and response operational readiness.</b></p>	<p>PHEP recipients must continue to advance their preparedness and response capabilities as outlined in CDC’s 2018 <a href="#">Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health</a>. The 2019-2024 PHEP NOFO outlined CDC expectations that recipients demonstrate measurable progress toward achieving “established” operational readiness across the 15 preparedness and response capabilities by June 2024.</p> <p>Given the realities of the COVID-19 pandemic response, CDC revised PHEP program requirements for Budget Period 3 by extending or waiving certain submissions and suspending Operational Readiness Review (ORR) site visits. In Budget Period 4, PHEP ORR guidance will outline how PHEP recipients can document progress.</p> <p>To meet the operational readiness benchmark for Budget Period 4, PHEP recipients must successfully complete and submit all required ORR components as described in the PHEP ORR guidance.</p>
<p><b>PHEP Benchmark 2:</b>  <b>Demonstrate proficiency in public health laboratory testing for biological agents.</b></p>	<p>PHEP recipients must demonstrate that biological laboratories in the Laboratory Response Network for Biological Threats (LRN-B) can pass LRN-distributed challenge panels.<sup>ii</sup> These panels test a laboratory’s ability to receive, test, and correctly report using LRN’s secure data reporting system 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 challenge panel associated with the standard laboratory requirements during the budget period. Successful demonstration of this capability is defined by the LRN-B challenge panel policy. CDC will use these elements to determine if PHEP recipients meet this benchmark:</p> <ul style="list-style-type: none"> <li>• Number of LRN-B challenge panels successfully passed by the PHEP-funded laboratory during any attempt, including remediation, if applicable.</li> <li>• Number of LRN-B challenge panels participated in by the PHEP-funded laboratory, including remediation, if applicable.</li> </ul>

	<p>CDC’s LRN-B program office requires public health laboratories (50 states and Los Angeles County, New York City, and Washington, D.C.) 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>LRN-B does not expect PHEP- funded laboratories that are offline for extended periods, undergoing renovation, or have other special circumstances to have challenge panels completed by partner or backup laboratories, such as municipal laboratories or laboratories in neighboring states. Instead, those laboratories should report to the CDC LRN-B program office what they would do in real situations had the proficiency testing challenge been associated with a true incident or public health 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><b>PHEP Benchmark 3: Demonstrate proficiency in public health laboratory specimen packaging and shipping exercises for chemical agents.</b></p>	<p>PHEP recipients must ensure that at least one laboratory in the Laboratory Response Network for Chemical Threats (LRN-C) 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.</p> <p>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 per budget period. To pass, a laboratory must score at least 90% on a SPaS exercise.</p>
<p><b>PHEP Benchmark 4: Demonstrate proficiency in public health laboratory testing for chemical agents.</b></p>	<p>PHEP recipients must demonstrate that 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 program assessment. CDC will use these elements to determine if PHEP recipients meet this benchmark:</p> <ul style="list-style-type: none"> <li>• Number of LRN-C proficiency tests successfully passed by the PHEP-funded laboratory, during any attempt, including remediation, if applicable.</li> <li>• Number of LRN-C proficiency tests participated in by the PHEP- funded laboratory, including remediation, if applicable.</li> </ul> <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>
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<b>Pandemic Influenza Planning Requirement</b>	
<b>Submit updated pandemic influenza plans.</b>	PHEP recipients meet the Budget Period 4 pandemic influenza planning requirement by submitting appropriate COVID-19 pandemic response documentation as outlined in the PHEP ORR guidance. In addition, PHEP recipients must continue to address pandemic planning gaps as part of their Budget Period 4 technical assistance action plans.

**Criteria to Determine Potential Withholding of PHEP Fiscal Year 2023 Funds**

<b>Benchmarks</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
Did the PHEP recipient (all PHEP recipients) demonstrate preparedness and response operational readiness?			

Did the applicable PHEP recipient demonstrate proficiency in public health laboratory testing for biological agents?			<b>10%</b>
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?			
<b>Pandemic Planning Requirement</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
Did the PHEP recipient (all PHEP recipients) meet the 2022 pandemic planning requirement?			<b>10%</b>
<b>Total Potential Withholding Percentage</b>			
			<b>20%</b>

### 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; 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 preparedness planning requirement would result in one failure and may result in withholding of an additional and separate 10% of the PHEP award.

**Appendix A**

**PHEP Budget Period 4 (Fiscal Year 2022) Funding**  
*Planning Numbers to Be Updated Based on Availability of Funds*

<b>Recipient</b>	<b>FY 2022 Base Plus Population Funding</b>	<b>FY 2022 Cities Readiness Initiative Funding</b>	<b>FY 2022 Level 1 Chemical Laboratory Funding</b>	<b>FY 2022 Total Funding Available</b>
Alabama	\$8,547,179	\$345,019	\$0	\$8,892,198
Alaska	\$5,000,000	\$210,000	\$0	\$5,210,000
American Samoa	\$422,440	\$0	\$0	\$422,440
Arizona	\$11,234,718	\$1,460,980	\$0	\$12,695,698
Arkansas	\$6,414,168	\$252,627	\$0	\$6,666,795
California	\$36,344,174	\$6,550,246	\$1,175,583	\$44,070,003
Chicago	\$8,132,528	\$1,938,099	\$0	\$10,070,627
Colorado	\$9,515,100	\$892,054	\$0	\$10,407,154
Connecticut	\$7,033,559	\$660,199	\$0	\$7,693,758
Delaware	\$5,000,000	\$383,535	\$0	\$5,383,535
Florida	\$27,298,666	\$3,613,762	\$932,317	\$31,844,745
Georgia	\$15,011,937	\$1,806,662	\$0	\$16,818,599
Guam	\$550,942	\$0	\$0	\$550,942
Hawaii	\$5,000,000	\$315,643	\$0	\$5,315,643
Idaho	\$5,021,782	\$224,756	\$0	\$5,246,538
Illinois	\$14,288,355	\$2,253,529	\$0	\$16,541,884
Indiana	\$10,616,442	\$958,796	\$0	\$11,575,238
Iowa	\$6,569,463	\$256,008	\$0	\$6,825,471
Kansas	\$6,295,954	\$482,791	\$0	\$6,778,745
Kentucky	\$8,054,466	\$455,577	\$0	\$8,510,043
Los Angeles County	\$16,673,373	\$4,059,657	\$0	\$20,733,030
Louisiana	\$8,259,376	\$674,833	\$0	\$8,934,209
Maine	\$5,000,000	\$210,000	\$0	\$5,210,000
Marshall Islands	\$426,964	\$0	\$0	\$426,964
Maryland	\$9,839,732	\$1,670,328	\$0	\$11,510,060
Massachusetts	\$10,797,778	\$1,543,392	\$1,080,144	\$13,421,314

<b>Recipient</b>	<b>FY 2022 Base Plus Population Funding</b>	<b>FY 2022 Cities Readiness Initiative Funding</b>	<b>FY 2022 Level 1 Chemical Laboratory Funding</b>	<b>FY 2022 Total Funding Available</b>
Michigan	\$14,298,551	\$1,349,551	\$1,063,587	\$16,711,689
Micronesia	\$488,764	\$0	\$0	\$488,764
Minnesota	\$9,380,353	\$1,086,567	\$1,092,880	\$11,559,800
Mississippi	\$6,367,042	\$288,332	\$0	\$6,655,374
Missouri	\$9,943,530	\$1,064,072	\$0	\$11,007,602
Montana	\$5,000,000	\$210,000	\$0	\$5,210,000
N. Mariana Islands	\$425,119	\$0	\$0	\$425,119
Nebraska	\$5,188,477	\$257,664	\$0	\$5,446,141
Nevada	\$6,484,710	\$672,750	\$0	\$7,157,460
New Hampshire	\$5,000,000	\$345,470	\$0	\$5,345,470
New Jersey	\$13,048,795	\$2,676,774	\$0	\$15,725,569
New Mexico	\$5,372,231	\$291,620	\$1,096,376	\$6,760,227
New York	\$15,576,839	\$2,176,958	\$1,726,734	\$19,480,531
New York City	\$14,693,967	\$4,705,020	\$0	\$19,398,987
North Carolina	\$14,865,610	\$680,373	\$0	\$15,545,983
North Dakota	\$5,000,000	\$210,000	\$0	\$5,210,000
Ohio	\$16,224,370	\$1,818,610	\$0	\$18,042,980
Oklahoma	\$7,476,687	\$433,897	\$0	\$7,910,584
Oregon	\$7,771,703	\$610,656	\$0	\$8,382,359
Palau	\$380,471	\$0	\$0	\$380,471
Pennsylvania	\$17,483,428	\$2,034,360	\$0	\$19,517,788
Puerto Rico	\$6,613,160	\$0	\$0	\$6,613,160
Rhode Island	\$5,000,000	\$336,988	\$0	\$5,336,988
South Carolina	\$8,824,956	\$381,681	\$1,010,999	\$10,217,636
South Dakota	\$5,000,000	\$210,000	\$0	\$5,210,000
Tennessee	\$10,726,131	\$910,528	\$0	\$11,636,659
Texas	\$35,804,258	\$5,147,906	\$0	\$40,952,164
Utah	\$6,627,035	\$377,027	\$0	\$7,004,062
Vermont	\$5,000,000	\$210,000	\$0	\$5,210,000
Virgin Islands (U.S.)	\$478,140	\$0	\$0	\$478,140
Virginia	\$12,656,591	\$1,862,338	\$962,945	\$15,481,874

<b>Recipient</b>	<b>FY 2022 Base Plus Population Funding</b>	<b>FY 2022 Cities Readiness Initiative Funding</b>	<b>FY 2022 Level 1 Chemical Laboratory Funding</b>	<b>FY 2022 Total Funding Available</b>
Washington	\$11,615,048	\$1,340,030	\$0	\$12,955,078
Washington, D.C.	\$5,798,443	\$749,574	\$0	\$6,548,017
West Virginia	\$5,027,531	\$227,562	\$0	\$5,255,093
Wisconsin	\$9,587,164	\$590,802	\$1,445,235	\$11,623,201
Wyoming	\$5,000,000	\$210,000	\$0	\$5,210,000
<b>TOTAL</b>	<b>\$561,578,200</b>	<b>\$64,685,603</b>	<b>\$11,586,800</b>	<b>\$637,850,603</b>

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<sup>i</sup> For purposes of this document, the term “annual performance report” refers to all items on the checklist of required contents of the application kit.

<sup>ii</sup> Language Change: Per new guidance from Centers for Medicaid and Medicare Services about Clinical Laboratory Improvement Amendments (CLIA), laboratory reference laboratories should now use the term “challenge panels” instead of “proficiency tests.” This is a name change only. It does not amend any existing LRN-B requirements.