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This document provides Public Health Emergency Preparedness (PHEP) program recipients with reference materials, tools, and guidance for preparing their Budget Period 4 (BP4) (Fiscal Year 2022) funding applications in the PERFORMS system and submitting a completed application packet as an amendment in GrantSolutions

It complements the 2019-2024 PHEP notice of funding opportunity (NOFO) published March 4, 2019, on www.Grants.gov and the BP4 continuation guidance published January 14, 2022, but it is not intended to duplicate either document. The 2019-2024 NOFO is the definitive guide on application content, submission, and deadlines. It supersedes all information provided in this document, except as noted in the BP4 continuation guidance.

This document contains information that will help recipients:
- Understand the application submission dates, times, and process;
- Use the PERFORMS system to develop application information;
- Understand the GrantSolutions amendment submission deadline and process, and
- Submit the completed application as an amendment in GrantSolutions.

The document also references templates and other materials available on the CDC website at www.cdc.gov/cpr/readiness/phep.htm in the 2022/BP4 resources. These materials will assist recipients in completing the application. The use of the application templates is optional, but the information and guidance contained in this document can assist recipients with preparing a thorough application that is less likely to require additional information or budget restrictions.

Budget Period 4 (BP4) Application Timeline

Following is an overview of the BP4 application timeline.

Planning Phase

Pre-submission   Complete Security Access Management Services (SAMS) authentication for PERFORMS access and GrantSolutions access (see below for additional information).

Ensure personnel are trained on entering and submitting data in these systems.

Application Deadline

March 21, 2022   BP4 application entered in PERFORMS and submitted in GrantSolutions no later than 11:59 p.m. EDT.

CDC **STRONGLY** recommends submission in GrantSolutions no later than **seven days** prior to the deadline as applications must be error free and corrected *before* the deadline. Early submission will allow recipients to correct any errors prior to the deadline and submit on time.

Review Phase

March – May 2020   Programmatic and fiscal reviews of the application occurs.

Award Phase

June 2020   BP4 Notices of Award – sent through the Grants Management Module within GrantSolutions.

Additional Information

GrantSolutions provides customer support via the toll-free number 1-866-577-0771 from the hours of 7 a.m. to 8 p.m. EST and email at help@grantsolutions.gov.

New users should obtain SAMS authentication for PERFORMS access. For new users, the first step in accessing PERFORMS is to obtain CDC's Secure Access Management Services (SAMS) user authentication. **To add a new user to PERFORMS, the jurisdiction's user administrator must first request a new user invitation from the PERFORMS system administrator** (see below)**.** The PERFORMS system administrator will then send the prospective user an invitation to register with SAMS for authentication purposes. The prospective user should complete the authentication process as directed by SAMS. **After approval, the jurisdiction's user administrator must go into PERFORMS and update the new user's account information, including the user access level.**

Please contact the PERFORMS Help Desk for further assistance (e-mail: performssupport@cdc.gov; toll-free telephone: 866-612-3615).

NOTE: User administrators and users should take this opportunity to update any PERFORMS users' account information and access levels and to deactivate any users who no longer need access to PERFORMS.

CDC strongly recommends that recipients have at least two of their staff members with access to PERFORMS and to GrantSolutions to help ensure staff coverage during responses, staff shortages, computer access issues.

Applications must be submitted in GrantSolutions. CDC's Office of Financial Resources (OFR) will not accept application submissions sent by e-mail, fax, CDs, or thumb drives.

Content and Form of Application and Amendment Submissions

PHEP applications are developed and submitted in two distinct IT systems: PERFORMS and GrantSolutions. The following application and amendment requirements are specific to each system. Recipients should ensure that they meet all of the requirements needed for each system. Note that reports generated from PERFORMS can be attached to the amendment in GrantSolutions to meet the listed requirements.

NEW PERFORMS BP4 Exceptions

For BP4, if requested, CDC plans to populate the PERFORMS BP4 application module with recipients' current BP3 work plan and budget information to ease recipient burden. Recipients will be able to review and make necessary edits to this data and can use the documentation to prepare and submit their BP4 funding applications via GrantSolutions by the March deadline. Using the following guidance, PHEP recipients will submit revised budgets and work plans after CDC releases final BP4 funding allocations. Note that recipients will enter (not submit) application information for all application module components into PERFORMS. There will not be a submission option available until after CDC releases the final BP4 funding allocations. Recipients will concurrently submit the application amendment in GrantSolutions with all required attachments.

PERFORMS Application Components

Completion of the PERFORMS application module is the first step for completion of the PHEP application packet. Recipients complete the following sections in PERFORMS, download the appropriate reports as PDFs, then attach the PDF files to the Performance Progress and Monitoring Report (PPMR) and submit via a GrantSolutions amendment.

- ☐ **Mid-Year Progress Update Report**
- ☐ **Program Requirements**
- ☐ **Work Plan**
- ☐ **Budget**

Mid-Year Progress Update Report (previously known as the Progress Update Report)

As part of the BP4 application, recipients must provide a brief program update on BP3 (BP3) domain strategies and activities. Recipients must describe their progress to date and challenges to achieving BP3 objectives. The intent is to show the impact PHEP program investments in BP3 had on recipient preparedness programs.

Step 1: Choose a Status of BP3 Objectives

For those activities on which a recipient worked during BP3, a brief status update is required for each objective proposed in BP3. If there were **no** BP3 objectives for a given capability, a status update will not be required for that capability.

Step 2: Describe Progress to Date by Capability

Recipients must report progress toward completing activities outlined in the BP3 work plan, including outcomes or outputs; describe any additional successes, including those identified through evaluation results or lessons learned, achieved to date; and describe public health and medical preparedness and response success stories based on real events or resulting from PHEP-funded activities.

Step 3: List BP3 Work Plan Challenges

Recipients must describe any challenges that might affect their ability to successfully achieve their BP3 work plan, including goals, objectives, planned activities, or performance measures; and describe any additional challenges, including those identified through evaluation results or lessons learned, encountered to date. Recipients who report that an objective will be discontinued in BP3 are required to provide the reason for discontinuing in this section.

Program Requirements Section

For BP4, recipients complete the PHEP program requirements section in the PERFORMS application module. The program requirement section consists of the following tabs.

- Strategic Forecast
- Administrative Preparedness
- All-Hazards Preparedness and Response Planning Sections
- Assurances
- Subrecipient Monitoring
- Tribal Engagement (for applicable recipients)

Recipients answer all of the questions on each of the tabs to complete this portion of the application module.

Work Plan

Recipients describe their planned activities for the upcoming budget period in their work plans. Activities may be tailored each year to address issues of high interest in jurisdictions or issues of high importance that arose in the prior year.

CDC recommends recipients approach the development of their work plans based on the most recently completed Capabilities Planning Guide self-assessments that incorporates their current jurisdictional risk assessments (JRAs) and priorities (jurisdictional HVA, JRA, or THIRA). Recipients must also ensure planned activities meet program requirements and benchmarks. CDC encourages recipients to build and sustain each capability to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies, regardless of size or scenario.

A completed work plan for BP4 requires recipients to select each *Domain Summary*; the related *Strategy*; provide a *Planned Activity Type*; and, if funds are associated, then select and add the *Associated Planned Activities*. The following section describes the work plan components.

Step 1: Choose a Planned Activity Type

Within the Domain Summary, select a planned activity type for each capability, using one of the following options:

Figure 1 - Planned Activity options under each capability

- **Build:** Recipient plans to increase, strengthen, or boost the current state or status of this capability. If "build" is selected, the recipient must provide in the work plan a description of how and what the recipient is building and identify any PHEP gaps that will be addressed in the work plan for the budget period.

- **Sustain:** Recipient plans to maintain the current state or status quo of this capability. If "sustain" is selected, the recipient must identify who will be responsible (i.e., state, local, etc.) for maintaining the activity and what specific actions will be taken to ensure a reduction in progress is prevented.

- **Scale Back:** Recipient plans to reduce, downsize, remove, or downgrade the capacity of the capability. The scale back option is not intended to include situations where reducing capability results in little or no impact to overall performance. For example, scaling back may include situations where excess capacity is purposely reduced. In those cases, sustain may be a more accurate selection. Scale back is intended to denote situations where needed capacity and/or performance is being lost or reduced in some way.

- **No planned activities this budget period:** Recipient has no planned activities to address this capability. If there are no planned activities, the recipient:
  - Cannot provide planned activities, or proposed outputs;
  - Must identify lower prioritization of activities, or any challenges or barriers that may have led to having no planned activities for BP4;
  - Must indicate and describe, if applicable, any self-identified technical assistance needs for the capability;
  - Cannot attach any funds to the capability in the budget or work plan.

Step 2: Select Funding Type

Recipients must select one of the following sources of funding for each capability with planned activities:

- PHEP
- Other Funding Source (state, HPP, local, DHS, other)

Any capability with activities supported by PHEP funding must have at least one line item associated with that activity in the budget.

*Figure 2 - Funding Type options for PHEP Work Plan*

Step 3: Select Domain Strategies and Activities

Recipients should select the domain activities that best represent their approach to strengthening the domain.

A. Select from the predefined list of domain activities or create jurisdiction-specific activities (see figure below)

Figure 3 - Domain Activity
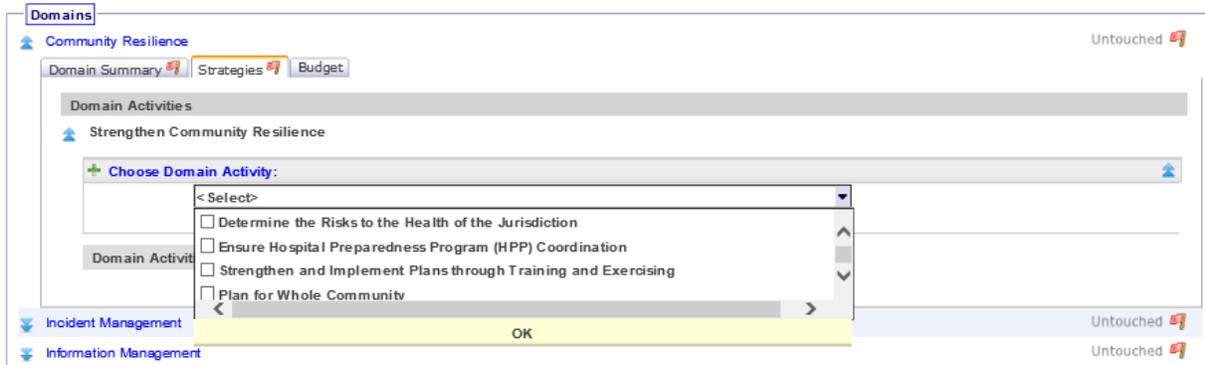
B. From there, recipients list the specific steps they plan to conduct to complete the domain activity with associated timelines.

Figure 4 - Domain Activity
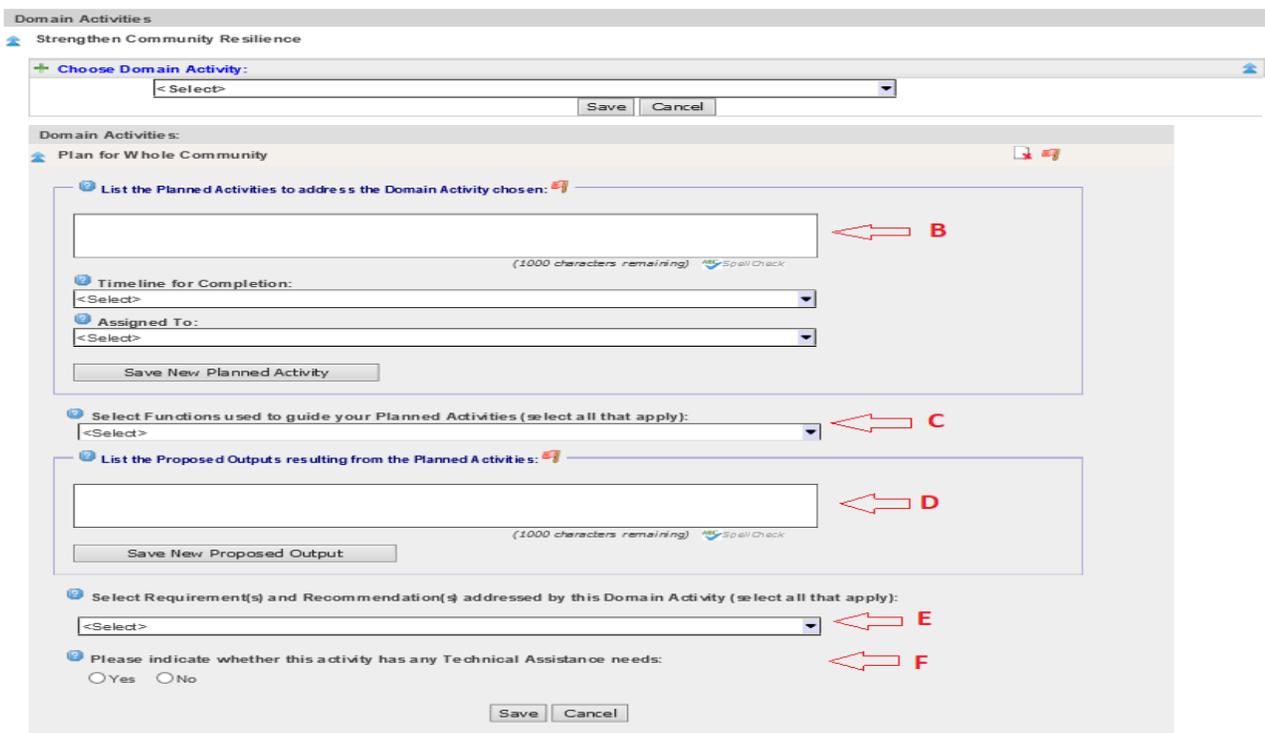
- Planned activities should describe specific actions that support the completion of a domain activity. When reading the planned activities, the following should be easily determined:

  o What will be completed,

  o By what quarter, and

  o To whom the activity will be assigned.

Not all activities should be completed in the fourth quarter.

CDC expects that if the activity will be conducted by local health agencies that assist the recipient in reaching or sustaining a strategy then those activities should be aggregated and documented in this section. When recipients fund local health departments based on deliverables, they can group similar local health departments that are expected to complete the activity. For example, Cities Readiness Initiative-funded local jurisdictions have different requirements than most other local jurisdictions and grouping them into one activity is an option. Planned activities should lead to measurable outputs linked to program activities and outcomes. To delineate which activity corresponds with the correct output, please number and letter the matching components.

Example:

Planned Activities	Outputs
1.) Activity 1, corresponding to output 1a and 1b	1a.) Output 1, corresponding to activity 1 1b.) Output 2, corresponding to activity 1
2.) Activity 2, corresponding to output 2	2.) Output 2, corresponding to activity 2
3.) Activity 3, corresponding to output 3	3.) Output 3, corresponding to output 3

C. Select the appropriate capability function(s) to guide planned activities.

D. List proposed outputs resulting from the planned activities. Recipients must provide at least one proposed output. The proposed outputs should directly relate to the expected results of completing the planned activities.

E. Select the requirement(s) or recommendation(s) addressed by this domain activity.

F. Select whether technical assistance is required for this domain activity.

Work plans should address or reflect incorporation of all NOFO benchmarks and requirements. Recipients must plan activities through each consecutive budget period to meet all requirements, including product submissions, completion of Operational Readiness Reviews, and performance measure deadlines, by the end of the performance period or by the dates specified in the NOFO.

PHEP recipients have the flexibility to choose which specific capability(s) they address in a single budget period. The overarching PHEP program goal is to:
- Show measurable progress toward achieving the short-term and long-term outcomes during this five-year period of performance.

Other consideration for BP4 Work Plan Development

- **PHEP Subrecipients Contracts Work Plan -** Recipients should document the proposed subrecipients activities and related outputs in their work plans. Planned activities for subrecipients will include all the same elements described in preceding paragraph B. The recipients will need to distinguish between recipient and subrecipient activities and can aggregate or group similar subrecipients.

- **Laboratory Response Network -** 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.

  NEW 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.

- **Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAI) Requirements -** Provisions outlined in PAHPAI mandate requirements for jurisdictional all-hazards public health emergency preparedness and response plans. To be eligible for PHEP funding, for PHEP funding, recipients must include in their funding applications a narrative description within the domain work plan 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 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.

Budget

- The budget justification must be prepared in the general form, format, and to the level of detail described in the CDC Budget Preparation Guidelines. The budget guidance is provided at **http://www.cdc.gov/grants/applying/application-resources.html.**
- For any new, proposed subcontracts, provide the information specified in the CDC Budget Preparation Guidelines.
- **Budget Line Item Associations -** The PERFORMS application module requires all budget line items to be associated to a capability(s) in the work plan or to program administration. The following definitions and instructions describe how to report budget line items, including the proportion of every line item that goes to support PHEP activities and administrative costs. The process for reporting each budgeted item is described below and is based on which of the following categories it falls.

    - Personnel whose roles and responsibilities are administrative in nature;
    - Personnel whose roles and responsibilities are program implementation (not administrative) in nature; and
    - Other object class line items (e.g., travel, contracts, supplies, equipment, consultants, and other.)

    Note: Classification of personnel must be by roles and responsibilities, NOT by title or education.

Administrative personnel are those who spend 100% of their time on activities not directly tied to a specific PHEP program function, including those who:

- Plan, direct, and coordinate PHEP operations at the highest level, such as PHEP director or, regional program managers or

- Provide day-to-day staff assistance or clerical duties in support of the individuals described in the previous bullet.

When entering administrative personnel line items in the PERFORMS budget module, after name and job title are selected, recipients must select the "Program Administration" choice from the "association" drop-down list. After this is done, the system will not allow the recipient to enter an association with any capability.

Program personnel are those whose roles and responsibilities are directly tied to a specific function or activity necessary to meet the PHEP program requirements and recommendations and include such personnel as those who do the following:

- Plan, implement, and maintain preparedness and response activities,
- Manage required volunteer management programs, and
- Plan and conduct training or exercises.

When entering this type of line item, after name and job titles are selected, recipients must use the *Work Plan Association* drop-down list to choose and allocate the percentage of time the positions devotes to implementing the work plan activities. The total capability distribution across any line item must equal 100%.

There could be administrative costs associated with **other object class line items**. These line items represent costs for the purchasing of materials and services necessary to support the general operation of the PHEP program.

Examples of administrative purchases include direct purchases or contracts to obtain:
- General office equipment and supplies needed to support operation of the PHEP program. Examples include laptops, computers, monitors, peripherals, and PHEP staff mobile phones. Exclude budgeted items that can be attached to a capability such as supplies and equipment for education and training, communications devices reserved for use in emergencies, and supplies stored in or used to maintain warehouse operations.
- General support services needed to meet state specific responsibilities and to ensure PHEP operations such as IT consulting, or licensure and maintenance for volunteer management systems, equipment and office maintenance.
- Travel necessary for the efficient operation of the PHEP program, including required travel to national preparedness meetings.

The total distribution across public health capability objectives and administration must equal 100%. Recipients should contact their PHEP project officers if additional technical assistance is required. For examples of work plans, outputs, and outcomes, please refer to Appendix A of this document.

GrantSolutions Amendment Components

After completing the application module in PERFORMS and downloading the required reports, recipients will need to log into GrantSolutions to complete the application process. Recipients must submit applications by accessing the non-competing continuation application packet in GrantSolutions and selecting the "Apply for Non-Competing Award link for Year 04." Recipients should have received a grant note with the instructions for accessing the non-competing continuation application packet. If additional assistance is required, GrantSolutions provides customer support via the toll-free number, 1-866-577-0771, from the hours of 7 a.m. to 8 p.m. EST and email at help@grantsolutions.gov.

The following elements can be used as a checklist to ensure a complete GrantSolutions application packet. For details on each component, please refer to the BP4 continuation guidance and then the 2019-2024 NOFO. Naming conventions described in the continuation guidance and the NOFO must be followed.

- [ ] **SF-424 Application for Federal Assistance Version 2 and Performance Progress and Monitoring Report (PPMR)**
  Recipients must download the SF-424, complete the form, and attached to the final amendment in GrantSolutions. Recipients must fill out and use the Performance Progress and Monitoring Report (PPMR) as part of the application packet in GrantSolutions. The form can be assessed at https://www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf.

- [ ] **SF-424A Budget Information for Non-Construction Programs and Budget Justification**
  See GrantSolutions application packet for instructions on completing SF-424A Budget Information-Non-Construction online form. The budget justification is comprised of two reports generated in PERFORMS:

Budget Period 4 Budget Justification Report and Budget Detail Report. The reports must be attached to the final amendment in GrantSolutions.

CDC's Budget Preparation Guidelines provides guidance for the preparation of a budget request and examples to help with the development process. Adherence to this guidance will facilitate timely review and approval.

☐ **Indirect Cost Rate Agreement**
A current copy of the recipient's cost allocation plan or indirect cost rate agreement must be attached to the final amendment in GrantSolutions.

☐ **Performance Narrative**
For BP4, the Performance Narrative consists of two attachments that are created in PERFORMS: Progress Update for BP3 and Domain Work Plan for BP3.

☐ **Disclosure of Lobbying Activities (SF-LLL)**
This form must be completed and attached to the final amendment in GrantSolutions.

☐ **State Health Official Letter**
This updated letter should be provided in both PERFORMS and as part of the GrantSolutions application packet.

☐ **Local Health Department Concurrence Letter (if applicable)**
This updated letter should be provided in both PERFORMS and as part of the GrantSolutions application packet.

☐ **Key Contact Form**
This form must be completed and attached to the final amendment in GrantSolutions. The form can be found here.

☐ **Annual Report for Tangible Property SF-428-A**
This form must be completed and attached to the final amendment in GrantSolutions. The form can be found here.

Appendix A: Sample Work Plans
PHEP Work Plan Example 1

Domain Strategy or Goal:	Community Resilience
Associated Capability(s):	Community Preparedness
Planned Activity Type:	Build
Funding Type:	PHEP
Domain Activity:	Plan for Whole Community

Planned Activity	Timeline for Completion	Assigned To
1. Develop and document access and functional planning needs in a local health departments' annex based on their Communication, Maintaining Health, Independence, Safety, Support Services, and Self-Determination, and Transportation (C-MIST) assessments	• Quarter 2: October 1 – December 31	Local Health
2. Conduct a workshop on how to incorporate individuals with access and functional needs into emergency planning efforts for PHEP and regional public health staff	• Quarter 3: January 1 – March 31	Recipient
3. Develop a plan for immediate and long-term mental/behavioral health needs based on C-MIST assessments	• Quarter 3: January 1 – March 31	Other: Department of Human Services
4. Develop and document access and functional planning needs in an Any State Health Department (ASHD) annex based on C-MIST assessments	• Quarter 3: January 1 – March 31	Recipient
5a. Identify access and functional clusters and individuals by collaborating with partners. GIS map clusters against known risk factors	• Quarter 4: April 1- June 30	Recipient
5b. Conduct table top exercise with the Any State Department of Human Services to test the newly developed ASHD annex	• Quarter 4: April 1- June 30	Recipient

Functions

- Community Preparedness: 3. Coordinate with partners and share information through community social networks
- Community Preparedness: 4. Coordinate training and provide guidance to support community involvement with preparedness efforts

Proposed Outputs

1. Mental and behavioral health needs planning considerations included in the ASHD annex and local level
2. Access and functional needs population clusters GIS-mapped for ASHD and 25 local jurisdictions
3. Tabletop exercise AAP/IP identifying strengths and areas of improvement in the newly developed ASHD Annex
4. Twenty-five local jurisdictions annexes that include the planning needs of individuals with access and functional needs
5a. Revised ASHD Annex addressing access and functional needs during and post-event

PHEP Requirement(s) and Recommendations

- Identify populations at risk of being disproportionately impacted by incidents
- Integrate access and functional needs of individuals
- Engage mental/behavioral health partners and stakeholders

PHEP Work Plan Example 2

Domain Strategy or Goal: Countermeasures and Mitigation
Associated Capabilities: Nonpharmaceutical Interventions
Planned Activity Type: Build
Funding Type: PHEP
Domain Activity: Coordinate Nonpharmaceutical Interventions

Planned Activity	Timeline for Completion	Assigned To
1. Conduct assessment of local health departments' NPI mitigation strategies for pandemic influenza to determine planning gaps	• Quarter 3: January 1 – March 31	Local Health
2. Develop county school closure guidelines and recommendations for pandemic influenza in collaboration with Any State Department of Education	• Quarter 3: January 1 – March 31	Recipient
3. Conduct regional school closure guidelines for pandemic influenza seminars for school superintends and local health departments	• Quarter 3: January 1 – March 31	Other
4. Develop infectious disease community mitigation strategies bench book for county judges.	• Quarter 4: April 1- June 30	Other

Function Association

- Non-Pharmaceutical Interventions:1. Engage partners and identify factors that impact nonpharmaceutical interventions

Proposed Outputs

1. NPI bench book for distribution to 75 county judges across the state
2. Four trainings on school closure guidelines and recommendation for LHD staff
3. Pandemic Influenza school closure guidance document and recommendations document for county schools and health departments
4. Assessment summary document of local health departments strategies to mitigate pandemic influenza distributed to all planning stakeholders

PHEP Requirement(s) and Recommendation(s)

- Coordinate nonpharmaceutical interventions

PHEP Work Plan Example 3

Domain Strategy or Goal: Strengthen Incident Management
Associated Capabilities: Emergency Operations Coordination
Planned Activity Type: Sustain
Funding Type: PHEP
Domain Activity: Maintain and Exercise Fiscal and Administrative Preparedness Plans

Planned Activity	Timeline for Completion	Assigned To
1a. Review State Health Department (SHD) Administrative Preparedness Plan activation of public health emergency personnel based on last AAR/IP findings to determine planning gaps	• Quarter 1: July 1 – September 30	Recipient
1b. Survey all county health departments' Administrative Preparedness Plans to assess how county level processes align to state level for inconsistency in response	• Quarter 2: October 1 – December 31	Recipient
2. Incorporate new emergency hiring authorities into existing ASHD Administrative Preparedness Plan	• Quarter 3: January 1 – March 31	Recipient

Function Association

- Other (please specify)

  Administrative Preparedness Planning

Proposed Outputs

1b. Document summarizing survey results of county health departments' administrative processes
2.   Reviewed and revised ASHD Administrative Plan inclusive of hiring authority language

Requirement(s) and Recommendation(s)

- Submit an updated administrative preparedness plan

PHEP Work Plan Example 4

Domain Strategy or Goal: Biosurveillance
Associated Capabilities: Public Health Laboratory Testing
Planned Activity Type: Sustain
Funding Type: PHEP
Domain Activity: Conduct laboratory testing

Planned Activity	Timeline for Completion	Assigned To
1. Update the database of Sentinel and Level 3 Laboratory contacts for dissemination of guidance on lab testing in order to respond to chemical, biological, radiological, nuclear, explosive, and other public health threats	• Quarter 1: July 1 – September 30	Recipient
2. Conduct annual review and update of SOPs to meet CLIA and Select Agents Program requirements. Plans reviewed include the Incident Response, Safety, Security, Biological Agent Incident Response Plans	• Quarter 2: October 1 – December 31	Recipient
3. Perform testing of chemical, biological, radiological, nuclear, & explosive samples, utilizing CDC-established protocols and procedures to provide detection, characterization, and confirmatory testing to identify public health incidents	• Quarter 3: January 1 – March 31	Recipient

Function Association
- Public Health Laboratory Testing: 1. Conduct laboratory testing and report results
- Public Health Laboratory Testing: 2. Enhance laboratory communications and coordination
- Public Health Laboratory Testing: 3. Support training and outreach

Proposed Outputs
1. An updated database of Sentinel, Level 3 laboratories (including contact information)
2. 100% of CLIA-required and Select Agent Program SOPs reviewed and signed off (list name of official/individual)
3. 100% of labs passing proficiency testing

Requirement(s) and Recommendation(s)
- Maintain communication with LRN-B sentinel laboratories
- Meet or sustain standard LRN-B laboratory requirements
- Meet or sustain LRN-C basic membership requirements

CDC Centers for Disease Control and Prevention
Center for Preparedness and Response