DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP)

FUNDING OPPORTUNITY TITLE: Pandemic Influenza Healthcare Preparedness Improvements for States

ANNOUNCEMENT TYPE: New Grant

Funding Opportunity Number: HHS-2009-ASPR-SA-0901

CFDA NUMBER: 93.889

Key Dates: To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on **July 24, 2009**. Applications that are electronically submitted through www.GrantSolutions.gov will be accepted until 5 P.M. Eastern Time on this date.

I. FUNDING OPPORTUNITY DESCRIPTION

1. Statutory Authority

The ASPR, OPEO, NHPP, HPP requests grant applications for Pandemic Influenza Healthcare Preparedness Improvements for States. Title VIII of the Supplemental Appropriations Act, 2009 provides funding and authority for the Department of Health and Human Services (HHS) to award grants to eligible entities for pandemic influenza preparedness, and for upgrading state and local capacity (Public Law 111-32).

2. Background

The Hospital Preparedness Program (HPP) has provided all-hazard preparedness funding to 62 awardees since federal, fiscal year 2002 (FY02), to increase the capacities and capabilities of healthcare systems (e.g., hospitals and supporting healthcare facilities) that include outpatient facilities and centers (e.g., behavioral health, substance abuse, urgent care), inpatient facilities and centers (e.g., trauma, State and Federal veterans, long-term, children's, tribal), and other entities (e.g., poison control, emergency medical services, CHCs, nursing, etc.) to improve surge capacity, and enhance community and hospital preparedness for public health emergencies and mass casualty events.

In FY09, the HPP performed structured, in-depth interviews with state awardees and sub-recipient hospitals after the H1N1 event, and documented many gaps in pandemic influenza preparedness within healthcare systems. In addition, independent analysis has

recommended that hospitals need to limit the spread of the virus in order to protect and maintain their workforce, to prevent hospitals from being a disease amplifier, and to protect non-flu patients from infection. In addition, hospitals need to provide innovative solutions for handling the medical surge resulting from a pandemic influenza event, and keep emergency rooms open and available for influenza patients.

ASPR will require that States provide situational awareness on the severity of cases being treated in hospitals. Reporting methods and requirement specifics will be provided.

3. Purpose

The primary purpose of this funding is to improve the healthcare systems ability to develop and implement activities within the following two priority areas, in preparation for a pandemic influenza event:

- **Healthcare Workforce Protection**

- **Comprehensive Coalition Strategy for Optimization of Health Care**

Awardees are expected to undertake planning and execute strategies in preparation for a fall influenza event. Awardees should plan for robust community and provider engagement, the needs of at-risk individuals, and work with established State/local Pandemic Influenza Preparedness Committees to coordinate ongoing activities with CDC and other federal funding sources and initiatives, appropriate inpatient and outpatient healthcare systems identified in this Funding Opportunity Announcement (FOA), and other first responders when developing their applications, work-plans and budgets.

4. Program Activities

Awardees should submit a comprehensive summary of the State's ongoing activities in the specific areas outlined above, regardless of the funding source.

Based on those summaries, the applicant shall identify needs, prioritize activities from the list below, develop goals and objectives, and justify funding for one or both of these priority areas.

States/awardees are encouraged to use the AHRQ Hospital Surge Model to assist planners in estimating the surge demand for hospital-based services. This and links to other resources are available in **APPENDIX A of this FOA.*

Healthcare Workforce Protection

- Mass Vaccination for Employees - Develop and implement plans for hospital employees, and those from other facilities and centers identified in this FOA, to participate in mass vaccination efforts, to minimize absenteeism and maximize

the healthcare workforce available to manage the surge resulting from a pandemic influenza event.

- Employee Workplace Policies - Develop and implement plans focused on family support for employees, absentee policies, plans for respiratory isolation of influenza like illness patients presenting to the emergency department, and policies for the protection of staff and other patients in waiting rooms and the emergency department.
- Personal Protection Equipment (PPE) and Systems – Develop and implement specific plans to provide adequate worker infection control education and to improve existing stockpiles to levels adequate to insure healthcare personnel are supplied with proper equipment to respond to a pandemic influenza event, including hospital infection control and other substantial worker protection mechanisms and systems. Awardees should ensure adequate amounts and types of PPE to protect current and additional healthcare personnel (e.g., volunteer providers) that would be utilized during an influenza pandemic.

Comprehensive Coalition Strategy for Optimization of Health Care

- Healthcare System Decompression - Develop plans and procedures to decompress the healthcare system and to provide for optimal utilization. This would include systematic planning and integrated risk communications messaging designed to optimize access to the highest quality health care for all citizens while managing patients and population health needs in the most appropriate care setting including at home, in the community, and at various healthcare facility locations. Key to such optimization of health care is comprehensive situational awareness inclusive of all health care providers including the primary care community, school nurses, public health personnel, hospital staff, and State and local governmental leadership. Such situational awareness is key for the allocation of scarce assets at the local, State, regional, and federal levels. The goal would be ensuring adequate healthcare system capacity and capability for patient care during a pandemic influenza event.

- Alternate Care Site (ACS) Capability – Develop and implement specific plans to establish and/or enhance current State/healthcare system ACS plans and equipment for patient care outside the hospital setting (e.g., schools, hotels, airport hangars, gymnasiums, armories, stadiums, convention centers) during a pandemic influenza event. Establishment of ACS is critical to providing appropriate high quality health care in a resource constrained environment, with the goal of providing care and allocating scarce equipment, supplies, and personnel. Planning should therefore include thresholds for altering triage algorithms and otherwise optimizing the allocation of scarce resources. Effective planning and implementation will depend on close collaboration among State and local health departments (e.g., State Public Health Agencies, State Medicaid Agencies, State Survey Agencies), provider associations, community partners, emergency management, mental health and substance abuse treatment facilities, and other healthcare systems. These plans must define the concept of operations,

staffing, equipment, supplies as needed to maintain the response to medical demand, and include methods for triaging patients who don't need hospital care, and coordinating with primary care and other providers. Activities that can be funded include but are not limited to:

- Focus on at-risk individuals and close collaboration with community health centers and private practitioners; demonstrate strong community engagement in medical surge planning efforts;
- Development of comprehensive staffing plans to include ACS;
- Planning for supply/re-supply considerations;
- Planning for Mobile Medical Facility usage as surge capacity sites; and
- Development of operational plans, and how those coordinate with other State and Federal assets.

*Purchases should support the planning components detailed above including but not limited to:

- Purchase of equipment/supplies (e.g., IV bags, tubing and pumps);
- Ventilators; and
- Antivirals.

- Situational Awareness – Develop and implement specific plans and procedures to establish real-time processes to collect and disseminate hospital level situational awareness including, but not limited to bed, ventilator and status of other equipment and supplies for a pandemic influenza response. Awareness systems of this type will assist currently established horizontal and vertical information flow, and enable Federal resources to position more timely to assist State and local response efforts. Encourage real-time reporting of emergency department utilization and resource availability to prehospital care agencies, local and state health departments, and federal agencies using resources like the Hospital Available Beds for Emergencies and Disasters (HAvBED) system, and to develop emergency department wide surveillance mechanisms. Please continue to report real-time, complete data as requested through HAvBED.

ASPR will require that States provide situational awareness on the severity of cases being treated in hospitals. Reporting methods and requirement specifics will be provided.

- Media Strategies – Develop and implement specific plans and strategies to appropriately inform and educate the public, update clinicians with current information and guidance (e.g. treatment guidelines, etc.), describe community care and family support alternatives and options, and educate the public and primary care providers on appropriate use of the emergency departments.

II. AWARD INFORMATION

1. Funds Available

Approximately $90 million is expected to be available through grants, for the purpose of improving medical surge capacity and capability at the State and sub-State regional levels specific to influenza pandemic preparedness. This funding will be provided through a new funding mechanism.

** Funding levels have been derived through a population-based formula with a $30K minimum for all awardees (See **APPENDIX B**).*

** The anticipated project period and budget period will be **July 31, 2009 – July 30, 2010**.*

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible applicants are those grantees who currently have an active Hospital Preparedness Program grant from the Office of the Assistant Secretary for Preparedness and Response. These grantees are responsible for and positioned to carry out the statutory goals of the Supplemental Appropriations Act, 2009, Title VIII requirements to upgrade state and local capacity in the event of influenza outbreak. The current grantees include the health departments of all fifty States; the District of Columbia; the three metropolitan areas of New York City, Los Angeles County and Chicago; the Commonwealths of Puerto Rico and the Northern Mariana Islands; the territories of American Samoa, Guam and the U.S. Virgin Islands; the Federated States of Micronesia; and the Republics of Palau and the Marshall Islands. Applicants are encouraged to reach out to a broad range of healthcare system partners to participate in the program. Hospitals and other inpatient and outpatient facilities identified in this FOA should work directly with the appropriate State health departments regarding participation in the program. ASPR expects states to work closely with Indian tribal governments and organizations (American Indian/Alaskan Native/Native American) to assure needs are met. **(Note: For the purposes of this FOA, the use of the term "State" may include the State, municipality, or associated territory for which a grant is received).**

2. Cost Sharing or Matching

Cost sharing or matching is not required for these grant awards.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application kits may be obtained electronically by accessing GrantSolutions at www.GrantSolutions.gov. To obtain a hard copy of the application kit, contact the OPHS - Office of Grants Management (240)-453-8822. Applications must be prepared using Form OPHS-1 "Grant Application," which is included in the application kit.

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps necessary to obtain one. Instructions for obtaining a DUNS number are included in the application package, and may be downloaded from the OPA web site at opa.osophs.dhhs.gov/duns.html

2. Content and Form of Application Submission

A. Form

In preparing the application, it is important to follow ALL instructions and public policy requirements provided in the application kit. Applications must be submitted on the forms supplied (OPHS-1, Revised 03/2006) and in the manner prescribed in the application kits provided by the OPHS. Applicants are required to submit an application signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award. The program narrative must be printed on 8½ by 11 inch white paper, with one-inch margins, **single-spaced** with an easily readable 12-point font. All pages must be numbered sequentially not including appendices and required forms. The program narrative should not exceed twelve (12) single spaced pages, not including appendices and required forms. All pages, figures and tables must be numbered sequentially. Do not staple or bind the application package. Please use rubber bands or clips.

B. Content

The narrative section should be able to stand alone in terms of depth of information. This section should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. It is strongly recommended that applicants follow the outline below when writing the narrative. The narrative should be written as if the reviewer knows nothing or very little about State pandemic influenza preparedness planning. The narrative description of the project must contain the following sections using the specified page limits:

A. ***Summary*** *(maximum of 2 pages):* Applicants should submit a comprehensive summary of the State's ongoing activities regarding pandemic influenza planning for medical surge, regardless of the funding source. In addition, applicants must provide a summary specific to the priority areas (e.g., Equipment/Supplies, ACS, MMA, etc.). This section should be should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

B. ***Needs Statement*** *(maximum of 3 pages):* Provide a needs statement specific to the allowable work (e.g., Equipment/Supplies, ACS, MMA, etc.).

C. ***Program Outcome Objectives*** *(maximum of 2 pages):* Describe the overall goal of the project based on the needs, outline the objectives to be accomplished

and the prioritized activities that will be funded to achieve the objectives and ultimately support achievement of the goal. The goal(s), objectives and activities should describe the steps that will be taken to achieve the work to be addressed during this funding period. Describe the envisioned final product in terms of personnel, training, equipment or systems, organizational, or planning needs that will be addressed with this funding. Descriptions should be detailed enough to provide sufficient information to allow the reviewer to understand the depth and breadth of the activities.

Applicants are strongly encouraged to consider the following guidance when completing this section. When writing goals and objectives, goals should be expressed in terms of the desired long-term impact on the overall preparedness of the State as well as reflect the program goals contained in this FOA. When writing the outcome objectives they should be written as a statement which defines measurable results that the project expects to accomplish. All outcome objectives should be described in terms that are specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).

**Applications will be reviewed and assessed using these criteria for review.*

D. ***Work plan and Timetable*** *(maximum of 2 pages):* The applicant shall develop a work plan that addresses the activities that will be funded to accomplish the goal. The work plan should be written in terms of who, what, when, where, why and how much. Include a budget justification that specifically describes how each activity will support the achievement of the proposed objectives in a 12 month timeframe. Line item information must be provided to explain the costs entered on the OPHS-1. **The budget justification must clearly describe each cost element (e.g., personnel, equipment and systems, planning, training and exercises) and explain how each cost contributes to meeting the project's objectives/goals. Include a timeline that identifies each activity, responsible staff for the activity, deliverables and allocation of funds to the activity.**

E. ***Evaluation Plan*** *(maximum of 3 pages):* Describe the systems and processes in place to track funding and gather data for this specific funding source. A plan should be in place to track expenditures, monitor progress and aggregate data in order to report progress in the mid-year and end-of-year reports.

3. Submission Dates and Times

To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on **July 24, 2009**. Applications that are electronically submitted through www.GrantSolutions.gov will be accepted until 5 P.M. Eastern Time on this date. Applications will be considered as meeting the deadline if they are received on or before the deadline date. The application

due date requirement in this announcement supersedes the instructions in the OPHS-1 form.

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209 after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the FOA will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the GrantSolutions system Website Portal is encouraged. Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review. Electronic grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of this FOA using one of the electronic submission mechanisms specified below.

All required hardcopy original signatures and mail-in items must be received by the OPHS Office of Grants Management no later than 5:00 p.m. Eastern Time on the next business day after the deadline date specified in the DATES section of this FOA.

Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209 according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the GrantSolutions System

The electronic grants management system, GrantSolutions.gov provides for applications to be submitted electronically. When submitting applications, applicants are required to submit a hard copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an

individual authorized to act for the applicant agency. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Justification and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management separate from the electronic submission; however these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation.

When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items, as well as the mailing address of the OPHS Office of Grants Management where all required hard copy materials must be submitted.

As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original copy of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209 before 5:00 P.M. Eastern Time on the deadline date specified in the DATES section of the announcement. Applications that do not meet the deadline will be returned to the applicant unread. <u>The following address should be used if submitting the application by hard copy</u>:

Office of Public Health and Science
Department of Health and Human Services
c/o Grant Application Center
1515 Wilson Blvd., Suite 100
Arlington, VA 22209
Attention: 2009 HPP Pandemic Influenza Supplemental for Medical Surge

4. Intergovernmental Review

Applications under this announcement are not subject to the review requirements of E.O. 12372, "Intergovernmental Review of Federal Programs".

5. Funding Considerations

Administrative costs (personnel, supplies, and travel) - Administrative costs are allowable under this award; however awardees should keep in mind that this is one-time new grant funding. Awardees are encouraged to utilize personnel within their programs and all of their response partner agencies where pandemic influenza planning activities take place in order to limit the amount of additional funding for program administration.

The following items are not allowable costs under this award:

- Vehicles;
- Salaries for back filling of personnel; and
- Antibiotics for treatment of secondary infections;
- Any additional items not allowable through the FY09 HPP cooperative agreement.

Guidance for completing the application can be found in the Program Guidelines, which are included with the complete application kits. Applicants for discretionary grants are expected to anticipate and justify their funding needs and the activities to be carried out with those funds in preparing the budget and accompanying narrative portions of their applications. The basis for determining the allowability and allocability of costs charged to Public Health Service (PHS) grants is set forth in 45 CFR parts 74 and 92. If applicants are uncertain whether a particular cost is allowable, they should contact the OPHS Office of Grants Management at (240) 453-8822 for further information.

V. APPLICATION REVIEW INFORMATION

1. Criteria

Applications will be reviewed based on the following criteria listed in descending order of priority:

- Clarity of the needs in terms of personnel, organizational leadership, equipment and systems, planning;

- Clarity of how well the goals, objectives and activities outlined in the application address the needs;
- Extent to which goals, objectives and activities are written in SMART (specific, measurable, achievable, realistic, and time-framed) format; and
- Clarity of which the budget justification reflects the costs associated with the activities to be completed.

2. Review and Selection Process

As a non-competitive formula award, these applications will be reviewed internally within ASPR using an objective review process. If the application fulfills the review criteria, awards will be made. If recommendations from these reviews result in conditions of award, the conditions shall be addressed as instructed in the Notice of Grant Award (NGA).

3. Anticipated Announcement and Award

The ASPR, HPP anticipates announcing awards under this FOA by **July 31, 2009** for a project and budget period ending **July 30, 2010**. In the event of unresolved programmatic issue(s) by the anticipated award issuance, funding may be restricted until the issue(s) is satisfactorily resolved. If a restricted award is issued, upon resolution; a revised Notice of Award will be sent removing the restriction.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

When decisions have been made, the applicant's authorized representative will be notified of the outcome of their application by postal mail. **The official document notifying an applicant that the application has been approved for funding is the Notice of Grant Award, signed by the Grants Management Officer, which specifies to the grantee the amount of money awarded, the purposes of the grant, the length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs.**

2. Administrative and National Policy Requirements

The regulations set out at 45 CFR parts 74 and 92 are the Department of Health and Human Services (HHS) rules and requirements that govern the administration of grants. Part 74 is applicable to all recipients except those covered by Part 92, which governs awards to State and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and 92 may be accessed at:

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal

money, all award recipients shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Awardees that fail to comply with the terms and conditions of this grant, including responsiveness to the FOA, measured progress, and adequate stewardship of these federal funds, may be subject to an administrative enforcement action. Administrative enforcement actions may include temporarily withholding cash payments or restricting a grantee's ability to draw down funds from the Payment Management System until the grantee has taken corrective action.

3. Reporting Requirements

A. Audit Requirements

Audits must comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars

B. Progress Reports and Financial Reports

Applicants funded under this announcement will be required to electronically submit a Mid-Year Report, as well as an End-of-Year Report, and Financial Status Report (FSR) SF-269, 90 days after the grant budget period ends.

**Progress Reports will be evaluated by the HPP and staff in the State and Local Initiatives Team, Evaluation Section at the ASPR. The ASPR will provide required additional reporting instructions after awards are made.*

VII. APPLICATION DUE DATE

To receive consideration, applications **must be received** no later than 5:00 p.m. Eastern Standard Time on **July 24, 2009** through one of the two application mechanisms specified in Section IV of this FOA.

VIII. AGENCY CONTACTS

1. Administrative and Budgetary Contacts

For application kits, submission of applications, and information on budget and business aspects of the application, please contact: Office of Public Health and Science, Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852, (240) 453-8822 or fax (240) 453-8823.

2. Program Contacts

Program Requirements:
Mr. Robert Dugas
Team Leader, Hospital Preparedness Program
US Department of Health and Human Services (HHS)
Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Preparedness and Emergency Operations (OPEO)
395 E ST., SW, 10th Fl, Suite 1075
Washington DC 20201
O: (202) 245-0732
Robert.Dugas@hhs.gov

For grants management assistance:
Mr. Roscoe Brunson
Grants Management Specialist
Office of Grants Management
Office of Public Health and Science
1101 Wootton Parkway
Suite 550
Rockville, MD 20852
O: (240) 453-8832
Roscoe.Brunson@hhs.gov

3. Director, National Healthcare Preparedness Programs
Dr. Gregg Pane
US Department of Health and Human Services (HHS)
Office of the Assistant Secretary for Preparedness and Response (ASPR)
Office of Preparedness and Emergency Operations (OPEO)
395 E ST., SW, 10th Fl, Suite 1075
Washington DC 20201
O: (202) 245-0736
Gregg.Pane@hhs.gov

APPENDIX A: FY09 HPP Resources

1. Model for Health Professional's Cross Training for Mass Casualty Respiratory Needs at www.ahrq.gov/prep/projxtreme/

2. Emergency Preparedness Atlas: U.S. Nursing Home and Hospital Facilities at www.ahrq.gov/prep/nursinghomes/atlas.htm

3. Exploring the Special Needs and Potential Role of Nursing Homes in Surge Capacity at www.ahrq.gov/prep/nursinghomes/report.htm

4. AHRQ Report Recommends Use of Existing Call Centers at www.ahrq.gov/prep/callcenters

5. Mass Casualty Response: Alternate Care Site Selector at www.ahrq.gov/research/altsites.htm

6. Community Planning Guide at www.ahrq.gov/research/mce/

7. Re-opening Shuttered Hospitals to Expand Surge Capacity at www.ahrq.gov/research/shuttered/

8. **Hospital Surge Model at www.hospitalsurgemodel.ahrq.gov**

9. Mass Evacuation Transportation Model at www.massevacmodel.ahrq.gov

10. Tools for Evaluating Core Elements of Hospital Disaster Drills at www.ahrq.gov/prep/drillelements/index.html

11. HAvBED EDXL Communication Schema at www.ahrq.gov/prep/havbed/

12. In addition, please see two recently released **CDC** tools. The first helps with preplanning for the medical consequences of a disaster, and the other assists policy makers in assessing the impact of stockpiling childhood vaccines.

    - MedCon: http://emergency.cdc.gov/planning/medcon/
    - VacStockpile: http://emergency.cdc.gov/stockpile/vacstockpile/

13. *One-stop access to U.S. Government H1N1, avian and pandemic flu information can be found at* ***Flu.gov*** *including:*

    The January 2009 *Assessment of States' Operating Plans to Combat Pandemic Influenza - Report to the Homeland Security Council:* www.pandemicflu.gov/plan/states/state_assessment.html

APPENDIX B:

State/City/US Territory	Pandemic Influenza Healthcare Preparedness Improvements for States – Funding
Alabama	$1,359,073
Alaska	$197,157
Arizona	$1,822,566
Arkansas	$830,261
California	$7,838,642
City of Chicago	$839,620
Colorado	$1,404,718
Connecticut	$1,035,479
Delaware	$251,401
District of Columbia	$293,688
Florida	$5,348,721
Georgia	$2,768,199
Hawaii	$379,162
Idaho	$432,680
Illinois	$2,953,181
Indiana	$1,866,098
Iowa	$880,894
Kansas	$816,422
Kentucky	$1,242,864
LA County	$2,940,946
Louisiana	$1,267,023
Maine	$389,831
Maryland	$1,659,740
Massachusetts	$1,902,672
Michigan	$2,984,585
Minnesota	$1,527,068
Mississippi	$859,736
Missouri	$1,726,867
Montana	$278,358
Nebraska	$521,951
Nevada	$737,005
New Hampshire	$387,856
New Jersey	$2,579,115
New Mexico	$577,036
New York	$3,279,165
New York City	$2,428,253

North Carolina	$2,618,135
North Dakota	$187,047
Ohio	$3,393,391
Oklahoma	$1,057,482
Oregon	$1,093,427
Pennsylvania	$3,678,065
Puerto Rico	$1,160,563
Rhode Island	$314,726
South Carolina	$1,276,924
South Dakota	$230,239
Tennessee	$1,784,856
Texas	$6,950,954
Utah	$753,132
Vermont	$183,511
Virginia	$2,259,231
Washington	$1,890,430
West Virginia	$536,778
Wisconsin	$1,642,227
Wyoming	$151,304
Guam (US)	$47,382
Virgin Islands (US)	$31,182
Federated States of Micronesia	$30,983
Northern Marianas Islands (US)	$30,000
American Samoa (US)	$30,000
Marshall Islands	$30,000
Palau	$30,000
Grand Total	**$90,000,000**