Grants Management Issues for Preparedness Funding



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Agenda

- General Grants Issues
 - Use of Preparedness Staff and Funds During a Response
 - Managing Overtime Costs
 - Redirecting Funds
- Zika Funding
- Current Issues
- Future Issues

Using Preparedness Funds During a Response

- Can you use PHEP-funded and other-funded staff?
 - Staff paid with PHEP funds can be used both for planning and response activities
 - Voluntary reassignment from another Public Health Servicefunded program for up to 30 days, paid by home program, is possible under certain circumstances
- Using a real incident as an exercise must connect to your work plan and test your capabilities; after-action report (AAR) still required
- If there is a change in scope, prior approval from CDC
 Office of Grants Services (OGS) is required

How to Manage PHEP Overtime Costs

- What you can do depends on what you're doing it for
 - You can't budget for an unplanned event or emergency
 - You CAN plan and budget for regularly scheduled events
 - Exercises, drills, marathons, festivals, community events
 - Include it in your work plan and budget
- OGS requires prior approval for emergencies
- But! We've worked out a compromise
 - Submit a request for redirection, with cover letter, in PERFORMS
 - List individual line items, justified in cover letter
 - Total cost for overtime with reduction in other funding line
 - Or can list a bulk "personnel" line
 - Cover letter lists the people and justification

Redirecting Funds During the Year

- Previous limit was 25% or 30% without prior approval unless there was a change in scope, key personnel, etc.
- Recent guidance lowered this to 10%
- But! We worked out another deal
- OGS agreed to revert to the 25% rule
 - The onus is on the awardee to manage the amount
 - Exercising your prior approval authority does not guarantee post approval
 - You are at risk for adverse audit findings
 - Amounts are subject to change
- Prior approval for change of scope, etc., still required

Zika Funding

- Current funding of \$25 million awarded to 53 awardees, largely based on risk and population
- Current spend rates are low; drawdown around 3%
- Second round of funding will be based on need
 - Ranked based on actual or risk of local transmission, type of vector, number of travel cases, current spending rates
 - Expectation is that funds can be used by June 30, 2017
 - Specific information about funding for locals and tribes must be noted
 - Coordination with ELC and other funding sources
 - Not all applicants will be fully funded or funded at all
- Clarification on pre-award costs
 - Applies to first release of funds, not the second

Current Issues

- Budget Period 5 (BP5) ends a project period, but PAHPRA makes it clear that funds are available in the current and subsequent year
- Grants policy makes it clear that you can't have two awards at the same time for the same thing
- But! We've worked out a solution
 - We will have a no-cost extension of BP5 to run concurrently with Budget Period 1 (BP1)
 - Work plan and budget for each funding year should reflect different activities
 - Recommend keeping personnel costs in BP1
- One area we know spending is needed is equipment replacement for chemical labs

Future Funding Issues

- CDC actively tracks how much unspent money goes back to the Treasury
- Starting in BP1, we'll work with DPHP Executive Committee, ASTHO, and others to look at options to address the issue
- We'll be looking at a rolling average spend rate and may adjust funding where appropriate
- Quarterly Federal Financial Reports (FFRs) will be required for awardees with significant lapsed funds



Discussion