

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

HARRIS COUNTY, TEXAS, *et al.*,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his
official capacity as Secretary of United
States Department of Health and Human
Services, *et al.*,

Defendants.

Case No. 1:25-cv-1275-CRC

**DEFENDANTS' MOTION TO DISMISS, OR,
IN THE ALTERNATIVE, FOR SUMMARY JUDGMENT**

Pursuant to Fed. R. Civ. P. Rule 12(b)(1), 12(b)(6), and 56, and Local Civil Rule 7(h),¹ Defendants, through undersigned counsel, respectfully move to dismiss, or, in the alternative, for summary judgment on all claims in this case. The grounds for Defendants' motion are set out in the attached memorandum of law. A proposed order also accompanies this motion.

DATED: December 23, 2025

Respectfully submitted,

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¹ Defendants note that Plaintiffs included a statement of undisputed material facts in support of their motion for summary judgment, ECF No. 46-2. Per LCvR 7(h)(2), the requirement regarding that statement (as set forth at LCvR 7(h)(1)) does not apply to cases where, as here, judicial review is based solely on the administrative record. Per LCvR 7(h)(2), Defendants have included a statement of facts, with references to the administrative record, within their memorandum of law in support of their combined motion to dismiss, motion for summary judgment, and opposition to Plaintiffs' motion for summary judgment.

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**DEFENDANTS' MEMORANDUM OF LAW IN SUPPORT OF THEIR COMBINED
MOTION TO DISMISS, MOTION FOR SUMMARY JUDGMENT, AND OPPOSITION
TO PLAINTIFFS' MOTION FOR SUMMRARY JUDGMENT**

TABLE OF CONTENTS

BACKGROUND	4
I. Factual Background	4
II. Procedural History	9
A. The Preliminary Injunction Motion and Order	9
B. Defendants’ Compliance with the PI Order	10
C. Plaintiffs’ Attempts to Monetize the Reinstated Awards.....	11
D. Relief Sought in Plaintiffs’ Summary Judgment Motion.....	13
LEGAL STANDARDS	15
ARGUMENT	16
I. The Tucker Act Divests This Court of Jurisdiction	16
A. This Court Lacks Jurisdiction over Each of the Three APA Claims	18
1. Arbitrary and Capricious Claim (Count VI)	18
2. Contrary-to-Regulation APA Claim (Count V).....	19
3. Contrary to Statute and Constitution Claim (Count IV)	20
B. Plaintiffs’ Tucker Act Counterarguments on the APA Claims are Unavailing.....	21
C. This Court Lacks Jurisdiction over Plaintiffs’ Other Claims	25
II. The Local Government Plaintiffs Lack Standing to Challenge the Termination of Indirect Grants, and AFSCME Lacks Standing Altogether.	27
A. The Local Government Plaintiffs Cannot Show Standing with Respect to their Indirect Grants	27
B. AFSCME Cannot Establish Standing	30
III. Plaintiffs’ Claims are Moot Insofar as the Contractual Performance Periods Have Expired and No Meaningful Relief is Possible.....	32
IV. Even if the Court had Jurisdiction, Plaintiffs’ Claims fail	33

A.	Plaintiffs’ Attempt to Challenge an Alleged “Mass Termination Decision” is Not Reviewable	33
B.	Plaintiffs’ APA Claims Fail on the Merits	35
1.	Defendants’ Actions Were Not Arbitrary and Capricious	35
2.	Defendants did not Violate HHS Regulations.....	37
C.	Plaintiffs’ Constitutional and Ultra Vires claims also Fail.....	38
1.	Plaintiffs Lack a Cause of Action for their Freestanding Separation-of-Powers Claim.....	40
2.	Plaintiffs Lack a Cause of Action for their Spending-Clause Claim	40
3.	Plaintiffs Cannot Meet the Stringent Standards for their <i>Ultra Vires</i> Claim.....	41
4.	Even if the <i>Ultra Vires</i> Standard is Inapplicable, Plaintiffs Cannot Establish any Constitutional or Statutory Violation.....	42
V.	Any Relief Should be Limited	44
	CONCLUSION.....	45

TABLE OF AUTHORITIES

CASES

<i>ACLU of Mass. v. U.S. Conf. of Cath. Bishops</i> , 705 F.3d 44 (1st Cir. 2013)	32
<i>Am. Ass’n of Physics Teachers v. Nat’l Sci. Found.</i> , ---F. Supp. 3d---, 2025 WL 2615054 (D.D.C. Sep. 10, 2025)	<i>passim</i>
<i>Amica Ctr. for Immigrant Rts. v. U.S. Dep’t of Just.</i> , 2025 WL 1852762, (D.D.C. July 6, 2025).....	25
<i>Appalachian Voices v. EPA</i> , 2025 WL 2494905 (D.D.C. Aug. 29, 2025), <i>appeal filed</i> , No. 25-5333 (D.C. Cir. Sep. 19, 2025), <i>denying injunction pending appeal</i> , 2025 WL 2732746 (D.D.C. Sep. 25, 2025)	21, 23, 39, 45
<i>Appalachian Voices v. FERC</i> , 139 F.4th 903 (D.C. Cir. 2025)	35
<i>Ashcroft v. Iqbal</i> , 556 U.S. 662 (2009).....	15
<i>Barker v. Conroy</i> , 921 F.3d 1118 (D.C. Cir. 2019).....	27
<i>Bd. of Educ. for the Silver Consol. Schs. v. McMahon</i> , 791 F. Supp. 3d 1272 (D.N.M. 2025)	25, 40
<i>Bell Atl. Corp. v. Twombly</i> , 550 U.S. 544 (2007).....	15
<i>Bennett v. Spear</i> , 520 U.S. 154 (1997).....	35
<i>Bloch v. Powell</i> , 348 F.3d 1060 (D.C. Cir. 2003).....	36
<i>Bowman Transp., Inc. v. Ark.-Best Freight Sys., Inc.</i> , 419 U.S. 281 (1974).....	36
<i>C.G.B. v. Wolf</i> , 464 F. Supp. 3d 174 (D.D.C. 2020)	34
<i>Chamber of Commerce v. Reich</i> , 74 F.3d 1322 (D.C. Cir. 1996).....	39

<i>Changji Esquel Textile Co. v. Raimondo</i> , 40 F.4th 716 (D.C. Cir. 2022)	41
<i>Cierco v. Mnuchin</i> , 857 F.3d 407 (D.C. Cir. 2017).....	29, 31
<i>Columbian Rope Co. v. West</i> , 142 F.3d 1313 (D.C. Cir. 1998).....	32, 33
<i>Crowley Gov’t Servs., Inc. v. Gen. Servs. Admin.</i> , 38 F.4th 1099 (D.C. Cir. 2022)	19, 23
<i>Dalton v. Specter</i> , 511 U.S. 462 (1994).....	39
<i>Department of Education v. California</i> , 604 U.S. 650 (2025).....	<i>passim</i>
<i>Diamond Alternative Energy, LLC v. EPA</i> , 606 U.S. 100 (2025).....	31, 32
<i>EB5 Holdings, Inc. v. Jaddou</i> , 717 F. Supp. 3d 86 (D.D.C. 2024)	15
<i>FCC v. Fox Television Stations, Inc.</i> , 556 U.S. 502 (2009).....	36
<i>FCC v. Prometheus Radio Project</i> , 592 U.S. 414 (2021).....	36
<i>Global Health Council v. Trump</i> , 153 F.4th 1 (D.C. Cir. 2025), <i>reh’g denied en banc</i> , 2025 WL 2709437 (D.C. Cir. Aug. 28, 2025).....	<i>passim</i>
<i>Haaland v. Brackeen</i> , 599 U.S. 255 (2023).....	28, 29
<i>Harris Cnty. v. Kennedy</i> , 786 F. Supp. 3d 194 (D.D.C. 2025)	<i>passim</i>
<i>Hecate Energy LLC v. FERC</i> , 126 F.4th 660 (D.C. Cir. 2025)	27, 29
<i>In re Piazza</i> , 719 F.3d 1253 (11th Cir. 2013)	38
<i>Ingersoll-Rand Co. v. United States</i> , 780 F.2d 74 (D.C. Cir. 1985).....	<i>passim</i>

<i>Int’l Eng’g Co., Div. of A-T-O, Inc. v. Richardson</i> , 512 F.2d 573 (D.C. Cir. 1975).....	18, 22, 23
<i>Kareem v. Haspel</i> , 986 F.3d 859 (D.C. Cir. 2021).....	15
<i>Larson v. Domestic & Foreign Com. Corp.</i> , 337 U.S. 682 (1949).....	27
<i>Lujan v. Defs. of Wildlife</i> , 504 U.S. 555 (1992).....	15
<i>Lujan v. Nat’l Wildlife Fed’n</i> , 497 U.S. 871 (1990).....	34, 35
<i>McBryde v. Comm. to Review Cir. Council Conduct & Disability Orders of the Jud. Conf. of the U.S.</i> , 264 F.3d 52 (D.C. Cir. 2000).....	32
<i>McKay v. United States</i> , 516 F. 3d 848 (10th Cir. 2008).....	18
<i>Megapulse, Inc. v. Lewis</i> , 672 F.2d 959 (D.C. Cir. 1982).....	17, 18, 19, 22
<i>Murthy v. Missouri</i> , 603 U.S. 43 (2024).....	28, 29, 30
<i>National Institutes of Health v. American Public Health Association</i> , 145 S. Ct. 2658 (2025).....	2, 17, 19
<i>Nat’l Mining Ass’n v. McCarthy</i> , 758 F.3d 243 (D.C. Cir. 2014).....	35
<i>Norton v. S. Utah Wilderness All.</i> , 542 U.S. 55 (2004).....	34
<i>Nuclear Regul. Comm’n v. Texas</i> , 605 U.S. 665 (2025).....	41, 42
<i>Perry Cap. LLC v. Mnuchin</i> , 864 F.3d 591 (D.C. Cir. 2017).....	16
<i>Shaffer v. Veneman</i> , 325 F.3d 370 (D.C. Cir. 2003).....	16
<i>Smith v. Bayer Corp.</i> , 564 U.S. 299 (2011).....	44

<i>Sols. in Hometown Connections v. Noem</i> , 2025 WL 1103253 (D. Md. Apr. 14, 2025).....	20
<i>Spectrum Five LLC v. FCC</i> , 758 F.3d 254 (D.C. Cir. 2014).....	30
<i>Spectrum Leasing Corp. v. United States</i> , 764 F.2d 891 (D.C. Cir. 1985).....	19, 21, 23
<i>Spirit Airlines, Inc. v. U.S. Department of Transportation</i> , 997 F.3d 1247 (D.C. Cir. 2021).....	37
<i>Spokeo, Inc. v. Robins</i> , 578 U.S. 330 (2016).....	27
<i>Suburban Mortg. Assocs. v. HUD</i> , 480 F.3d 1116 (Fed. Cir. 2007)	24
<i>Sustainability Inst. v. Trump</i> , No. 25-1575, 2025 WL 1587100 (4th Cir. June 5, 2205)	21
<i>Tellabs, Inc. v. Makor Issues & Rts., Ltd.</i> , 551 U.S. 308 (2007).....	15
<i>Tootle v. Sec’y of Navy</i> , 446 F.3d 167 (D.C. Cir. 2006).....	24
<i>TransUnion LLC v. Ramirez</i> , 594 U.S. 413 (2021).....	27
<i>Trends, Inc. v. U.S. Dep’t of Educ.</i> , 787 F. Supp. 3d 81 (D. Md. 2025)	25
<i>Triple-A Baseball Club Assocs. v. Ne. Baseball, Inc.</i> , 832 F.2d 214 (1st Cir. 1987)	45
<i>Trump v. CASA, Inc.</i> , 606 U.S. 831 (2025).....	44
<i>U.S. Conf. of Cath. Bishops v. Dep’t of State</i> , 770 F. Supp. 3d 155 (D.D.C. 2025)	26
<i>Validata Chem. Servs. v. U.S. Dep’t of Energy</i> , 169 F. Supp. 3d 69 (D.D.C. 2016)	25
<i>Whitman-Walker Clinic, Inc. v. U.S. Dep’t of Health & Hum. Servs.</i> , 485 F. Supp. 3d 1 (D.D.C. 2020), <i>appeal dismissed</i> , 2021 WL 5537747 (D.C. Cir. Nov. 19, 2021).....	36

<i>Widakuswara v. Lake</i> , No. 25- 5144, 2025 WL 1288817 (D.C. Cir. May 3, 2025).....	22
--	----

<i>Wilmer Cutler Pickering Hale & Dorr LLP v. Exec. Off. of President</i> , 784 F. Supp. 3d 127 (D.D.C. 2025), <i>appeal filed</i> , No. 25-5277 (D.C. Cir. July 28, 2025)	40
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STATUTES

28 U.S.C. § 1491	16
------------------------	----

42 U.S.C. § 247d.....	6
-----------------------	---

Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, Pub. L. No. 116-123, 134 Stat. 146.....	4, 5
---	------

Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat. 281 (2020).....	4, 5
---	------

Coronavirus Response and Relief Supplemental Appropriations Act of 2021, Pub. L. No. 116-260, 134 Stat. 1182 (2020).....	4, 5
---	------

Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139, 134 Stat. 620 (2020).....	4
--	---

American Rescue Plan Act of 2021, Pub. L. No. 117-2, 135 Stat. 4 (2021).....	4
---	---

Fiscal Responsibility Act of 2023, Pub. L. No. 118-5, 137 Stat. 10.....	6
--	---

RULES

Fed. R. Civ. P. 12.....	15
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REGULATIONS

2 C.F.R. § 200.340	20, 38
--------------------------	--------

45 C.F.R. § 75.372	<i>passim</i>
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Plaintiffs are four local governments, whose respective state governments applied for and received COVID-era grant awards from the federal government and then made discretionary sub-awards to these local governments (as subrecipients). Each of these local governments alleges it was harmed when, in March 2025, the Centers for Disease Control and Prevention (CDC) terminated its award agreements with the respective state governments, which then terminated these subawards. A subset (three of the four local government plaintiffs) also were direct recipients of some allegedly-wrongfully terminated CDC grants. None of the relevant state governments have brought suit here, nor have any other localities, but a labor union, plaintiff American Federation of State, County and Municipal Employees, AFL-CIO (AFSCME), seeks a nationwide injunction covering all “states and localities who employ AFSCME-represented public health workers.” Pl. Br. at 2, ECF No. 46. In an effort to avoid the Tucker Act’s channeling of this case to the Court of Federal Claims (“CFC”), which has exclusive jurisdiction over contract suits against the federal government, Plaintiffs emphatically argued at the preliminary injunction stage that they are not seeking money—and any order requiring the government to ‘pay up’ on the terminated agreements would be merely incidental to the litigation. Now on summary judgment, Plaintiffs complain that they have been unable to ‘monetize’ and “spend-down” most of the twelve grants CDC reinstated in compliance with the Court’s preliminary injunction order. They now ask the Court to re-write the grant contracts to enlarge the contractual performance-period end date specifically to maximize the payout. The record cannot be clearer now, especially in light of new controlling case law described below, that the CFC is the only court where this essentially contractual dispute can be heard—even before considering Article III standing defects and other issues.

To start, the Tucker Act divests this Court of jurisdiction over the three Administrative Procedure Act (APA) claims. This Court already determined at the preliminary injunction stage that the Tucker Act likely foreclosed the arbitrary and capricious claim, and potentially foreclosed Plaintiffs’ other APA claims, pursuant to *Department of Education v. California*, 604 U.S. 650 (2025) (per curiam) (“*Department of Education*”). Since then, the Supreme Court has doubled down on *Department of Education* in another grant-termination case, *National Institutes of Health v. American Public Health Association*, 145 S. Ct. 2658 (2025) (“*NIH*”). Together, these cases require the channeling of “essentially contractual” grant-termination claims—like the three APA claims here—to the CFC.

This Court also lacks jurisdiction to hear Plaintiffs’ constitutional and *ultra vires* claims. The extraordinary contractual relief that Plaintiffs now seek on these claims—an order directing CDC to re-write the contractual performance-period terms in the grants—reveals that under the *Megapulse* test, these claims are disguised contract claims that can be raised only in the CFC.

Even if the Tucker Act did not divest the Court of jurisdiction over these claims, Plaintiffs face an Article III standing problem: Neither the four Local Government Plaintiffs, with respect to their indirect grants, nor AFSCME, can satisfy the redressability requirement. In both cases, the so-called “prime” recipient of the grants at issue is a third-party, not before the Court, and exercises its own discretion over the award. Plaintiffs cannot show that CDC’s reinstatement of that award likely would redress their injuries. In fact, Harris County’s indirect awards are testament to this issue: in compliance with the Court’s preliminary injunction order, CDC restored nearly \$14 million in terminated grants to (prime-recipient) State of Texas this past July; yet to date, Texas has declined to exercise its discretion to sub-award those restored funds to Harris County—and even has broached the possibility of returning the funds to CDC. AFSCME

similarly lacks standing, because it cannot show that reinstatement of the terminated grants likely would alleviate its alleged injury, which would occur only if the prime recipient exercised its discretion to accept and expend any awarded funds to rehire terminated AFSCME members.

Plaintiffs' claims also are moot, and the Court lacks jurisdiction, to extent the contractual performance periods of the grants have expired, so that the relief requested in the complaint is meaningless. To the extent these claims proceed in this Court under the APA and/or the Constitution, rather than as essentially contractual claims in the CFC, no payout is possible on these grants, even if the Court sets aside the challenged termination decisions.

And Plaintiffs' APA claims fail even if the Court had jurisdiction. Plaintiffs predicate their APA claims on an unreviewable, alleged "Mass Termination Decision," rather than on the individual grant terminations at issue. In any event, Plaintiffs' three APA claims are meritless. The termination decisions do not violate HHS's regulations, because the grant agreements incorporated the then-existing HHS regulation allowing "for cause" termination. The termination decisions also were not arbitrary and capricious. The terminations likewise were not unconstitutional or contrary to statute so as to violate the APA.

Plaintiffs' constitutional and *ultra vires* claims also fail. Under *Global Health Council v. Trump*, 153 F.4th 1, 7 (D.C. Cir. 2025) ("*Global Health*"), *reh'g denied en banc*, 2025 WL 2709437 (D.C. Cir. Aug. 28, 2025), Plaintiffs lack a cause of action to "bring a freestanding constitutional claim [because] the underlying alleged violation and claimed authority are statutory," not constitutional. Instead, the claim must satisfy the stringent review standard of an *ultra vires* claim. *Id.* The bottom line is that even if the Tucker Act does not deprive this Court of jurisdiction over these claims, the claims fail.

The Court therefore should dismiss this case, and/or grant summary judgment in favor of Defendants. To the extent the Court is inclined to grant any relief to Plaintiffs, it should decline to order CDC to re-write the performance period terms of the contracts, where as a litigation strategy matter, Plaintiffs never sought that relief in the first place, and Plaintiffs fail to provide any legal basis for their request anyhow. The Court also should not afford any relief to AFSCME, and instead should continue to respect the decisions of the underlying jurisdictions that have chosen not to join this lawsuit.

BACKGROUND

I. Factual Background

During the COVID-19 pandemic, Congress enacted five appropriations statutes, which funded the grants at issue in this case. These statutes provided for the U.S. Department of Health and Human Services (HHS)/CDC to allocate/distribute funds to “state, tribal, Local, and territorial entities” (“STLTs”)—and as a funding mechanism, directed or allowed CDC to disburse the funds in the form of discretionary grants and/or cooperative agreements: (1) the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (“CPRSAA”), Pub. L. No. 116-123, 134 Stat. 146 (2020); (2) the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”), Pub. L. No. 116-136, 134 Stat. 281 (2020); (3) the Coronavirus Response and Relief Supplemental Appropriations Act (“CRRSAA”) of 2021, Pub. L. No. 116-260, div. M., 134 Stat. 1182 (2020); (4) the Paycheck Protection Program and Health Care Enhancement Act (“Paycheck Protection Act” or (“PPP”)), Pub. L. No. 116-139, 134 Stat. 620 (2020), and (5) the American Rescue Plan Act of 2021 (“ARPA”), Pub. L. No. 117-2, 135 Stat. 4 (2021). Appropriations under the first three statutes have since expired (in 2022, 2024,

and 2024, respectively); while the last two made funds “available until expended[.]”¹ Defendants summarized these appropriations statutes, and the relevant funding of awards thereunder, in a declaration Defendants filed in this case on May 23, 2025, pursuant to Court order. *See* ECF No. 25-1 (hereinafter, the “May 23 Legier Declaration”).

Pursuant to these appropriations statutes, as relevant here, CDC issued so-called “primary” grant awards to two groups of “prime recipients” (or “Primes”)—meaning, the entity with which CDC has a legal relationship. *See* May 23 Legier Decl. ¶ 6, ECF No. 25. First, CDC issued primary awards to the state health departments of Texas, Ohio, Tennessee, and Missouri. *See* Table, *infra*. Each of these State prime recipients exercised its own discretionary right—based on its own decision to have the local government undertake specific work on the States’s behalf—to reallocate and subaward some (discretionary) portion of the funds, to the respective four Local Government Plaintiffs (“subrecipients”). The State prime recipient executed a separate sub-award agreement with the respective subrecipient (local government). In this arrangement, the Prime undertakes responsibility for administering and managing the subaward (including obtaining reimbursement from CDC, when the sub-recipient seeks reimbursement from the Prime). For these indirect awards, CDC is not a party to the subaward agreements between the Primes and the subrecipients, and CDC does not have a legal relationship with the subrecipient local government for these indirect awards. *See* May 23 Legier Decl. ¶ 6. Second, CDC also directly awarded some primary awards to Harris County, Nashville, and Kansas City. *See* Table, *infra*.

¹ The CPRSAA, CARES Act, and CRRSAA have expired. *See* CPRSAA, 134 Stat. at 147 (funds “to remain available until September 30, 2022”); CARES Act, 134 Stat. at 554 (“September 30, 2024”); CRRSAA, 134 Stat. at 1911 (“September 30, 2024”).

CDC issued these awards in 2020 and 2021, and renewed and extended the grants, until it ultimately terminated the grants in March 2025, as explained below. Shortly after the “public health emergency” ended in May 2023, *see* 42 U.S.C. § 247d, Congress enacted the Fiscal Responsibility Act of 2023, Pub. L. No. 118-5, 137 Stat. 10. That law rescinded some \$27 billion in pandemic-era appropriations, but left undisturbed grants that already had been issued. *See* May 23 Legier Decl. ¶¶ 18, 22.

In March 2025, HHS conducted a review of COVID-19 related grants funded by the above appropriations statutes, and identified grants for potential termination. Ultimately, CDC retained a number of COVID-19 related grants, including funds for the ongoing highly pathogenic avian influenza (HPAI) threat, and wastewater surveillance activities, which served broader infection disease control purposes. *See* Declaration of Jamie Legier (Dec. 23, 2025) (“Legier Decl.”), ¶ 6. On or around March 24, 2025, CDC terminated the remaining COVID-19 era grants, including the specific ones at issue here related to the Local Government Plaintiffs—the eight indirect grants and four direct grants summarized in the Table further below.

The Termination Notices CDC issued to the Primes explained that the termination was “for cause” because of the end of the pandemic:

The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

See, e.g., AR00065-69, at 69.

The termination clause governing each primary award, as set forth in the General Terms and Conditions,² incorporated and parroted HHS’s then-existing termination regulation, 45 C.F.R. § 75.372, allowing termination both “for cause” and for non-compliance:

Termination (45 C.F.R. Part 75.372) applies to this award and states, in part, the following:

(a) *This award may be terminated in whole or in part:*

- (1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;
- (2) By the HHS awarding agency or pass-through entity for cause;

See AR 00385 at 00392 (General Terms and Conditions for Non-Research Grant and Cooperative Agreements) (Rev’d March 2021).³ Also, for each award, the underlying Notice of Funding Opportunity (“NOFO”) included a provision referencing 45 C.F.R. § 75.372, and likewise provided for termination both “for cause” and for non-compliance. *See e.g.*, AR00051.

Importantly, at the time of the March 24, 2025 termination, the contractual performance period specified in each Prime agreement already was on the cusp of expiring for a number of the grants, as summarized in the Table below. For example, CDC’s direct award to Kansas City, which specified a performance period of June 1, 2021 to May 31, 2025, had just two months remaining (*i.e.*, less than 5% of the life of the 48-month performance period) when it was terminated on March 24. Similarly, for one of Harris County’s indirect grants, CDC’s primary award to the Texas Department of State Health Services (the Immunization Cooperative Agreements (“ICA”) award) had just about three months remaining when terminated—its performance period was July 1, 2023 to June 30, 2025. *See Table, infra*. Notably, in the case of

² Each award agreement expressly incorporated the CDC General Terms and Conditions for Non-research awards. *See, e.g.*, AR00005 (“Incorporation”); AR00073; AR00162; AR00252.

³ The identical language is used in the 2025 version of this document. *See* AR00402 at AR00410.

indirect awards, the subaward agreement could have an even shorter performance period than the State primary award. For example, in the case of one of the indirect awards to Nashville, the CDC’s award to State prime recipient Tennessee (Epidemiology and Laboratory Capacity for Infectious Disease-award (“ELC”)) does not expire until July 31, 2027, but according to Plaintiffs, the subaward to Nashville expires a full year earlier, on July 31, 2026. *See* Second Sharp Decl. ¶ 7, ECF No. 46-6. Similarly, while the ELC award to Missouri does not expire until July 31, 2027, the performance period on the subaward ended on July 23, 2025. *See* Jones Decl. ¶ 8, ECF No. 46-4. The performance periods of the Prime awards are set forth below. Plaintiffs have not provided the subawards, so the information is limited to the Prime award.

Plaintiff Local Government	Indirect Grants (CDC Prime awards to respective State)	Direct Grants
Harris County	Immunization Cooperative Agreements (“ICA”) (6NH23IP922616) Perform. Period: 7/1/23 – 6/30/25 (AR 00345-347)	Activities to Support [STLT] Health Department Response to Public Health or Healthcare Crises Harris Cares “Embrace HOPE” grant 6NH75OT000026 Perform. Period: 6/1/21 – 5/31/26 (AR 00060-64)
	<i>Epidemiology and Laboratory Capacity for Infectious Disease (“ELC”)</i> (6NU50CK000501) Perform. Period: 8/1/23 – 7/31/27 (AR 00353-355)	<i>Community Health Workers for Public Health Response and Resilient Communities Grant (“CHW”)</i> NU58DP006986 Perform. Period: 8/31/23 – 8/30/25 (AR 00150-154)
Nashville	Immunization Cooperative Agreements (“ICA”) (6NH23IP922617) <i>Immunization and Vaccines for Children (“VFC”)</i> Perform. Period: 7/1/23 – 6/30/25 (AR 00361-363)	<i>Community Health Workers for Public Health Response and Resilient Communities Grant (“CHW”)</i> (6NU58DP006999) Perform. Period: 8/31/23 – 8/30/25 (AR 00239-243)
	<i>Epidemiology and Laboratory Capacity for Infectious Disease (“ELC”)</i> (6NU50CK000528) Perform. Period: 8/1/23 – 7/31/27 (AR 00369-371)	
Kansas City	<i>Epidemiology and Laboratory Capacity for Infectious Disease (“ELC”)</i> (6NU50CK000546) Perform. Period: 8/1/23 – 7/31/27 (AR 00329-331)	<i>Activities to [STLT] Health Department Response to Public Health or Healthcare Crises</i> [called Health Disparities award] 6NH75OT000012 Perform. Period: 6/1/21 – 5/31/25 (AR 00313-318)

	Immunization Cooperative Agreements (“ICA”) (6NH23IP922606) Perform. Period: 7/1/23 – 6/30/25 (AR 00337-339)	
Columbus	<i>Epidemiology and Laboratory Capacity for Infectious Disease (“ELC”)</i> (6NU50CK000543) Perform. Period: 8/1/23 – 7/31/27 (AR 00377-379)	None
	<i>Activities to Support [STLT] Health Department Response to Public Health or Healthcare Crises</i> (Ohio Initiative to Address COVID-19 Health Disparities Among Populations Underserved and at High Risk) (6NH75OT000070-01-05) Perform. Period: 6/1/21 – 6/30/25	

II. Procedural History

A. The Preliminary Injunction Motion and Order

On April 24, one month after the March 24 grant terminations, Plaintiffs filed their complaint, asserting three APA claims against defendants CDC and U.S. Department of Health and Human Services (HHS), and also asserting constitutional and *ultra vires* claims solely against individual defendants Kennedy and Monarez (the Individual Defendants). *See* Compl.. About a week later, on April 30, Plaintiffs filed a Motion for Preliminary Injunction. *See* ECF No. 14. The Local Government Plaintiffs sought reinstatement of the eight indirect grants and four direct grants, *see* Comp. ¶¶ 27-71 (*see also, e.g.,* ¶¶ 86-94; 106-30, *id.* Compl., Prayer for Relief ¶¶ C, D), while AFSCME sought nationwide relief by requesting an order that Defendants “resume the implementation of the grants . . . of states and local employers of AFSCME members that were affected by” the terminations. *See* Proposed Order at 2, ECF No. 14-17. On May 21, the Court held a hearing, and on June 17, the Court issued its Order, granting in part and denying in part Plaintiffs’ motion. PI Order, ECF No. 32. In relevant part, the PI Order:

- Preliminary enjoined Defendants and their agents “from enforcing or otherwise giving effect to the March 2025 termination of any grants issued directly or indirectly” to the Local

Government Plaintiffs, except to the extent funded by the PPP or ARPA (which did not have appropriations deadlines); and

- Directed Defendants to “notify any state entities acting as pass-throughs for any indirect grants [as described in the PI Order] and file a status report by July 1, 2025, confirming that it sent these notices.”

See id.. The Court denied preliminary relief to AFSCME. *See Harris Cnty. v. Kennedy*, 786 F. Supp. 3d 194, 223 (D.D.C. 2025) (Mem. Op.).

Notably, at the time of the June 17 PI Order, the direct grant to Kansas City (Health Disparities) *already had expired on May 31*, and only 13 days of the performance period remained for each of the three Immunization and Cooperative Agreements (“ICA”) grants (performance period ending June 30). *See Table, supra*.

In their complaint and preliminary injunction motion, Plaintiffs did not seek any extension of the contractual performance period end dates—despite the impending lapse of those dates in some of the terminated grants. Instead, both the complaint and preliminary injunction motion sought reinstatement of the grants, *with the contractual performance periods as-is*. *See, e.g.,* Compl., Prayer for Relief ¶ D (“Enjoin Defendants to *reinstate Plaintiffs’ grants for the awarded project periods* and to continue to administer the grants to the same extent and in the same manner as prior to the unlawful terminations . . .” (emphasis added)).⁴ Nor did Plaintiffs seek to stay the performance period deadlines.

B. Defendants’ Compliance with the PI Order

Defendants are in compliance with the PI Order. On July 1, CDC sent out required notices to the State primes regarding the indirect grants, *see* Defs.’ Status Report, ECF No. 35.

⁴ *See also* Pls.’ Mot. for Prelim. Inj. at 41-42, ECF No. 14-1 (Defendants shall “resume the implementation of the grants”); *see also* Proposed Order at 2 (“Defendants shall resume the implementation of the grants . . .”). And in their preliminary injunction motion and complaint, Plaintiffs did not argue that the passage of performance period end dates was a source of harm (let alone imminent irreparable harm). *See* ECF No. 14-1, pp. 34-39; *see generally*, Compl.

On July 10, CDC reinstated the four direct grants, *see* Mohan Decl., Exs. A-D, ECF No. 46-10, and on July 25, CDC reinstated to the States seven of the eight indirect awards (with the last indirect Prime reinstated on July 28, a grant to Missouri with \$30,000 remaining). *See id.*, Exs. E-L. In reinstating the awards, pursuant to Plaintiffs’ request, Defendants voluntarily extended the performance period end dates by approximately 20 days in the case of directs, and approximately 40 days in the case of some of the restored grants to the State primes, to account for the time period between issuance of the Court’s PI Order and reinstatement of the grants. *See id.*; Exs. A-L; Ex. N.

C. Plaintiffs’ Attempts to Monetize the Reinstated Awards

Although CDC reinstated the twelve grants at issue in July, Plaintiffs claim in their summary judgment motion that they have been unable to ‘monetize’ and “spend-down” the grant funds. *See* Pl. Br. at 8. Plaintiffs claim this is due to “delay and resistance from the federal government.” *See id.* at 44. The record, however, reflects other causes:

1. Texas Department of State Health Services (Texas DSHS) to date has declined to reissue nearly \$14 million total in subawards to Harris County. *See* Exs. A, B, C (attached). As reflected in its letters to CDC, Texas has declined to perform what it perceives to be “uncompensated work” in administering a subaward to Harris County—evidently calling into question whether the subaward would (sufficiently) serve the interests of Texas. *See* Ex. C at p.
2. According to Texas DSHS, CDC should ‘front’ the \$18,800 of administrative costs that it estimates “would necessarily be incurred by DSHS in reinstating these subawards” to Harris County. *Id.* at p. 3. Texas DSHS further states, “[i]f CDC is unable to adjust the amounts to cover costs associated with managing these subawards, DSHS will return the funds to HHS.” Ex. A at p. 2. Texas also requests that CDC issue a new award to Texas to replace the one that

originally expired on June 30, 2025 (but was voluntarily extended by Defendants to September 1, 2025). Ex. C at p. 3.

2. Nashville’s difficulty accessing or spending-down its subaward appears to be due to the subaward’s shorter performance period, as set by the State prime recipient (Tennessee), according to the declaration Plaintiffs provided. That declaration explains that Nashville’s subaward expires on July 31, 2026—whereas CDC’s prime ELC award (to Tennessee) does not expire until July 31, 2027. *See* Sharp Decl. ¶¶ 6-7, 10.

3. For other grants, the performance period either already expired, or was on the cusp of ending, at the time of the PI Order. Specifically, as noted above, the Kansas City Health Disparities award *expired on May 31, 2025*, and thus already had been expired for more than two weeks, at the time of the PI Order (yet Defendants voluntarily extended the performance period to August 2 to account for the time it took CDC to comply with the Court’s PI Order). *See* Pl. Br. at 8 (citing Pl. SOF ¶ 59, ECF No. 46-2 (citing Jones Decl. ¶ 5)). *See* Table, *supra*; Mohan Decl., Ex. C. Separately, Plaintiffs complain that “an artificially compressed timeline” constrains Nashville from spending its reinstated direct grant, *see* Pl. Br. at 8. But the timeline *already was compressed*: only approximately ten weeks remained on that CHW award at the time of the PI Order (and Defendants voluntarily extended the performance period from August 30 to September 22 to account for the time between issuance of the PI Order and the date CDC reinstated the grant). *See* Table, *supra*; Mohan Decl., Ex. C. The indirect Vaccine for Children (“VFC”) grant to Nashville (Pl. Br. at 4), and the indirect “OHIZ” award to Columbus (Pl. Br. at 41, 43) are similar.⁵

⁵ In the case of the indirect VFC grant to Nashville, the Primary award to the State had a performance period end date of June 30, 2025—about two weeks after issuance of the PI Order—and when CDC reinstated this award on July 25, it voluntarily extended the performance period to

4. Finally, in at least two cases, Plaintiffs do not clearly explain the alleged impediment. The declaration proffered on behalf of Harris County asserts that to date, the County “has not been able to access funding from the [direct] Embrace HOPE [grant],” but does not provide any reason. *See* Williams Decl. ¶ 15, ECF No. 46-9. Notably, the original performance period ran until May 31, 2026, and upon reinstatement, Defendants voluntarily extended it until *June 23, 2026*. *See id.* ¶ 7. Similarly, in the case of Columbus’s indirect ELC award (which Plaintiffs refer to as the Enhanced Operations award), Plaintiffs do not clearly explain why they allegedly are unable to access the \$3 million that CDC restored, where the primary award to Ohio does not expire until *July 31, 2027*. *See* Table, *supra*. Plaintiffs assert only that “Columbus also cannot access its Enhanced Operations grant to date, and Columbus continues to work with Ohio to regain access,” *see* Pl. SOF ¶ 57 n.2, while elsewhere noting that this grant may have included PPP funds. Pl. Br. at 26 n.9.

D. Relief Sought in Plaintiffs’ Summary Judgment Motion

On summary judgment, Plaintiffs now request, in relevant part, that the Court:

- Vacate as unlawful the March 2025 decision by Defendants “to mass-terminate” all remaining public health grants issued under CARES, CPRSAA, PPP, CRRSAA, and APRA.
- Permanently enjoin Defendants and their agents “from enforcing or otherwise giving effect to the March 2025 terminations of any grants issued under the [aforementioned] statutes . . . , directly or indirectly, to the [four Local Government Plaintiffs] or to states and localities who employ AFSCME-represented public health workers.”
- Require Defendants to “resume the implementation” of these grants that Defendants caused to be terminated.
- Require Defendants to “extend the performance period” of these grants “by the amount of time between the April 24, 2025 Complaint and this Order.”

September 1, 2025 to account for the time it took CDC to reinstate the grant. *See* Table, *supra*; Mohan Decl., Ex. G. The same is true of the indirect OHIZ grant to Columbus (*see* Table, *supra*; Mohan Decl., Ex. K), and Columbus claims it was unable to access the \$103,000 remaining on this award before the (as-extended) September 1 expiration date because the Columbus City Council was on recess and they were unable to get a new ordinance in time. *See* Pl. Br. at 43.

- Require Defendants, in the case of subawards, to “cooperate and take all actions necessary to permit primary grantees to extend the performance period of any subaward,” and order Defendants shall “not impair efforts by the primary grantees to extend the performance period of any subaward.”

See Pl. Br. Proposed Order at 1-2, ECF 46-11 (emphasis added). The last two forms of relief warrant brief discussion here.

First, Plaintiffs incorrectly assert that they seek to “restore the status quo,” in asking the Court to “extend the performance period” of the grants “by the amount of time between the April 24, 2025 Complaint and this Order.” See Pl. Br. at 1. For example, at the time Plaintiffs filed their complaint, only five weeks remained on the performance period of CDC’s direct award to Kansas City (performance period ending May 31, 2025). Even assuming the Court had authority to award that relief (and it does not, *see* Parts II-IV, *infra*,⁶ Plaintiffs ask the Court to re-write that contract to provide Kansas City an entirely new, substantially longer performance period—in fact, Plaintiffs appear to seek *an entire year* (assuming for sake of illustration, the Court enters final judgment in Spring 2026).

Second, there is no basis for Plaintiffs’ requested Order directing Defendants to take steps with respect to the performance periods of *subawards*. Defendants, when reinstating the awards in July, already explained to Plaintiffs that CDC is not a party to the subawards and has no ability or authority to extend the performance periods for subawards between the states and Local Government Plaintiffs. See Ex. D (July 25, 2025 email). Defendants explained to Plaintiffs that insofar as Local Governments Plaintiffs seek an extension of the *subaward* performance periods with the State prime recipients, the Local Government Plaintiffs should contact the State prime

⁶ Defendants respectfully posit that they had no obligation to reinstate this grant because this award had expired prior to the entry of the PI Order, so the claim for relief on this award was moot. See *infra*. Nevertheless, Defendants reinstated this grant with an extension, as requested by Plaintiffs.

recipients directly to discuss any such extension (assuming any extension is within the performance period of CDC’s direct grant to the State), and Defendants provided to Plaintiffs’ counsel CDC’s point-of-contact information for each of the four State primes. *Id.*

LEGAL STANDARDS

On a motion to dismiss under Fed. R. Civ. P. 12(b)(1), plaintiff bears the burden of establishing jurisdiction by a preponderance of the evidence, *Lujan v. Defs. of Wildlife*, 504 U.S. 555, 561 (1992), and in making this determination the Court “may consider material outside the pleadings,” *Kareem v. Haspel*, 986 F.3d 859, 866 n.7 (D.C. Cir. 2021).

To survive a motion to dismiss under Rule 12(b)(6), a complaint must contain “enough facts to state a claim to relief that is plausible on its face.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007). The court considers “the complaint in its entirety, as well as . . . documents incorporated into the complaint by reference, and matters of which a court may take judicial notice.” *Tellabs, Inc. v. Makor Issues & Rts., Ltd.*, 551 U.S. 308, 322 (2007). While the Court accepts well-pleaded factual allegations as true, “mere conclusory statements” and “legal conclusion[s] couched as . . . factual allegation[s]” are “disentitle[d] . . . to [this] presumption of truth.” *Ashcroft v. Iqbal*, 556 U.S. 662, 678, 681 (2009) (citation omitted).

In an APA case, the Rule 56(a) summary judgment standard, requiring the court to determine if there is a genuine issue of material fact, does not apply. *See EB5 Holdings, Inc. v. Jaddou*, 717 F. Supp. 3d 86 (D.D.C. 2024). “In this context, summary judgment instead serves as a mechanism for deciding, as a matter of law, whether the agency action is supported by the administrative record and is otherwise consistent with the APA standard of review.” *Id.* at 96. In that case, “the district judge sits as an appellate tribunal.” *Id.* at 102 n.8 (citation omitted).

ARGUMENT

I. The Tucker Act Divests This Court of Jurisdiction

Plaintiffs fail to establish this Court’s jurisdiction because, by seeking to enforce contractual rights against the federal government and obtain contractual remedies for money, they trigger the exclusive jurisdiction of the CFC under the Tucker Act. *See* 28 U.S.C. § 1491(a)(1) (granting jurisdiction to the CFC for “any claim against the United States founded . . . Upon any express or implied contract with the United States[.]”). The CFC is, as Congress intended, the “single, uniquely qualified forum for the resolution of contractual disputes.” *Ingersoll-Rand Co. v. United States*, 780 F.2d 74, 78 (D.C. Cir. 1985). The D.C. Circuit has “interpreted the Tucker Act . . . to ‘impliedly forbid[]’ contract claims against the Government from being brought in district court under . . . the APA.” *Perry Cap. LLC v. Mnuchin*, 864 F.3d 591, 618-19 (D.C. Cir. 2017). *See Shaffer v. Veneman*, 325 F.3d 370, 373 (D.C. Cir. 2003) (“[T]his Court and others have interpreted the Tucker Act as providing the *exclusive* remedy for contract claims against the government, at least *vis a vis* the APA.”).

At the preliminary injunction stage, this Court already determined that the Tucker Act likely divests the Court of jurisdiction over Plaintiffs’ arbitrary-and-capricious claim, pursuant to *Department of Education v. California*, 604 U.S. 650 (2025)—observing that decision involved a “claim that appears in all material respects identical to the [arbitrary and capricious] one that plaintiffs press here,” and contemplating that Plaintiffs’ “contrary-to-statute and contrary-to-regulation claims under the APA . . . [similarly] are potentially foreclosed by *Department of Education*.” *See Harris Cnty.*, 786 F. Supp. 3d at 217-18. Specifically, in *Department of Education*, the Supreme Court observed that “the APA’s [limited] waiver of sovereign immunity does not extend to ‘orders to enforce a contractual obligation to pay money along the lines of

what the District Court ordered here,” so it stayed the district court order, which required the government to return to the pre-termination status quo. *See id.* at 216 (quoting *Dep’t of Education*, 604 U.S. at 650-51).

The Supreme Court recently “doubled down” on *Department of Education*. In *NIH*, the Court stayed an injunction barring termination of various research grants, which plaintiffs likewise had challenged under the APA. 145 S. Ct. at 2660. In relevant part, the *per curiam* opinion held: “The [APA]’s ‘limited waiver of [sovereign] immunity’ does not provide the District Court with jurisdiction [1] to adjudicate claims ‘based on’ the research-related grants or [2] to order relief designed to enforce any ‘obligation to pay money’ pursuant to those grants.” *Id.* at 2658 (quoting *Dep’t of Education*, 604 U.S. at 651). One justice explained: “The core of plaintiffs’ suit alleges that the Government unlawfully terminated their grants. That is a breach of contract claim . . . [which] must be brought in the Court of Federal Claims, not federal district court.” *Id.* at 2665 (Kavanaugh, J., concurring in part and dissenting in part).

The D.C. Circuit, moreover, has instructed that, to determine whether its jurisdiction is proper, the district court should assess whether the claims “are essentially contractual.” *Megapulse*, 672 F.2d at 967. Applying the so-called *Megapulse* test to the claims at issue, the Court must consider (1) whether “the source of the rights” asserted is contractual or is “based on truly independent legal grounds” and (2) whether “the type of relief sought” is of a contractual nature. *Id.* at 968–71. In applying this test, the D.C. Circuit emphasized the need to look past artful pleading designed to evade the Tucker Act: “[A] plaintiff whose claims against the United States are essentially contractual should not be allowed to avoid the jurisdictional (and hence remedial) restrictions of the Tucker Act by casting its pleadings in terms that would enable a district court to exercise jurisdiction under a separate statute and enlarged waivers of sovereign

immunity, as under the APA.” *Id.* at 967. See *Ingersoll-Rand*, 780 F.2d at 77-78; *Int’l Eng’g Co., Div. of A-T-O, Inc. v. Richardson*, 512 F.2d 573, 580 (D.C. Cir. 1975). In the contract context, this “preserves the sovereign’s immunity from being compelled to perform obligations it prefers to breach and compensate financially” *McKay v. United States*, 516 F. 3d 848, 851 (10th Cir. 2008). Here, there is no dispute that the grant agreements are contracts for Tucker Act purposes, and as explained below, application of *Megapulse* confirms that each of Plaintiffs’ six claims is “essentially contractual” and therefore subject to the exclusive jurisdiction of the CFC.

A. This Court Lacks Jurisdiction over Each of the Three APA Claims

1. Arbitrary and Capricious Claim (Count VI)

This Court already concluded at the preliminary judgment stage that “*Department of Education* is the case that speaks, however tersely, most directly to the issues and facts underlying [P]laintiffs’ arbitrary-and-capricious APA claim.” *Harris Cnty.*, 786 F. Supp. 3d at 219. This Court explained that “[i]t was this [arbitrary and capricious] claim that the Supreme Court held likely belonged in the Court of Federal Claims”—“[a] claim that appears in all material respects identical to the one that [P]laintiffs press here,” *id.* at 218—indeed, this Court observed no “meaningful distinction between [P]laintiffs’ arbitrary-and-capricious claim and the one in *Department of Education*.” *Id.* at 219. The Court concluded, “when the highest court in the land answers the same question now before this Court, in a similar preliminary posture and on facts materially identical to those in this case, this Court cannot but listen.” *Id.* at 218.

Application of the so-called *Megapulse* test confirms this. Under the first prong, “the source of the rights” asserted by Plaintiffs are grant agreements themselves, including the contractual termination clause in each agreement. In other words, Plaintiffs’ asserted right to the funds here arises solely from the grant agreements and “in no sense . . . exist[s] independently

of” those contracts. *Spectrum Leasing Corp. v. United States*, 764 F.2d 891, 894 (D.C. Cir. 1985). Plaintiffs would have no claim absent the grants and the government’s alleged breach. *Megapulse*, 672 F.2d at 967-68. The source of the right asserted is therefore not “truly independent” of the contracts, or not “based on truly independent legal grounds.” *Id.* at 970.

Under the second prong of *Megapulse*, the relief sought, at base, is payment of money. In seeking reinstatement of awards (*i.e.*, by setting aside their grant terminations) the “essence of [Plaintiffs’] claim is a request for specific performance of the original contract.” *Ingersoll-Rand*, 780 F.2d at 79-80. This is a “typical contract remedy” that indicates a claim is “founded upon a contract for purposes of the Tucker Act.” *Spectrum Leasing*, 764 F.2d at 894-95. The payment of money, far from being merely incidental to or “hint[ed] at,” is the principal object of their suit. *Crowley Gov’t Servs., Inc. v. Gen. Servs. Admin.*, 38 F.4th 1099, 1112 (D.C. Cir. 2022). Indeed, Plaintiffs’ briefing focuses on the inability to “spend down” their awards. Pl. Br. at 8, 43.

And *NIH* also confirms this. Plaintiffs seek adjudication of arbitrary and capricious claims that are “‘based on’ the research-related grants.” *See NIH*, 145 S. Ct. at 2658 (quoting *Dep’t of Education*, 604 U.S. at 651). And further, Plaintiffs seek “relief designed to enforce [an] obligation to pay money pursuant to those grants.” *Id.* (citation omitted). Here, as in *NIH*, “[t]he core of [P]laintiffs’ [complaint] alleges that the Government unlawfully terminated their grants,” so “th[is] is a breach of contract claim,” that cannot be heard here. *Id.* at 2665 (Kavanaugh, J., concurring in part and dissenting in part).

2. Contrary-to-Regulation APA Claim (Count V)

The Tucker Act likewise divests this Court of jurisdiction over Plaintiffs’ contrary-to-regulation claim under the *Megapulse* test. As the D.C. Circuit has explained in performing the *Megapulse* test, “[t]hat the termination also arguably violates certain other regulations does not

transform the action into one based solely on those regulations. Nor does plaintiff's decision to allege only a violation of the regulations change the essential character of the action.” *Ingersoll-Rand*, 780 F.2d at 78. “If the mere allegation of procurement [regulation] violations were to bring claims of this type within the jurisdiction of the district court, Congress’s intent to limit contract remedies against the government to damages in the Claims Court would be effectively circumvented.” *Id.* (citation omitted).

Under the “source of the rights”-prong, Plaintiffs here allege that Defendants violated the HHS regulation, 45 C.F.R. § 75.372, when terminating the grants on the grounds that the “pandemic has ended.” *See* Pl. Br. at 14, 34-36. In fact, the termination clause in each grant, incorporated through the Terms & Conditions, explicitly references that termination regulation. The source of the rights is therefore the grant agreement. The contrary-to-regulation claim therefore is not “based on truly independent legal grounds,” *Megapulse*, or based “solely” on the regulations. *Ingersoll-Rand*, 780 F.2d at 78. *See, e.g., Sols. in Hometown Connections v. Noem*, 2025 WL 1103253, at *4-5, *9-10 (D. Md. Apr. 14, 2025) (concluding under the *Megapulse* test that the grant agreements were the source-of-the rights, where the termination provisions in certain grants expressly incorporated the termination regulation at 2 C.F.R. § 200.340(a)(2)).

And under the second prong of *Megapulse*, the relief sought is contractual (specific performance), for the same reason as explained above with respect to the arbitrary and capricious claim: Plaintiffs seek specific performance of the grant agreements, with revised terms.

3. Contrary to Statute and Constitution Claim (Count IV)

Finally, Plaintiffs’ contrary-to-statute-and-constitution claim is also “essentially contractual,” and must be channeled to the CFC. Pl. Br. at 13. Under *Megapulse*, the source of the rights is contractual, because the underlying appropriations statutes provide for a

discretionary grant process to effectuate funding, which is the source of Plaintiffs’ alleged right to payments. Absent the grant agreements, Plaintiffs would have no claim.

Decisions from other judges of this District specifically addressing contrary-to-statute-and-constitutional claims confirm this analysis. In *Appalachian Voices v. EPA*, for example, the Court explained why “the source of plaintiffs’ rights is contractual”:

The Clean Air Act does not entitle grant funds to any particular entity “in the absence of the contract itself.” *See Spectrum Leasing*, 764 F.2d at 894. Instead, it provides that EPA shall award grants to “eligible entities . . . as defined by the Administrator.” . . . Thus, plaintiffs’ “right to . . . payments arose only upon creation and satisfaction of its contract[s] with the government; in no sense did it exist independently of [those] contract[s].” *Spectrum Leasing*, 764 F.2d at 894.

Civ. A. No. 25-1982, 2025 WL 2494905, at *7 (D.D.C. Aug. 29, 2025) (citation omitted) (emphasis added), *appeal filed*, No. 25-5333 (D.C. Cir. Sep. 19, 2025), *denying injunction pending appeal*, 2025 WL 2732746 (D.D.C. Sep. 25, 2025). *See also, Am. Ass’n of Physics Teachers v. Nat’l Sci. Found.*, ---F. Supp. 3d---, 2025 WL 2615054, at *11 (D.D.C. Sep. 10, 2025) (“*American Physics*”) (explaining plaintiffs’ “APA contrary-to-law claim . . . would fail the *Megapulse* test” because “Plaintiffs’ claims to restored grant funding come from their grant awards, not from any statutory provision.”); *see also, Sustainability Inst. v. Trump*, No. 25-1575, 2025 WL 1587100, at *2 (4th Cir. June 5, 2025) (“[L]ike the grants in [*Department of Education*], the grants here were awarded by federal executive agencies to specific grantees from a generalized fund. While the appropriation statutes authorize the agencies to award grants, it is the operative grant agreements which entitle any particular Plaintiff to receive federal funds.”).

Under the second prong of *Megapulse*, the type of relief is contractual too, for the same reason explained above with respect to the other two APA claims. The Tucker Act therefore divests the Court of jurisdiction over this claim.

B. Plaintiffs’ Tucker Act Counterarguments on the APA Claims are Unavailing

Plaintiffs assert a host of arguments under both prongs of the *Megapulse* test to try to salvage district court jurisdiction for their disguised breach-of-contract claims. All of Plaintiffs' arguments fail.

First, for the legal standard governing the source-of-rights prong under *Megapulse*, Plaintiffs argue that this Court should follow an earlier dissenting opinion in the D.C. Circuit, that “[i]f a plaintiff’s claim depends on interpretations of statutes and regulations rather than the terms of an agreement negotiated by the parties, the claim is not in essence contractual.” *See* Pl. Br. at 14 (quoting *Widakuswara v. Lake*, No. 25- 5144, 2025 WL 1288817, at *12 (D.C. Cir. May 3, 2025)) (Pillard, J., dissenting). But this is not the law in this Circuit. Rather, only claims “based on *truly independent legal grounds*,” or claims “based solely on” regulations (i.e., allegedly violated by termination) are essentially contractual. *See Megapulse*, 672 F.2d at 969-70 (emphasis added); *Ingersoll-Rand*, 780 F.2d at 78. *See also, e.g., Am. Physics*, 2025 WL 2615054, at *9 (explaining the “truly independent legal grounds”-standard (citation omitted)).

Second, the D.C. Circuit has rejected the Plaintiffs’ argument here that the source of their rights is not the contracts, but rather “the right to be free from unlawful and arbitrary agency action (created by the APA).” *See* Pl. Br. at 15. *Richardson*, 512 F.2d at 580 (“We refuse to believe that Congress intended, in enacting the APA, so to destroy the Court of Claims by implication.” (citation omitted)). *Id.* (“[D]ecisions made by contracting officers pursuant to contract clauses fall outside the contemplation of the [APA]”).

Similarly, there is no merit to Plaintiffs’ argument that the Tucker Act does not apply where the grant agreements were allegedly terminated “without any individualized determination.” *See* Pl. Br. at 37. As reflected above, the D.C. Circuit has rejected use of these types of arbitrary-and-capricious arguments to establish district court jurisdiction in what essentially are contract

disputes. See *Ingersoll-Rand*, 780 F.2d at 77-78; *Richardson*, 512 F.2d at 580. See also, e.g., *Appalachian Voices*, 2025 WL 2494905, at *6 (“Plaintiffs cannot artfully plead around the Tucker Act by mounting a programmatic challenge to EPA’s decision to cease a contractual relationship with them.” (citing *Crowley*, 38 F.4th at 1107)).

Third, grantees cannot evade the Tucker Act by arguing that “none of [their] [APA] claims require the Court to analyze the terms” of the terminated grants, as Plaintiffs argue here. See Pl. Br. at 15. Another judge of this court recently rejected the plaintiffs’ attempt “to distinguish their claims from those at issue in *Department of Education* by pointing to how the requested relief would not require paying past-due sums and [that] the terms and conditions of each individual grant award are not at issue.” *Am. Physics*, 2025 WL 2615054, at *11. The Court explained, “those arguments are far less convincing after [*NIH*], in which the district court only ordered vacatur of agency action, not the direct restoration of any grant.” *Id.* .

Plaintiffs’ various ‘type of relief’-prong arguments are also unavailing. For example, Plaintiffs claim they “do not seek money damages but rather vacatur of the policy decision to terminate all of the grants”, and that “Plaintiffs’ request for vacatur of this agency action is not the same as seeking the payment of grants.” *Id.* at 13, 15. But as noted above, “[t]he grantees seek to set aside their grant terminations, which means they seek specific performance.” *Ingersoll-Rand*, 780 F.2d at 79-80. “This is a typical contract remedy that indicates a claim is ‘founded upon a contract for purposes of the Tucker Act.’” *Spectrum Leasing*, 764 F.2d at 894-95. Similarly, they contend they “are not seeking money damages, having ‘expressly disavowed any retroactive payments.’” *Id.* at 15 (quoting *Harris Cnty.*, 786 F. Supp. 3d. at 206). But as the Federal Circuit explained, “a linguistic distinction between ‘money damages’ and a claim that happens to be for money, [is] a distinction that is at best murky, and at worst without a

difference.” *Suburban Mortg. Assocs. v. HUD*, 480 F.3d 1116, 1124-25 (Fed. Cir. 2007) (explaining that “a claim seeking monetary relief, however defined, may nevertheless be within the jurisdictional scope of the Tucker Act.”).

There also is no merit to Plaintiffs’ ‘Catch-22’-argument, that Plaintiffs are unable to bring their claims in the Court of Federal Claims, because, as they claim, it “has no equitable powers.” Pl. Br. at 16. For one, the linchpin of Plaintiffs’ ‘Catch-22’ argument is *Tootle*, which Plaintiffs quote as having “categorically reject[ed] the suggestion that a federal district court can be deprived of jurisdiction by the Tucker Act when no jurisdiction lies in the [CFC].” *See id.* at 13 (quoting *Tootle v. Sec’y of Navy*, 446 F.3d 167, 176 (D.C. Cir. 2006)). But the procedural posture in *Tootle* is entirely different and inapplicable: that case concerned a serviceman who requested only that the district court invalidate the findings of a physical evaluation board and correct his military service record, where he first brought his claim in the CFC, and when the government moved to dismiss the case, he then sought relief in the district court, where the government again argued that it should be dismissed for lack of jurisdiction. 446 F.3d at 169-71. As *American Physics* explained, “[The Court of Federal Claims’ jurisdictional] limitation does not transform Plaintiffs’ contract claim into one that this Court has jurisdiction over; it is another reason to bar its entry. That is because Congress established a scheme that included a deliberate limitation on certain types of remedies, which was intended to foreclose specific performance of government contracts.” 2025 WL 2615054, at *9 (quoting *Ingersoll-Rand*, 780 F.2d at 80).

And relatedly, there is no merit to Plaintiffs’ privity-based argument that the “Tucker Act cannot deprive [AFSCME] of redress in this Court,” where “AFSCME indisputably seeks relief that is unavailable in the CFC” because the union does not have contractual privity with the

federal government on the grants. Pl. Br. at 17. In *American Physics*, the court rejected that same argument:

Plaintiffs argue that there must be jurisdiction over their claims in district court because some of them cannot sue in the [CFC]. . . . Some of Plaintiffs' members . . . may lack privity with the federal government and cannot bring a contract suit in the [CFC]. . . . This Court cannot exercise jurisdiction where it does not otherwise have it because there are aggrieved parties who lack other options to seek relief. While it may be true that some Plaintiffs or their members cannot bring their own contractual suits in the [CFC]., the Court cannot expand the bounds of its jurisdiction to fill that gap.

2025 WL 2615054, at *10 (citation omitted).

C. This Court Lacks Jurisdiction over Plaintiffs' Other Claims

The Tucker Act also divests this Court of jurisdiction over Plaintiffs' separation-of-powers, Spending Clause, and *ultra vires* claims. A number of courts have concluded that the Tucker Act precludes jurisdiction over constitutional and *ultra vires* claims, and jurisdiction is precluded here for the same reasons. “[T]he Tucker Act precludes [a district court] from exercising jurisdiction over any claims pertaining to individual grant agreements (even if framed as a constitutional action).” *Bd. of Educ. for the Silver Consol. Schs. v. McMahon*, 791 F. Supp. 3d 1272, 1287 (D.N.M. 2025) (citing *Child. Trends, Inc. v. U.S. Dep’t of Educ.*, 787 F. Supp. 3d 81, 93 (D. Md. 2025); *Amica Ctr. for Immigrant Rts. v. U.S. Dep’t of Just.*, 2025 WL 1852762, at *17, (D.D.C. July 6, 2025); *Validata Chem. Servs. v. U.S. Dep’t of Energy*, 169 F. Supp. 3d 69, 89 (D.D.C. 2016)).

This analysis is confirmed by the fact that Plaintiffs seek not only to set aside the grant terminations, but also a court order directing CDC to re-write the contractual terms to enable plaintiffs to further monetize the awards, including for grants for which the performance period has passed. These claims, although styled as constitutional and *ultra vires*, are “essentially contractual” because, for relief, Plaintiffs seek to *retroactively* redress their alleged pecuniary

loss from grant termination. Now, beyond seeking to require Defendants to release funds going forward (as they claimed at the preliminary injunction), they also seek, in essence, compensatory damages to recover on grants for which the performance period *already has passed*.

Alternatively, to the extent the Court views this requested relief as a form of specific performance—*i.e.*, ‘very specific, specific performance’—that also compels jurisdiction in the CFC. The D.C. Circuit has repeatedly stated, “[A] complaint involving a request for specific performance must be resolved by the [CFC].” *Ingersoll-Rand*, 780 F.2d at 80.

Plaintiffs’ request that the Court rewrite the grant terms should change the analysis the Court undertook at the preliminary judgment stage when it determined it has jurisdiction over these claims.⁷ In concluding that these constitutional and *ultra vires* claims are not essentially contractual, the Court relied upon Plaintiffs’ representations that they were seeking “injunctive, prospective relief.” *See Harris Cnty.*, 786 F. Supp. 3d at 206-07 (“the injunctive, prospective relief plaintiffs seek also supports district-court jurisdiction . . . [a]s further evidence that plaintiffs are not seeking damages, they expressly disavowed any retroactive payments and request only vacatur of the allegedly unlawful terminations.”). But Plaintiffs no longer seek just vacatur of the grant terminations, they ask the Court to rewrite the parties’ contractual terms. Whether viewed as damages or specific performance, that is a contract remedy.

Finally, there is no merit to Plaintiffs’ argument that the Tucker Act is “irrelevant” for the constitutional and *ultra vires* claims because no waiver of sovereign immunity is necessary under the so-called *Larson* exception. Pl. Br. at 10-12. Because Plaintiffs’ constitutional and *ultra*

⁷ As this Court observed, the D.C. Circuit has left open the possibility of disjunctive application of the two-part *Megaphuse*-test—*i.e.*, where “one of the two does the trick.” *See Harris Cnty.*, 786 F. Supp. 3d at 217. And as the Court noted, at least one decision from this District supports that approach. *See id.* (the type of remedy alone “is dispositive” (quoting *U.S. Conf. of Cath. Bishops v. Dep’t of State*, 770 F. Supp. 3d 155, 163 (D.D.C. 2025)))

vires claims are essentially contractual, *Larson* does not apply. *See Larson v. Domestic & Foreign Com. Corp.*, 337 U.S. 682, 704 (1949) (“The Government, as representative of the community as a whole, cannot be stopped in its tracks by any plaintiff who presents a disputed question of property or contract right.”).

II. The Local Government Plaintiffs Lack Standing to Challenge the Termination of Indirect Grants, and AFSCME Lacks Standing Altogether.

Standing presents another jurisdictional issue for both the Local Government Plaintiffs and AFSCME. As explained below, there is a critical redressability defect in the Article III standing arguments of both the Local Government Plaintiffs with respect to their indirect awards and AFSCME with respect to all awards.

“The ‘irreducible constitutional minimum’ of standing has three familiar parts: injury in fact, causation, and redressability,” and “[t]he party invoking federal court jurisdiction bears the burden of establishing each of those elements.” *Hecate Energy LLC v. FERC*, 126 F.4th 660, 665 (D.C. Cir. 2025) (quoting *Spokeo, Inc. v. Robins*, 578 U.S. 330, 338 (2016)). And a party must have standing “for each claim that [it] press[es] and for each form of relief that [it] seek[s].” *TransUnion LLC v. Ramirez*, 594 U.S. 413, 431 (2021). These elements are assessed at the time of the filing of the complaint. *See Barker v. Conroy*, 921 F.3d 1118, 1125 (D.C. Cir. 2019).

A. The Local Government Plaintiffs Cannot Show Standing with Respect to their Indirect Grants

The four Local Government Plaintiffs cannot satisfy the redressability requirement with respect to their terminated subawards, *vis a vis* the State prime recipients, because the States are third parties not before the Court. “Redressability examines whether the relief sought will likely alleviate the particularized injury alleged by the plaintiff”—and “[t]he key word is ‘likely.’” *Hecate Energy*, 126 F.4th at 665 (citations omitted). “To determine whether an injury is

redressable, [courts] consider the relationship between the judicial relief requested and the injury suffered.” *Murthy v. Missouri*, 603 U.S. 43, 73 (2024) (citation omitted). The Local Government Plaintiffs cannot show that CDC’s reinstatement of the State prime awards “likely” would result in the State issuing a subaward that alleviates the Local Government Plaintiffs’ alleged injury. Indeed, Plaintiffs themselves emphatically argue in their summary judgment motion that CDC’s reinstatement of the Prime awards (pursuant to the PI Order) has failed to result in the reissuance of their subawards.

First, a State may no longer have a need for a subrecipient to do work on its behalf. *That appears to be what actually happened in this case*, with respect to Harris County’s two indirect grants from Texas DSHS, as explained above. To date, Texas DSHS has declined to issue subawards to Harris County, despite CDC’s reinstatement of the prime awards to Texas this past July. Texas DSHS even broached returning the funds (nearly \$14 million total) to CDC, rather than issuing a subaward: “If CDC is unable to adjust the amounts to cover costs associated with [Texas DSHS] managing these subawards, DSHS will return the funds to HHS.” *See* Ex. A.

The State prime recipients (like Texas) “are not parties to the suit, and there is no reason they should be obliged to honor an incidental legal determination the suit produced.” *Murthy*, 603 U.S. at 73-74 (citation omitted). The Supreme Court recently emphasized this:

[R]edressability requires that the court be able to afford relief *through the exercise of its power*, not through the persuasive or even awe-inspiring effect of the opinion *explaining* the exercise of its power. . . . It is a federal court’s judgment, not its opinion, that remedies an injury; thus it is the judgment, not the opinion, that demonstrates redressability.

Haaland v. Brackeen, 599 U.S. 255, 293-94 (2023). In *Haaland*, the Court considered standing in the context of challenges to a statute, the Indian Child Welfare Act (ICWA), and concluded there was a redress issue because “[t]he state officials who implement [the challenged statute] are

not parties to the suit, and there is no reason they should be obliged to honor an incidental legal determination the suit produced.” *Id.* at 293. Notably, Texas DSHS has made a similar argument in declining to reissue Harris County’s subaward: “DHS is not a party to the litigation between Harris County and HHS.” *See* Ex. C, at p. 2 (Dec. 1, 2025 Letter).

Second, contractual performance period end dates may be an impediment. Each subaward has its *own* performance period end date, set by the State prime (not CDC)—and the subaward may have a significantly earlier expiration date, which may frustrate redress. The Local Government Plaintiffs have not provided copies of the subawards at issue, so there may be other impediments as well.

“If it is . . . just as plausible that the court’s action will not redress the plaintiff’s injury as that it will, Article III’s redressability requirement is not met.” *Hecate Energy*, 126 F.4th at 666 (citation omitted). The Supreme Court has explained, “we have been reluctant to endorse standing theories that require guesswork as to how independent decisionmakers will exercise their judgment.” *Murthy*, 603 U.S. at 57 (citation omitted). “Rather than guesswork, the plaintiffs must show that the third-party . . . will likely react in predictable ways to the defendants’ conduct.” *Id.* at 57-58. Specifically, the D.C. Circuit has explained:

[S]tanding is *substantially* more difficult to establish when it depends on the unfettered choices made by independent actors not before the courts and whose exercise of broad and legitimate discretion the courts cannot presume either to control or to predict. . . . In such cases, the plaintiff must offer *substantial* evidence of a causal relationship between the government policy and the third-party conduct, leaving little doubt as to causation and the likelihood of redress. . . .

* * * *

When redress depends on the cooperation of a third party, it becomes the burden of the [plaintiff] to adduce facts showing that those choices have been or will be made in such manner as to produce causation and permit redressability of injury.

Cierco v. Mnuchin, 857 F.3d 407, 418-19 (D.C. Cir. 2017) (emphasis added). *See Hecate Energy*, 126 F.4th at 667 (explaining that plaintiff “does not show that [a favorable decision]

would make it likely . . .—let alone substantially likely—that its requested relief would spur” the third party so as to redress plaintiff’s injury). *See also, Spectrum Five LLC v. FCC*, 758 F.3d 254, 260-61 (D.C. Cir. 2014). The Local Government Plaintiffs cannot clear this bar.

B. AFSCME Cannot Establish Standing

A similar redressability defect is present in AFSCME’s standing case, as Defendants previously explained in their opposition to AFSCME’s Motion for Partial Reconsideration.⁸ In that Motion, AFSCME admitted that, even if the Court grants the relief it seeks—specifically, as identified in that Motion, an order that CDC reinstate its terminated grants with Alaska and Jackson County—then “[p]ublic officials in Alaska and Jackson County would retain the right to decline” funding from CDC. Thus, as Defendants explained in their opposition to that motion, AFSCME effectively pleaded itself out of redressability. *See* Defs.’ Opp’n at 3-4, ECF No. 43.

Running the test for redressability, the court again “consider the relationship between the judicial relief requested and the injury suffered,” *Murthy*, 603 U.S. at 73, and it is clear this defect dooms AFSCME’s showing on both associational or organizational standing. For associational standing purposes, the asserted injury is that AFSCME members “were let go because their employers lost grant funding,” as the Court observed. *See Harris Cnty.*, 786 F. Supp. 3d at 204. For organizational standing, AFSCME’s asserted injury is that the union has had to “divert resources to support impacted members” who lost their jobs, Pl. Br. at 22, and that it has suffered lost dues and diminished bargaining power, due to these lost jobs. *See id.* at 22-23. For both forms of standing, Plaintiffs cannot show that the judicial relief requested—reinstatement of CDC grants to the prime recipients—likely would alleviate AFSCME’s injury,

⁸ The AFSCME Motion for Partial Reconsideration briefing is at ECF Nos. 39, 43, and 44. The Motion is pending with the Court.

because that would occur only if the prime recipients actually expend the (hypothetically) reinstated grants to rehire the terminated AFSCME members.

Moreover, AFSCME anticipates “indirect awards,” as it now seek a permanent injunction covering, in relevant part, grants issued “directly or indirectly . . . to states and localities who employ AFSCME-represented public health workers.”⁹ Pl. Br. Proposed Order at 2. These “indirect awards” would compound the redressability defect. To the extent the proposed order contemplates, for example, an award from CDC to the State of Ohio (the so-called Prime recipient), which then issues a subaward to Jackson County (subrecipient), redress would be doubly speculative because it would depend upon the “unfettered choices” of *two* “independent actors not before the courts”—Ohio and Jackson County. *See Cierco*, 857 F.3d at 418.

Plaintiffs argue it is “illogical” to think that a jurisdiction would “turn that money away.” Pl. Br. at 24. But the record in this case (with Texas DSHS in particular) refutes that. And Plaintiffs misrely on *Diamond Alternative Energy, LLC v. EPA*, 606 U.S. 100 (2025). *See* Pl. Br. at 23-24. That decision illustrates that when a government (the State of California) mandates that automakers manufacture cars that use less gasoline (*i.e.*, through EV mandates), plaintiff gasoline producers have standing to sue to invalidate the regulation—“common sense” economic reality dictated that reduced gas sales were a likely and predictable effect of the challenged California regulation. *See Diamond Alt. Energy*, 606 U.S. at 117. In fact, the Court pointed out that “record evidence [including declarations from the fuel producers] confirms what common sense tells us: Invalidating the regulations likely (not certainly, but likely) would make a

⁹ This scope is overbroad insofar as it is defined to include jurisdictions that “employ AFSCME-represented public health workers”—regardless of whether the grant terminations impacted those workers. Pl. Br. Proposed Order at 2. Plaintiffs broadened the scope they previously used at the preliminary injunction stage, which covered “state and local employers of AFSCME members what were affected” by the terminations. *See* ECF 14-17. *See* remedy section below, *see* Part V.

difference for fuel producers because automakers would likely manufacture more vehicles that run on gasoline and other liquid fuels.” *Id.* at 118. Here, the “record evidence” (the various declarations submitted on behalf of the Local Government Plaintiffs concerning inability to access or “spend down” the awards) refutes AFSCME’s standing argument, and Plaintiffs fail to show any similar “predictable chain of events” here, let alone the application of any “commonsense economic principles.” *See id.* at 116-17.

III. Plaintiffs’ Claims are Moot Insofar as the Contractual Performance Periods Have Expired and No Meaningful Relief is Possible.

Plaintiffs claims are moot, and the Court lacks jurisdiction, insofar as the contractual performance periods of the grants have expired, so that the relief requested in the complaint is meaningless. “If events outrun the controversy such that the court can grant no meaningful relief, the case must be dismissed as moot. This requirement applies independently to each form of relief sought” *McBryde v. Comm. to Review Cir. Council Conduct & Disability Orders of the Jud. Conf. of the U.S.*, 264 F.3d 52, 55 (D.C. Cir. 2000). “The expiration of a contract on its own terms constitutes such a moot event.” *ACLU of Mass. v. U.S. Conf. of Cath. Bishops*, 705 F.3d 44, 58 (1st Cir. 2013). One reason for this “mootness is that a court cannot provide meaningful relief to the allegedly aggrieved party. This is clearest in cases where the only relief requested is an injunction. Once a contract has expired, there is no ongoing conduct left for the court to enjoin.” *Id.* at 53 (citing *Columbian Rope Co. v. West*, 142 F.3d 1313, 1316 (D.C. Cir. 1998)). Here, the expired performance periods preclude further payout, insofar as the case is before this Court and subject to remedies under the APA (*i.e.*, set aside). For each expired grant, the relief requested is meaningless. As explained further below, there is no legal basis for the Court to rewrite the performance periods, as requested by Plaintiffs. And “[t]he potential of declaratory

relief alone cannot save an action from mootness if the object of the suit is not some ongoing underlying policy, but . . . an isolated agency action.” *Columbian Rope*, 142 F.3d at 1317 n.9.

IV. Even if the Court had Jurisdiction, Plaintiffs’ Claims fail

A. Plaintiffs’ Attempt to Challenge an Alleged “Mass Termination Decision” is Not Reviewable

Even if this Court had jurisdiction to hear Plaintiffs’ claims, those claims fail to the extent they are predicated on an alleged “Mass Termination Decision”—rather than termination of individual grants. *See* Compl., ¶¶ 154-72 (Count IV, V, and VI). By framing their case as a challenge to an alleged “Mass Termination Decision”—which they define as “Defendants’ decision to terminate the[] ‘COVID-related’ CDC grant programs *en masse*,” *id.* ¶ 5—Plaintiffs seek to avoid casting this case as an “essentially contractual” dispute subject to the Tucker Act. But, as explained earlier, Defendants did retain numerous COVID-era grants that served broader infectious disease purposes, and Defendants therefore dispute the underlying allegations that “Defendants did not consider impacted grants individually[,]” but “[r]ather, they made a policy decision to end all purportedly COVID-related funding.” Pl. Br. at 6. In any event, even so styled, Plaintiffs’ claims fail for multiple reasons.

As a threshold matter, Plaintiffs lack standing to challenge any alleged “Mass Termination Decision.” Any injury to Harris County (for example) stems from the notice of termination for each of *its* particular grants, not any alleged “Mass Termination Decision.” For similar reasons, vacatur of any alleged “Mass Termination Decision” would not provide redress to Plaintiffs. Rather, redress (even assuming it were likely for the indirect grants) would require *reinstatement* of each individual terminated grant. Perhaps recognizing this issue, the Court’s PI decision does not refer to any alleged “Mass Termination Decision.” *See Harris Cnty.*, 786 F. Supp. 3d 194.

In addition, the alleged “Mass Termination Decision” is not final agency action. “Only ‘final agency action for which there is no other adequate remedy in a court’ is reviewable under the APA.” *C.G.B. v. Wolf*, 464 F. Supp. 3d 174, 224 (D.D.C. 2020) (Cooper, J.) (quoting 5 U.S.C. § 704). “The ‘final agency action’ requirement involves two discrete inquiries. First, Plaintiffs must identify an ‘agency action.’ . . . Second that agency action must be ‘final.’” *Id.*

Under the first requirement, pursuant to “the terms of the APA, [Plaintiffs] must direct [their] attack against some particular ‘agency action’ that causes [them] harm,” *Lujan v. Nat’l Wildlife Fed’n*, 497 U.S. 871, 891 (1990), and that agency action must be “circumscribed” and “discrete[.]” *Norton v. S. Utah Wilderness All.*, 542 U.S. 55, 62 (2004) (“*SUWA*”). In *Lujan*, the Supreme Court dispelled any notion that a programmatic challenge can proceed under the APA:

[I]t is at least entirely certain that the flaws in the entire “program”—consisting principally of the many individual actions referenced in the complaint, and presumably actions yet to be taken as well—cannot be laid before the courts for wholesale correction under the APA, simply because one of them is ripe for review [and] adversely affects [a plaintiff].

497 U.S. at 892-93. Indeed, the purpose of the APA’s discrete agency action requirement is “to protect agencies from undue judicial interference with their lawful discretion, and to avoid judicial entanglement in abstract policy disagreements which courts lack both expertise and information to resolve.” *SUWA*, 542 U.S. at 66. Here, the alleged “Mass Termination Decision” is insufficiently discrete, and would amount to an unreviewable “programmatic” decision under *Lujan*. *Lujan*, 497 U.S. at 891. Rather than challenging the specific grants at issue, Plaintiffs seek to “vacate[.]” an alleged “decision . . . to mass-terminate all remaining public health grants issued under [specified statutes].” Pl. Br. Proposed Order at 1-2. In other words, rather than seeking to challenge any of these discrete decisions that may have caused them harm, Plaintiffs seek to dress up these “many individual actions” as a single decision in order to challenge all of

them at once—contrary to the APA. *See Lujan*, 497 U.S. at 893. The discrete agency action requirement precludes using the APA for this type of claim.

Under the second requirement, the alleged “Mass Termination Decision” also does not qualify as final agency action because no legal consequences would flow from it. “For an agency action to be final, it must be “*both* the consummation of the agency's decision making process’ *and* a decision by which ‘rights or obligations have been determined’ or from which ‘legal consequences will flow.’” *Nat’l Mining Ass’n v. McCarthy*, 758 F.3d 243, 250 (D.C. Cir. 2014) (quoting *Bennett v. Spear*, 520 U.S. 154, 177-78 (1997)). Here, any alleged “Mass Termination Decision” would not qualify as final agency action, at minimum, because it would not determine Plaintiffs’ rights and obligations. Rather, “legal consequences . . . flow” only from the termination of each grant, reflected in the termination notice for each individual grant included in the administrative record. *Bennett*, 520 U.S. at 178 (citation omitted). And the Administrative Record in this case includes the termination notices for each of the twelve specific grants at issue in this case, which an explanation for the reasons for the termination.

Thus, even if the Court had jurisdiction, Plaintiffs’ attempt to challenge an alleged “Mass Termination Decision” is unreviewable and fails.

C. Plaintiffs’ APA Claims Fail on the Merits¹⁰

1. Defendants’ Actions Were Not Arbitrary and Capricious

As a threshold matter, Plaintiffs overlook that “arbitrary and capricious review entails a very deferential scope of review that forbids a court from substituting its judgment for that of the agency.” *Appalachian Voices v. FERC*, 139 F.4th 903, 927 (D.C. Cir. 2025) (Henderson, J., concurring). “[R]eview under the arbitrary-and-capricious standard is narrow; [courts] will

¹⁰ Plaintiffs’ unconstitutional-and-contrary-to-statute claim under the APA (Count IV) is discussed in Part IV.B.4, in connection with the constitutional and *ultra vires* claims.

uphold an agency decision ‘of less than ideal clarity if the agency’s path may reasonably be discerned.’” *Bloch v. Powell*, 348 F.3d 1060 (D.C. Cir. 2003) (quoting *Bowman Transp., Inc. v. Ark.-Best Freight Sys., Inc.*, 419 U.S. 281, 285 (1974)). Put differently, the agency need only articulate “a ‘rational connection between the facts found and the choice made,’” *Bowman*, 419 U.S. at 285 (citation omitted), acting within a wide “zone of reasonableness.” *FCC v. Prometheus Radio Project*, 592 U.S. 414, 423 (2021). Plaintiffs allege that Defendants failed to “provide even a basic explanation for its decision-making,” Pl. Br. at 38, but the explanation in the Termination Notices—in short, that with the end of the pandemic, the grants’ “limited purpose has run out” (*see supra*)—easily defeats that claim. And despite Plaintiffs’ argument that Defendants made no individualized determinations with respect to the COVID-era grants, CDC did in fact retain numerous COVID-related grants serving broader infectious disease purposes, demonstrating individualized decision-making. *See* Legier Decl. ¶ 6.

Plaintiffs argue that “[a]n agency may not depart from a prior policy without providing ‘good policy reasons for the new policy’ . . .” Pl. Br. at 37 (citing *FCC v. Fox Television Stations, Inc.* 556 U.S. 502, 512 (2009)). But Plaintiffs are mistaken to assume that the “policies” they fault here—in contrast to the more formal policies at issue in *Fox Television*—are subject to this doctrine at all. In any event, the argument fails because HHS *did* explain its decision *vis a vis* the ending of the pandemic.

Plaintiffs also argue that “Defendants acted arbitrarily when they failed to account for the substantial reliance interests of grantees, who depended on Defendants’ commitments in hiring employees . . . [and] entering into contract and subcontracts,” among other things. *Id.* at 38-39. But the APA requires the weighing of only those interests that are “legitimate” and “serious.” *See, e.g., Whitman-Walker Clinic, Inc. v. U.S. Dep’t of Health & Hum. Servs.*, 485 F. Supp. 3d 1,

49 (D.D.C. 2020), *appeal dismissed*, 2021 WL 5537747 (D.C. Cir. Nov. 19, 2021). Here, the terms of the grants expressly permitted “for cause”-termination. So Plaintiffs fail to show they had a right to develop any reliance interest that their grant would not be terminated for cause, in the circumstances here. And with respect to Plaintiffs’ work and expenditure of funds prior to the termination of the grants, HHS allowed Plaintiffs to draw down from funds for any work that they already had done prior to the termination date. *See, e.g.*, AR00069.

Last, Plaintiffs argue that, under *Spirit Airlines, Inc. v. U.S. Department of Transportation*, there is no evidence in the record that Defendants “consider[ed] responsible alternatives to [their] chosen policy and to give a reasoned explanation for [their] rejection of such alternatives.” 997 F.3d 1247, 1255 (D.C. Cir. 2021). But this presupposes a formal “policy” here akin to that in *Spirit*, and improperly suggests that this doctrine would apply whenever an agency changes its mind about anything. The Termination Notices make clear that HHS viewed the grants as unnecessary—with the end of the pandemic, “their limited purposes has run out.” *See, e.g.*, AR00065-69, at 69.

2. Defendants did not Violate HHS Regulations

Plaintiffs also argue that HHS violated the APA by contravening its own regulations, in terminating the grants “for cause,” where its stated reason allegedly is not a permissible basis thereunder. Pl. Br. at 25. This claim fails.

The “Termination” section of the grants’ terms and conditions expressly incorporates 45 C.F.R. § 75.372. At the time, that regulation permitted termination (1) “if the non-Federal entity fails to comply with the terms and conditions of the award,” or, separately, (2) “for cause.” *Id.* § 75.372(a)(1)–(2). The underlying Notice of Funding Opportunity also set forth these two distinct

bases. This language demonstrates that the agency may terminate grants “for cause,” as distinct from any violation of the grant terms and conditions.

HHS regulations do not define “for cause.” Pointing to “traditional rules of construction,” this Court observed that Plaintiffs’ interpretation of “cause,” as non-compliance with the terms and conditions, “runs headlong into th[e] presumption” against reading regulations to avoid surplusage.” *Harris Cnty.*, 786 F. Supp. 3d at 213. And the Court stated that “strong textual evidence suggests that ‘cause’ is not so limited as Plaintiffs espouse.” *Id.* The Dictionary definitions (which the Court referenced as a potential aid) provide clarification. *Id.* For example, the Eleventh Circuit explained that Black’s Law Dictionary “defines ‘for cause’ straightforwardly as ‘[f]or a legal reason or ground.’” *In re Piazza*, 719 F.3d 1253, 1261 (11th Cir. 2013). That opinion continued, “[t]his understanding of ‘cause,’ moreover, is not limited to legal dictionaries,” and “the common thread among [non-legal definitions] is unmistakable: the ordinary meaning of ‘cause’ is adequate or sufficient reason.” *Id.* at 1261-62.

So understood, the end of the pandemic provided “cause” to terminate COVID-related grants, as stated in the Termination Notices. The agency determined that the purpose for which the grants were awarded was superseded by the end of the public health emergency, and the Termination Notices reflect this determination by stating that the pandemic was over.

Plaintiffs primarily point to HHS’s new regulation, at 2 C.F.R. § 200.340(a), which they assert “eliminates the [allegedly] duplicative ‘for cause’ provision.” Pl. Br. at 35. But this regulation did not become effective until October 2025. The relevant grant awards here predated this period, and instead, expressly incorporated 45 C.F.R. § 75.372 into the contractual terms. This new regulation therefore is not controlling.

A. Plaintiffs’ Constitutional and Ultra Vires claims also Fail.

Plaintiffs’ separation of powers, Spending Clause, and *ultra vires* claims also fail.

“Constitutional rights do not typically come with a built-in cause of action to allow for private enforcement in courts.” *Global Health*, 153 F.4th at 13 (citation omitted). And there is “no cause of action to bring . . . freestanding constitutional claim[s]” where, as here, the case is controlled by *Dalton v. Specter*, 511 U.S. 462, 474 (1994), which distinguishes between “claims that an official exceeded his statutory authority, on the one hand [(as here)], and claims that he acted in violation of the Constitution, on the other.” *See Global Health*, 153 F.4th at 17.

Specifically, “[Plaintiffs] may not bring a freestanding constitutional claim if the underlying alleged violation and claimed authority are statutory,” as is the case here. *Id.* at 7. This forecloses Plaintiffs’ constitutional and *ultra vires* claims.

In *Global Health*, the D.C. Circuit “conclude[d] that *Dalton* controls this case and the grantees lack a cause of action to bring their freestanding constitutional claim,” where plaintiffs asserted a separation-of-powers claim alleging that the government (in freezing foreign aid spending) impounded funds in violation of the 2024 Appropriations Act, the ICA and the Anti-Deficiency Act. *Id.* at 17. The court reasoned that “this dispute is fundamentally statutory [rather than constitutional] because the alleged constitutional violation is predicated on the underlying alleged statutory violations.” *Id.* at 15 n.11 (emphasis added). “[S]uch claims must meet the standards governing review of *ultra vires* claims, and cannot be recast as constitutional claims through the mere invocation of the separation of powers.” *Id.* at 17 n.14. *See, e.g., Am. Physics*, 2025 WL 2615054, at *16 (concluding that under *Global Health* Plaintiffs “lack a cause of action to bring their freestanding constitutional claim.”); *Appalachian Voices*, 2025 WL 2494905, at *8-9 (same).¹¹

¹¹ There is no merit to Plaintiffs’ argument that *Dalton* is inapplicable here, which they contend based on their reading of *Chamber of Commerce v. Reich*, 74 F.3d 1322, 1329 (D.C. Cir. 1996). *See* Pl. Br. at 29. *See Appalachian Voices*, 2025 WL 2494905, at *9 (explaining, as set forth in

1. Plaintiffs Lack a Cause of Action for their Freestanding Separation-of-Powers Claim

Under this framework, the Court analyzes Plaintiffs' separation-of-powers claim as an *ultra vires* claim because "the underlying alleged violation and claimed authority are statutory." *See Global Health*, 153 F.4th at 7. Specifically, Plaintiffs claim that the Individual Defendants violated the five COVID-era appropriations statutes underlying the grants. *See, e.g.*, Pl. Motion for PI at 20 ("[t]he Executive's actions here directly contravene Congress's appropriations for Plaintiffs' public health programming."); *Harris Cnty.*, 786 F. Supp. 3d at 205 (plaintiffs' separation-of-powers claim is "that the Executive Branch allegedly did not spend funds that it was required to spend."). Accordingly, "*Dalton* controls this case and [Plaintiffs] lack a cause of action to bring their freestanding constitutional claim." *See Global Health*, 153 F.4th at 17. The claim therefore must be analyzed as an *ultra vires* claim, which as explained further below, is a standard Plaintiffs cannot meet here.

2. Plaintiffs Lack a Cause of Action for their Spending-Clause Claim

Plaintiffs' Spending Clause claim also fails. As an initial matter, Plaintiffs do not challenge Congressional action, which is a predicate to such a claim. The Spending Clause is implicated only "when Congress imposes a spending or funding condition," and without challenging congressional action, Plaintiff "cannot state a claim under the Spending Clause." *Wilmer Cutler Pickering Hale & Dorr LLP v. Exec. Off. of President*, 784 F. Supp. 3d 127, 162-63 (D.D.C. 2025), *appeal filed*, No. 25-5277 (D.C. Cir. July 28, 2025); *McMahon*, 791 F. Supp. 3d at 1288 (citing same); *see also Harris Cnty.*, 786 F. Supp. 3d at 212 ("At the outset, it is

Global Health, that *Reich* does not address the holding in *Dalton* that "statutory claims cannot be transformed into constitutional ones").

unclear that [the Spending Clause’s] limitation on Congress’s spending power applies to the Executive Branch.”).

In any event, this “freestanding constitutional claim[]” fails for the same reason as the separation-of-powers claim: this dispute is “fundamentally statutory” because “the alleged constitutional violation is predicated on the underlying alleged statutory violation.” *Global Health*, 153 F.4th at 15 n.11. Plaintiffs claim is that in the specific appropriations statutes underlying the grants, Congress imposed no “funding conditions,” so the Individual Defendants allegedly violated those statutes by “conditioning the [grant] funding on the COVID-19 pandemic,” when that limitation is allegedly absent from the appropriations statutes. *See, e.g.*, Pl. Br. at 30; *see also id.* at 1 (the “decision to override a congressional spending mandate violated constitutional separation of powers principles as well as the Spending Clause”); *see also* Compl. ¶¶ 146-47. To the extent there is any claim at all, it must be analyzed as an *ultra vires* claim.

3. Plaintiffs Cannot Meet the Stringent Standards for their *Ultra Vires* Claim

“To prevail on an *ultra vires* claim, the plaintiff must establish that (1) review is not expressly precluded by statute, (2) “there is no alternative procedure for review of the statutory claim” and (3) the challenged action is “plainly” in “excess of [the agency’s] delegated powers and contrary to a specific prohibition in the statute that is clear and mandatory.” *Global Health*, 153 F.4th at 20. A defendant “violates a clear and mandatory statutory command only when the error is so extreme that one may view it as jurisdictional or nearly so.” *Id.* (quoting *Changji Esquel Textile Co. v. Raimondo*, 40 F.4th 716, 722 (D.C. Cir. 2022)). As the Supreme Court put it, an *ultra vires* “claim is essentially a Hail Mary pass—and in court as in football, the attempt rarely succeeds.” *Nuclear Regul. Comm’n v. Texas*, 605 U.S. 665, 681-82 (2025).

Plaintiffs cannot meet these “stringent” requirements for an *ultra vires* claim. *See Changji Esquel*, 40 F.4th at 722. Indeed, Plaintiffs do not even appear to try, as their summary judgment brief includes only a short conclusory, paragraph on the *ultra vires* claim, *see* Pl. Br. at 31, without any analysis of the elements or how Plaintiffs satisfy them. In any event, here, as in *Global Health*, “[plaintiffs] fail to satisfy the third prong of the *ultra vires* reviewability test,” because the “grantees can point to no specific prohibition [in the underlying statutes that] the defendants have violated to an extreme and nearly jurisdictional degree.” *Global Health*, 153 F.4th at 20. Here, Plaintiffs have identified no “specific prohibition” in the appropriations statutes that barred cancellation of the grants, due to the end of the pandemic. *See id.*; *see also NRC*, 605 U.S. at 666 (plaintiff can prevail on an *ultra vires* claim “only when an agency acts entirely in excess of its delegated powers and contrary to a *specific prohibition* in a statute”). At most, Plaintiffs argue that Congress’ actions through the Fiscal Responsibility Act of 2023, in rescinding some COVID funds but not others, implies that Congress did not intend for the agency to cancel grants related to the latter. But Plaintiffs do not allege any “specific prohibition” on grant termination in the statutes. *See id.* And as noted *Global Health*, “the prohibition at issue must confer rights upon the individual seeking *ultra vires* review,” 153 F.4th at 20, and Plaintiffs make no showing that the appropriations statutes confer any rights on them. Plaintiffs also fail the second prong of the *ultra vires* reviewability test, because “an alternative procedure for review” is available under the Tucker Act. *See id.* at 21 n.18.

4. Even if the *Ultra Vires* Standard is Inapplicable, Plaintiffs Cannot Establish any Constitutional or Statutory Violation

Finally, even if the *ultra vires* standard does not apply, Plaintiffs still fail to establish any constitutional or statutory violation, and therefore cannot support their unconstitutional-and-contrary-to-statute APA claim (Count IV). The five underlying COVID-19 supplemental

appropriations statutes at issue in this case directed HHS to allocate money for “grants” or “cooperative agreements” to “state, tribal, local, and territorial entities,” not specifically to Plaintiffs or any particular entity. These lump-sum appropriations statutes generally specified a minimum amount to be allocated to STLTS. HHS obligated *more* to the STLTS than the amounts specified by Congress, by the dates specified in the relevant appropriations statutes, before cancellation. *See* May 23 Legier Decl. ¶¶ 12-25. That is, CDC entered the agreements prior to any appropriations deadline, and obligated the full amount required. *Then CDC subsequently terminated, for cause, as provided for in the grant agreements*—explaining that the grants and cooperative agreements were issued for a limited purpose, to ameliorate the effects of the pandemic, and now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.

Plaintiffs fail to identify any specific statutory violation from this. As the Court noted, two of the statutes, PPP and ARPA, have no appropriations deadline, and it is undisputed that these presently are not closed. *See* Pl. Br. at 27. Defendants also previously showed that for most of the appropriations statutes, Defendants actually spent more than the amounts specified in the appropriations statutes.

Congress subsequently revisited the appropriations statutes, when it enacted the Fiscal Responsibility Act of 2023, yet imposed no restrictions. If Congress had intended restrictions on CDC’s ability to cancel the grants after the end of the pandemic (as the grants allowed for), Congress had the opportunity to add these restrictions, but chose not to. Because Plaintiffs cannot show that Defendants violated the underlying appropriations statutes, they fail to establish any constitutional violation. Therefore, their unconstitutional-and-contrary-to-statute claim under the APA (Count IV) fails.

V. Any Relief Should be Limited

To the extent this Court determines it has jurisdiction and Plaintiffs' claims have succeeded, then any relief should be limited to setting aside the individual grant terminations of the four Local Government Plaintiffs (to the extent the grants have not already expired).

Relief should not extend to AFSCME. As a threshold matter, the Court should continue to respect the decision of the relevant jurisdictions, which have not joined this lawsuit. *See Harris Cnty.*, 786 F. Supp. 3d at 223 (“[Neither Alaska nor Jackson County, Ohio] sued to recoup these funds, a decision their elected official were entitled to make for themselves and their constituents. The Court will not override that decision lightly....”). If the Court does extend relief to AFSCME, the Court should limit it to members that AFSCME has chosen to identify and who have standing.

Limiting a remedy to the members the associational plaintiffs have identified for standing purposes comports with the limitations on extending relief to nonparties. *See Trump v. CASA, Inc.*, 606 U.S. 831, 856 (2025). This Court cannot circumvent that prohibition indirectly by extending relief to nonparties who are represented by a party, other than through properly established associational standing or class certification under Rule 23. *See Smith v. Bayer Corp.*, 564 U.S. 299, 315 (2011) (“[A] properly conducted class action . . . can come about in federal courts in just one way—through the procedure set out in Rule 23.”). No plaintiff has sought or obtained class certification, and AFSCME has identified just a handful of its thousands of members for standing purposes. *See* Compl. ¶¶ 131-32; *Harris Cnty.*, 786 F. Supp. 3d at 222 (observing “26 AFSCME members, almost all of whom are located in just one state, are not enough to warrant an injunction as to 27 states and hundreds of municipalities across the country”); *see generally* Toscano Decl. ECF No. 46-8. AFSCME cannot end-run all three of

those limits—*CASA*, Rule 23, and associational standing requirements—by obtaining a nationwide injunction for members whose membership is unknown.

Limiting the remedy in this way also appropriately leaves the breadth of the remedy those plaintiffs can receive in their own hands. Nothing prevents AFSCME from naming as many of its members as it wishes so that each member can benefit from any relief the Court orders.

Likewise, nothing prevents those Plaintiffs’ members from seeking to litigate this case as a class action. Thus, any remedy should only extend to cover the specific members AFSCME has identified for standing purposes.

Finally, if the Court rule against Defendants, the Court should not require CDC to rewrite or extend the contractual performance periods in the grants. Plaintiffs did not request this relief in their complaint, and they provide no legal authority supporting it. *Cf. Triple-A Baseball Club Assocs. v. Ne. Baseball, Inc.*, 832 F.2d 214, 220 (1st Cir. 1987) (“Although by rewriting the contract between the parties, the court may have arrived at what it considered a just result, we think it violated the basic principles of contract law.”). Moreover, because it would effectively amount to a measure of compensatory damages, it would be inconsistent with the APA and the Tucker Act. *See Appalachian Voices*, 2025 WL 2494905, at *8 (explaining that “[a]n order reinstating plaintiffs’ grants and extending their time for performance [(i.e., extension of performance periods specified in the grant agreements)] *compensates* plaintiffs for EPA’s terminations.” (emphasis added)).

CONCLUSION

For all of the reasons stated, the Court should deny Plaintiffs’ motion for summary judgment and grant Defendants’ motion to dismiss and/or motion for summary judgment.

DATED: December 23, 2025

Respectfully submitted,

BRETT A. SHUMATE
Assistant Attorney General
Civil Division

MICHELLE BENNETT
Assistant Director, Federal Programs Branch

/s/ Steven M. Chasin
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United States Department of Justice
Civil Division, Federal Programs Branch
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Counsel for Defendants

Administrative Record Excerpts



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH75OT000026-01-00
FAIN# NH75OT000026
Federal Award Date: 05/27/2021

Recipient Information

1. Recipient Name

HARRIS COUNTY, TEXAS
201 Caroline St Ste 460
Environmental Public Health
Houston, TX 77002-1901
[NoPhoneRecord]

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Dr. Dana Beckham
dana.beckham@phs.hctx.net
832-524-5627

8. Authorized Official

Judge Lina Hidalgo
County Judge
cjgrantsnotification@hctx.net
713-274-8506

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. John McGee
Grants Management Specialist
qsj4@cdc.gov
404-498-4348

10. Program Official Contact Information

Ms. Christine Graaf
khx2@cdc.gov
404-498-0442

Federal Award Information

11. Award Number

1 NH75OT000026-01-00

12. Unique Federal Award Identification Number (FAIN)

NH75OT000026

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2023

20. Total Amount of Federal Funds Obligated by this Action \$27,627,507.00

20a. Direct Cost Amount \$25,830,835.00

20b. Indirect Cost Amount \$1,796,672.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$27,627,507.00

26. Project Period Start Date 06/01/2021 - End Date 05/31/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shirley K Byrd
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH75OT000026-01-00

FAIN# NH75OT000026

Federal Award Date: 05/27/2021

Recipient Information					
Recipient Name					
HARRIS COUNTY, TEXAS					
201 Caroline St Ste 460					
Environmental Public Health					
Houston, TX 77002-1901					
[NoPhoneRecord]					
Congressional District of Recipient					
18					
Payment Account Number and Type					
1760454514A5					
Employer Identification Number (EIN) Data					
760454514					
Universal Numbering System (DUNS)					
072206378					
Recipient's Unique Entity Identifier					
Not Available					
31. Assistance Type					
Project Grant					
32. Type of Award					
Other					
33. Approved Budget (Excludes Direct Assistance)					
I. Financial Assistance from the Federal Awarding Agency Only					
II. Total project costs including grant funds and all other financial participation					
a. Salaries and Wages					\$2,548,333.00
b. Fringe Benefits					\$1,070,300.00
c. Total Personnel Costs					\$3,618,633.00
d. Equipment					\$0.00
e. Supplies					\$96,092.00
f. Travel					\$7,840.00
g. Construction					\$0.00
h. Other					\$0.00
i. Contractual					\$22,108,270.00
j. TOTAL DIRECT COSTS					\$25,830,835.00
k. INDIRECT COSTS					\$1,796,672.00
l. TOTAL APPROVED BUDGET					\$27,627,507.00
m. Federal Share					\$27,627,507.00
n. Non-Federal Share					\$0.00
34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000026C5	OT	41.51	\$27,627,507.00	75-2122-0140

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000026-01-00

FAIN# NH75OT000026

Federal Award Date: 05/27/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HARRIS COUNTY, TEXAS

1 NH75OT000026-01-00

1. Terms and Conditions

AR 00004

Recipient: Harris County Public Health (HCPH)

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$27,627,507 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Pre-Award Costs: Pre-award costs dating back to March 15, 2021– and directly related to the COVID-19 outbreak response are allowable.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Although the recipient's indirect costs are approved based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective May 21, 2021, a lower rate of 7.01249730964486 percent is requested. The reduced indirect cost rate is approved.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
John McGee, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qsj4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
 Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

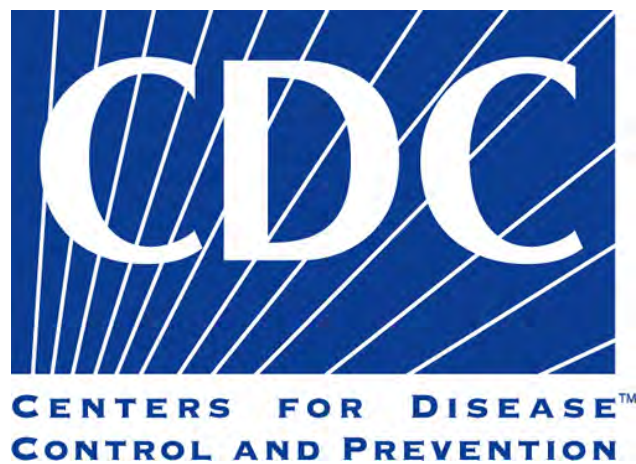
Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

05/03/2021

Table of Contents

A. Funding Opportunity Description	3
B. Award Information.....	18
C. Eligibility Information	20
D. Application and Submission Information	21
E. Review and Selection Process.....	33
F. Award Administration Information.....	35
G. Agency Contacts	42
H. Other Information	43
I. Glossary.....	44

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OT21-2103. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>. Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT21-2103

E. Assistance Listings Number:

93.391

F. Dates:

1. Due Date for Letter of Intent (LOI):

03/26/2021

2. Due Date for Applications:

05/03/2021

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time
and

6:00pm to 7:00pm Eastern Standard Time

Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

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G. Executive Summary:

1. Summary Paragraph

The [*Consolidated Appropriations Act, 2021* \(P.L. 116-260\)](#), which contained the [*Coronavirus Response and Relief Supplemental Appropriations Act, 2021* \(P.L. 116-260, Section 2, Division M\)](#) provided, in part, funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, including racial and

ethnic minority groups and people living in rural communities. Strategies also include those to develop or identify best practices for states and public health officials to use for contact tracing.

To achieve these purposes, the Centers for Disease Control and Prevention (CDC) is announcing a non-competitive grant CDC-RFA-OT21-2103 titled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.” This grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

G (Grant)

c. Approximate Number of Awards

108

d. Total Period of Performance Funding:

\$ 2,250,000,000

All funding will be disbursed during year one with a total performance period of two years.

e. Average One Year Award Amount:

\$ 0

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$26,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

f. Total Period of Performance Length:

2

g. Estimated Award Date:

June 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.

To reduce the burden of COVID-19 among populations disproportionately affected, it is imperative that state, local, US territorial, and freely associated state health departments (or their bona fide agents) work collaboratively and develop partnerships with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected, including racial and ethnic minority groups and people living in rural communities, it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to building and sustaining trust, ensuring equitable access to COVID-19 related services, and advancing health equity to address COVID-19 related health disparities among populations at higher risk, underserved, and disproportionately affected.¹

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended] and the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III).

c. Healthy People 2030

This emergency funding opportunity focuses on emergency preparedness and response foundational capability and addresses the "*Healthy People 2030*" focus areas of [Preparedness](#), [Vaccination](#), [Health Communication](#), [Respiratory Disease](#), [Infectious Disease](#), [Public Health Infrastructure](#), and [Social Determinants of Health](#).

For specific objectives within these topic areas, please visit www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

- [Executive Order on Ensuring an Equitable Pandemic Response and Recovery \(EO13995\)](#)
- [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government \(EO13985\)](#)
- [National Strategy for the COVID-19 Response and Pandemic Preparedness](#) (see Goal 6)
- [CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)
- [Centers for Disease Control and Prevention Coronavirus 2019 \(COVID-19\) Recommendations and Guidance for state, local, territorial and tribal health departments](#)

e. Relevant Work

This NOFO is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies:

- CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)
- ELC Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 - Supplement
- CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation's Health

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Due to the nature of this grant and public health crisis, there is not a predetermined logic model. It is expected that funds from this grant will be used to strengthen public health infrastructure, preparedness and response capabilities and services in [state, local, US territorial and freely associated state health](#) departments (or their bona fide agents) to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected populations through testing, contact tracing and other mitigation strategies. All applicants must define the populations disproportionately affected by COVID-19 within their respective jurisdiction, describe how they will reach these populations, and describe their experience working with communities that are underserved and at higher risk for COVID-19 disparities and health inequities.

Recipients will be required to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs, or services) to those communities in their applications. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);

- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

i. Purpose

Address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

ii. Outcomes

The intended outcomes for this grant are:

1. Reduced COVID-19-related health disparities.
2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.
3. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

iii. Strategies and Activities

This grant program will address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

The program is composed of *four* overarching strategies:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved: Ensuring equitable access to critical COVID-19 personal protective equipment (PPE), testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services require deploying focused strategies, resources, and activities to meet the needs of individuals and mitigate the spread of COVID-19 among populations disproportionately impacted.

Priority activities for *Strategy 1* should include:

- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities;

Additional activities may include but are not limited to:

- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are underserved, including racial and ethnic minority groups at higher risk for COVID-19 to: 1) connect community members to programs, healthcare providers, services and resources (e.g., transportation, housing support, food assistance programs, mental health and substance abuse services, substance abuse) they might need and 2) lessen adverse effects of mitigation strategies

2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic: Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting.

Priority activities for *Strategy 2* should include:

- Improve data collection and reporting for testing and contact tracing for populations at higher risk and that are underserved;

Additional activities may include but are not limited to:

- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups

- Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it; 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency
- Assure adequate resources for data infrastructure and workforce to ensure alignment with data modernization

3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved: Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected populations. Where feasible, this short-term program will build, leverage, and expand the infrastructure and capacity within state, local, US territorial and freely associated state health departments (or their bona fide agents) to ensure and expand equitable access to critical COVID-19 testing and contact tracing, as well as PPE, quarantine and isolation, vaccination, and other wrap-around and supportive services.

Priority activities for *Strategy 3* should include:

- Expand the infrastructure to improve testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Convene and facilitate multi-sector coalitions or advisory groups that include members of underserved communities and organizations that serve the community. These groups may provide advice, guidance, and recommendations for addressing COVID-19 and advancing health equity among their communities
- Update jurisdictions' COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses
- Build and expand an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19

4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved: Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this

strategy, collaborations between the primary applicant and key partners will broadly address health disparities and inequities related to COVID-19. (Please refer to Approach section of NOFO for a list of recommended key partners.)

Priority activities for Strategy 4 should include:

- Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions that decrease risk for COVID-19
- Develop mechanisms such as community advisory groups that include leaders representing racial and ethnic minority groups and rural community leaders and members representing underserved populations to inform COVID-19 and future emergency response activities
- Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications through various channels (e.g., local media, local or community newspapers, radio, TV, trusted communications agents) written in plain language and in formats and languages suitable for diverse audiences—including people with disabilities, limited English proficiency, etc.—addressing and, as necessary, dispelling of misinformation and barriers to mitigation practices due to mistrust.
- Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners (e.g., community health workers, churches, transportation providers, social workers) to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination, and healthcare strategies
- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Recipients are encouraged to collaborate, as appropriate, with CDC programs and centers, institutes, and offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs that support COVID-19 response.

To facilitate the identification and sharing of best practices, program evaluation, training, tool development, and communications of findings, recipients may receive tailored technical assistance from select national or regional partner organizations funded through CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improvement and Protect the Nation's Health*.

For questions about collaborating with CDC, please contact the CDC point of contact for this NOFO.

b. With organizations not funded by CDC:

It is a requirement of this opportunity to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs and/or services) to those communities. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);

- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

Memoranda of understanding (MOUs) or memoranda of agreement (MOAs) are encouraged, but not required.

2. Target Populations

This NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality.

Recipients are required to define and describe their respective population(s) of focus and describe how they will provide direct support (e.g., funding, services, or programs) to those communities within their application. Please include in the description the number of those you will serve broken out by applicable geographic area and/or community.

Recipients are also encouraged to include members of the populations and communities to be served in the planning, implementation, and evaluation of program activities.

a. Health Disparities

Evidence shows that COVID-19-related health disparities are inextricably linked to complex and widespread health and social inequities that have put many people from populations that are underserved—including racial and ethnic minority groups and people living in rural communities—at higher risk of exposure, infection, hospitalization, and mortality from COVID-19.^{2, 3, 4} Health equity requires striving for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

The intent of this funding opportunity is to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

To reduce the burden of COVID-19 among disproportionately affected populations applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and

- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected—including racial and ethnic minority groups, and people living in rural communities—it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to build and sustain trust, ensure equitable access to COVID-19-related services, and advance health equity to address COVID-19-related health disparities among populations at higher risk, underserved, and disproportionately affected.

iv. Funding Strategy

The funding strategy will consist of three components aimed at decreasing health disparities. The components are defined by type of jurisdiction. The amount of funds available for each component are based on the overall population size for each type of jurisdiction. Funds will be awarded for each component using a separate formula that is: a) consistent with the intent of the legislation and purposes of the grant, and b) appropriate for the eligible recipients. The three jurisdiction-specific components include:

1. State, City and County Jurisdictions: Approximately 80% of total available funding will be awarded to all states and eligible cities and counties based on COVID-19 social and structural determinants, as defined by the COVID-19 Community Vulnerability Index (CCVI).
2. Rural Jurisdictions: Approximately 19% of total available funding will be awarded to states with rural populations, as defined by the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) definition of rural. All state recipients will receive a portion of the rural funding available. Each recipient's share will be based on the size of the rural population within the recipient's jurisdiction. These funds will be distributed to state recipients in combination with the first Component (i.e., the CCVI allotment, in a single award.)
3. US Territorial and Freely Associated State Jurisdictions: Approximately 1% of total available funds will be awarded to US territories and freely associated states. Each US territorial and freely associated state recipient will receive base funding (\$500,000), plus a population-based allotment that has been adjusted for COVID-19 burden. The COVID-19 burden adjustment will be based on the cumulative number of cases and deaths (per 100,000) for each US territory and freely associated state.

Please see Attachment A: OT21-2103 List of Eligible Applicants for a complete list of eligible applicants.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Performance measures will be finalized and provided to recipients within approximately 45 days of award.

CDC will use recipients' financial and progress reporting data to address evaluation questions relating to use of funds and results associated with the grant. CDC will collect this information quarterly through the end of the period of performance utilizing standardize templates. Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

Given the flexible nature of this grant and diversity of allowable activities, a Data Management Plan (DMP) is not required **unless** a recipient chooses to allocate funding to a COVID-19 activity that involves the collection, generation, or analysis of data. The DMP may be submitted as a checklist, paragraph, or other format. To help guide applicants in developing a DMP, a sample plan is provided via the following link:

<http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html>

As a result of the declared public health emergency (PHE), COVID-19, CDC's COVID-19 related data collections currently fall under a PHE Paperwork Reduction Act (PRA) Waiver as part of the 21st Century Cures Act. PRA requirements for most information collection activities that support the investigation of, and response to the COVID-19 pandemic, that would normally require submission of a PRA package, can be waived. If information collection activities continue beyond the period of the declared public health emergency or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA. Awardees will receive additional guidance from CDC on how to address these PRA requirements.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Due to the nature of this grant and public health crisis, applicants are not required to provide an Evaluation and Performance Measurement plan with their application. Recipients are strongly encouraged to use evaluation and performance measurement data at the local level to monitor, evaluate, and continuously improve program performance. CDC will finalize and provide performance measures within approximately 45 days of award. Recipients will be required to report quarterly on CDC defined performance measures and participate in CDC evaluation and performance management activities. Evaluation reports will be made available to the public.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate the organizational capacity needed to carry out and coordinate strategies to advance health equity and address COVID-19-related health disparities for populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Applicants must also demonstrate the capacity to collaborate with their State Offices of Rural Health (SORH) or equivalent, if applicable, and with key partners with community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Please refer to Approach section of NOFO for a list of recommended key partners.

Acceptable documentation includes, but is not limited to, a signed letter by the health department leader or their designees on organization letterhead explaining the existing capacity and capability; departmental organizational charts; an incident management structure organizational chart; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file “Organizational Capacity” and upload it as a PDF to www.grants.gov.

d. Work Plan

Applicants must develop and submit a high-level work plan for the 2-year period of performance. The work plan must align with the strategies and activities outlined in the NOFO. Specifically, activities must align to one or more of the following strategies:

- *Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved*

- *Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic*
- *Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved*
- *Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved*

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan Template. Applicant must name this file "[Name of Jurisdiction] Work Plan" and upload it as an attachment to www.grants.gov.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

CDC will collect recipient financial and progress reporting data quarterly through the end of the period of performance.

CDC will also conduct a virtual compliance visit after six months, but before the end of the first year, from date of the award. The virtual compliance visit will be a telephone call and/or video conference to ensure the recipient's compliance with using the funding for the approved activities and to identify technical assistance needs. CDC may conduct additional in-person site or virtual visits as needed to best facilitate grants management and oversight duties.

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

CDC-RFA-OT21-2103

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

\$ 2,250,000,000

5. Total Period of Performance Funding:

\$ 2,250,000,000

This amount is subject to the availability of funds.

All funding will be disbursed during year one with a total performance period of two years.

Estimated Total Funding:

\$ 2,250,000,000

6. Total Period of Performance Length:

2

year(s)

7. Expected Number of Awards:

108

8. Approximate Average Award:

\$ 0

Per Project Period

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$26,000,000

- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

9. Award Ceiling:

\$ 50,000,000

Per Project Period

This amount is subject to the availability of funds.

Funding will vary by jurisdiction category. Award Ceiling by applicant type:

- State Health Department: \$50,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$35,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$9,000,000
- US Territories and Freely Associated States: \$10,000,000

10. Award Floor:

\$ 500,000

Per Project Period

Funding will vary by jurisdiction category. Award Floor by applicant type:

- State Health Department: \$17,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$17,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$2,000,000
- US Territories and Freely Associated States: \$500,000

11. Estimated Award Date:

June 01, 2021

12. Budget Period Length:

24 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

2. Additional Information on Eligibility

Awards must be made to state, District of Columbia, local, US territorial, and/or freely associated state health departments (or their bona fide agents). Local (health departments) governments or their bona fide agents are eligible if they:

- Serve a county population of 2,000,000 or more; or serve a city population of 400,000 or more. Population for county and city jurisdictions are based on the following US Census 2019 resources:
 - [City and Town Population Totals: 2010-2019 \(census.gov\)](https://www.census.gov/popest/totals/2019) U.S. Census -- Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019
 - [County Population Totals: 2010-2019 \(census.gov\)](https://www.census.gov/popest/totals/2019)- US Census – Annual Estimates for 2019

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at <https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2>

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information**1. Required Registrations**

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at <https://www.sam.gov/SAM/>.

c. [Grants.gov](http://www.grants.gov):

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration

process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> 1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fds-gov/home.do Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization 	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter Of Intent 03/26/2021

03/26/2021

b. Application Deadline

05/03/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time

and

6:00pm to 7:00pm Eastern Standard Time

Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/join/16040976381>

Join by SIP

16040976381@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant’s history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with

supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Letters of Intent (LOI) are not required but are requested as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Letters of Intent should be submitted via email to OT21-2103Support@cdc.gov no later than March 26, 2021.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the 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. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health

measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get_Started%2FGet_Started. htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase I Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach	Maximum Points: 0
ii. Evaluation and Performance Measurement	Maximum Points: 0
iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0
Budget	Maximum Points: 0
i. Approach	Maximum Points: 0
ii. Evaluation and Performance Measurement	Maximum Points: 0
iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0
Budget	Maximum Points: 0

c. Phase III Review

This is a noncompetitive NOFO. Applications will be reviewed for technical merit without scoring.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold,

defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated posting date is March 17, 2021, on www.grants.gov. Applicants will have up to 45 days, or May 3, 2021, to respond. Applicants are encouraged to apply early. The anticipated award date is approximately 30 calendar days after the end of the application period, or June 1, 2021.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

The following Administrative Requirements (AR) apply to this NOFO:

- [AR-7: Executive Order 12372 Review](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-11: Healthy People 2030](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-15: Proof of Non-profit Status](#)
- [AR-23: Compliance with 45 CFR Part 87](#)
- [AR-14: Accounting System Requirements](#)
- [AR-16: Security Clearance Requirement](#)
- [AR-21: Small, Minority, And Women-owned Business](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)
- [AR-25: Data Management and Access](#)
- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- [AR-32: Enacted General Provisions](#)
- [AR-34: Language Access for Persons with Limited English Proficiency](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

Recipients are also expected to adhere to administrative requirements relating to nondiscrimination contained in Standard Form 424B (Rev. 7-97): Assurances - Non-Construction Programs, prescribed by OMB Circular A-102.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

Report Type	When?	Required?
Expenditure Reporting	Quarterly expenditure reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Progress Reporting	Quarterly progress reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Federal Financial Reporting Forms	Due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	Due 90 days after end of period of performance	Yes

There may be flexibility in reporting deadlines. CDC will communicate updates or revisions to reporting requirements as appropriate.

Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
 - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
 - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

- a. recipient name;
- b. contact name with phone, fax, and e-mail;
- c. agreement number(s) if reporting by agreement(s);
- d. reporting period;
- e. amount of foreign taxes assessed by each foreign government;
- f. amount of any foreign taxes reimbursed by each foreign government;
- g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Stacey

Last Name:

Mattison Jenkins

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Department of Health and Human Services
Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
1825 Century Center Blvd., Mailstop V18-1
Atlanta, GA 30345

Telephone:

Email:

OT21-2103Support@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance**, contact:

First Name:

Shirley

Last Name:

Byrd

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Department of Health and Human Services

Centers for Disease Control and Prevention

Office of Grants Services

2939 Flowers Road

Atlanta, GA 30341

Telephone:

(770) 488-2591

Email:

yuo6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative

- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

References

[1] Michener L, Aguilar-Gaxiola S, Alberti PM, Castaneda MJ, Castrucci BC, Harrison LM, et al. Engaging With Communities — Lessons (Re)Learned From COVID-19. *Prev Chronic Dis* 2020;17:200250. https://www.cdc.gov/pcd/issues/2020/20_0250.htm

2] US Centers for Disease Control and Prevention. COVID-19 cases, data, and surveillance: hospitalization and death by race/ethnicity. Accessed October 12, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

[3] Rubin-Miller L, Alban C, Artiga S, Sullivan S. COVID-19 racial disparities in testing, infection, hospitalization, and death: analysis of Epic data. Published September 16, 2020. Accessed October 12, 2020. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>

[4] Paul R, Arif A, Pokhrel K, Ghosh S. The association of social determinants of health with COVID-19 mortality in rural and urban counties. *Journal of Rural Health*. 2021;1-9. <https://doi.org/10.1111/jrh.12557>

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements

(ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional_requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list:
https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-SPOC_01_2018_OFFM.pdf.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement

(MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear,

consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Health equity (2) is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Populations can include but are not limited to: African American, Latino, and Indigenous and Native American persons, Asian Americans and Pacific

Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural communities; and persons otherwise adversely impacted by persistent poverty or inequality [\(Definition modified from the *Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021*\).](#)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000026-01-04

FAIN# NH75OT000026

Federal Award Date: 02/22/2024

Recipient Information

1. Recipient Name

HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jennifer Kiger
Division Director
Jennifer.Kiger@phs.hctx.net
832-927-7520

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjgrantsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Charlena Gatlin
Internal Reviewer
tie3@cdc.gov
678-475-4966

10. Program Official Contact Information

Sophie Xie
Program Officer
qv9@cdc.gov
770-488-6692

Federal Award Information

11. Award Number

6 NH75OT000026-01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000026

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2021	- End Date	05/31/2026
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$27,627,507.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$27,627,507.00		
26. Period of Performance Start Date	06/01/2021	- End Date	05/31/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$27,627,507.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Ester Edward
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000026-01-04

FAIN# NH75OT000026

Federal Award Date: 02/22/2024

Recipient Information		33. Approved Budget (Excludes Direct Assistance)																													
Recipient Name HARRIS COUNTY 1001 Preston St Houston, TX 77002-1839 --		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation																													
Congressional District of Recipient 18 Payment Account Number and Type 1760454514A5 Employer Identification Number (EIN) Data 760454514 Universal Numbering System (DUNS) 072206378 Recipient's Unique Entity Identifier (UEI) JFMKAENLGN81		<table border="1"> <tr> <td>a. Salaries and Wages</td> <td>\$3,549,268.26</td> </tr> <tr> <td>b. Fringe Benefits</td> <td>\$1,606,489.52</td> </tr> <tr> <td>c. Total Personnel Costs</td> <td>\$5,155,757.78</td> </tr> <tr> <td>d. Equipment</td> <td>\$0.00</td> </tr> <tr> <td>e. Supplies</td> <td>\$181,836.84</td> </tr> <tr> <td>f. Travel</td> <td>\$72,705.74</td> </tr> <tr> <td>g. Construction</td> <td>\$0.00</td> </tr> <tr> <td>h. Other</td> <td>\$38,100.83</td> </tr> <tr> <td>i. Contractual</td> <td>\$21,693,701.57</td> </tr> <tr> <td>j. TOTAL DIRECT COSTS</td> <td>\$27,142,102.76</td> </tr> <tr> <td>k. INDIRECT COSTS</td> <td>\$485,404.24</td> </tr> <tr> <td>l. TOTAL APPROVED BUDGET</td> <td>\$27,627,507.00</td> </tr> <tr> <td>m. Federal Share</td> <td>\$27,627,507.00</td> </tr> <tr> <td>n. Non-Federal Share</td> <td>\$0.00</td> </tr> </table>		a. Salaries and Wages	\$3,549,268.26	b. Fringe Benefits	\$1,606,489.52	c. Total Personnel Costs	\$5,155,757.78	d. Equipment	\$0.00	e. Supplies	\$181,836.84	f. Travel	\$72,705.74	g. Construction	\$0.00	h. Other	\$38,100.83	i. Contractual	\$21,693,701.57	j. TOTAL DIRECT COSTS	\$27,142,102.76	k. INDIRECT COSTS	\$485,404.24	l. TOTAL APPROVED BUDGET	\$27,627,507.00	m. Federal Share	\$27,627,507.00	n. Non-Federal Share	\$0.00
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34. Accounting Classification Codes																															
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION																									
1-9390H06	21NH75OT000026C5	OT	41.51	93.391	\$0.00	75-2122-0140																									


DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-04

FAIN# NH75OT000026

Federal Award Date: 02/22/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HARRIS COUNTY

6 NH75OT000026-01-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

No Cost Extension: The purpose of this amendment is to approve a 24 month No Cost Extension per the request submitted by your organization dated February 7, 2024 . The budget and project period end dates have been extended from May 31, 2024 to May 31, 2026.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Based on the approved no-cost extension, an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 31, 2024.

Closeout Requirements: Recipients must submit all closeout reports within 120 days of the period of performance end date. Standard closeout reporting requirements are identified in the *General Terms and Conditions*, which are published on the CDC website at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000026-01-05

FAIN# NH75OT000026

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**

HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Marisol Casares
Grants Supervisor
marisol.casares@phs.hctx.net
713-274-6297

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Sophie Xie
Program Officer
qv9@cdc.gov
770-488-6692

Federal Award Information**11. Award Number**

6 NH75OT000026-01-05

12. Unique Federal Award Identification Number (FAIN)

NH75OT000026

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2021	- End Date	03/24/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
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25. Total Federal and Non-Federal Approved this Budget Period	\$27,627,507.00		
26. Period of Performance Start Date	06/01/2021	- End Date	03/24/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$27,627,507.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000026-01-05

FAIN# NH75OT000026

Federal Award Date: 03/24/2025

Recipient Information		33. Approved Budget (Excludes Direct Assistance)																													
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Employer Identification Number (EIN) Data 760454514																															
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Recipient's Unique Entity Identifier (UEI) JFMKAENLGN81																															
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32. Type of Award Other																															
34. Accounting Classification Codes																															
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION																									
1-9390H06	21NH75OT000026C5	OT	41.51	93.391	\$0.00	75-2122-0140																									


DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-05

FAIN# NH75OT000026

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HARRIS COUNTY

6 NH75OT000026-01-05

1. Terms & Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP006986-01-00
FAIN# NU58DP006986
Federal Award Date: 08/23/2021

Recipient Information

1. Recipient Name

County of Harris, Texas
201 Caroline St Ste 460
Harris County, Texas
Houston, TX 77002-1901
[No Phone Record]

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjgrantsnotification@hctx.net
713-274-7000

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Colbert
Grants Management Specialist
hvx1@cdc.gov
770-488-2848

10. Program Official Contact Information

Dr. Monique Young
Public Health Advisor/Project Officer
Division of Cancer Prevention and Control
hza4@cdc.gov
770-488-3434

Federal Award Information

11. Award Number

1 NU58DP006986-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2021 - End Date 08/30/2022

20. Total Amount of Federal Funds Obligated by this Action \$2,999,755.00

20a. Direct Cost Amount \$2,754,193.00

20b. Indirect Cost Amount \$245,562.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$2,999,755.00

26. Project Period Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP006986-01-00

FAIN# NU58DP006986

Federal Award Date: 08/23/2021

Recipient Information					
Recipient Name					
County of Harris, Texas					
201 Caroline St Ste 460					
Harris County, Texas					
Houston, TX 77002-1901					
[No Phone Record]					
Congressional District of Recipient					
18					
Payment Account Number and Type					
1760454514A5					
Employer Identification Number (EIN) Data					
760454514					
Universal Numbering System (DUNS)					
072206378					
Recipient's Unique Entity Identifier					
Not Available					
31. Assistance Type					
Project Grant					
32. Type of Award					
Other					
33. Approved Budget (Excludes Direct Assistance)					
I. Financial Assistance from the Federal Awarding Agency Only					
II. Total project costs including grant funds and all other financial participation					
a. Salaries and Wages					\$520,000.00
b. Fringe Benefits					\$218,400.00
c. Total Personnel Costs					\$738,400.00
d. Equipment					\$0.00
e. Supplies					\$123,500.00
f. Travel					\$16,500.00
g. Construction					\$0.00
h. Other					\$158,576.00
i. Contractual					\$1,717,217.00
j. TOTAL DIRECT COSTS					\$2,754,193.00
k. INDIRECT COSTS					\$245,562.00
l. TOTAL APPROVED BUDGET					\$2,999,755.00
m. Federal Share					\$2,999,755.00
n. Non-Federal Share					\$0.00
34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	\$2,999,755.00	75-2024-0943

AWARD ATTACHMENTS

County of Harris, Texas

1 NU58DP006986-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated May 24, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$2,999,755 is approved for the Year 1 budget period, which is **August 31, 2021 through August 30, 2022**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component B	\$2,999,755

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of

and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: By September 30, 2021 the recipient must submit a revised budget with a narrative justification for the following cost:

- **Approved Funding** - Recipient must submit a revised budget with a narrative justification based on the approved funding of \$2,999,755
- **Supply Costs** - Recipient must name the 5 positions for whom the laptops will be assigned.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective .

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Colbert, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
Email: Hvx1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "**P Account**". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:
Rhonda Colbert, Grants Management Specialist (GMS)

Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Hvx1@cdc.gov | Phone: 770-488-2848

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Monique Young, Project Officer
Centers for Disease Control and Prevention
National Center for Disease Prevention and Health
Telephone: 770-488-3434
Email: HZA4@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Stephanie Latham, Grants Management Officer (GMO)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: FZV6@cdc.gov | Telephone: 770-488-2197



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006986-03-04

FAIN# NU58DP006986

Federal Award Date: 07/15/2024

Recipient Information

1. Recipient Name

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

2. Congressional District of Recipient
18

3. Payment System Identifier (ID)
1760454514A5

4. Employer Identification Number (EIN)
760454514

5. Data Universal Numbering System (DUNS)
072206378

6. Recipient's Unique Entity Identifier (UEI)
JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjgrantsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

6 NU58DP006986-03-04

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2023	- End Date	08/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$3,749,982.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$3,749,982.00		
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$9,749,492.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006986-03-04

FAIN# NU58DP006986

Federal Award Date: 07/15/2024

Recipient Information		33. Approved Budget (Excludes Direct Assistance)																													
Recipient Name HARRIS COUNTY 201 Caroline St FL 4 County of Harris Houston, TX 77002-1901 --		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation																													
Congressional District of Recipient 18		<table border="1"> <tr> <td>a. Salaries and Wages</td> <td>\$1,548,240.00</td> </tr> <tr> <td>b. Fringe Benefits</td> <td>\$897,979.00</td> </tr> <tr> <td>c. Total Personnel Costs</td> <td>\$2,446,219.00</td> </tr> <tr> <td>d. Equipment</td> <td>\$0.00</td> </tr> <tr> <td>e. Supplies</td> <td>\$201,576.00</td> </tr> <tr> <td>f. Travel</td> <td>\$21,232.00</td> </tr> <tr> <td>g. Construction</td> <td>\$0.00</td> </tr> <tr> <td>h. Other</td> <td>\$352,333.00</td> </tr> <tr> <td>i. Contractual</td> <td>\$439,992.00</td> </tr> <tr> <td>j. TOTAL DIRECT COSTS</td> <td>\$3,461,352.00</td> </tr> <tr> <td>k. INDIRECT COSTS</td> <td>\$288,630.00</td> </tr> <tr> <td>l. TOTAL APPROVED BUDGET</td> <td>\$3,749,982.00</td> </tr> <tr> <td>m. Federal Share</td> <td>\$3,749,982.00</td> </tr> <tr> <td>n. Non-Federal Share</td> <td>\$0.00</td> </tr> </table>		a. Salaries and Wages	\$1,548,240.00	b. Fringe Benefits	\$897,979.00	c. Total Personnel Costs	\$2,446,219.00	d. Equipment	\$0.00	e. Supplies	\$201,576.00	f. Travel	\$21,232.00	g. Construction	\$0.00	h. Other	\$352,333.00	i. Contractual	\$439,992.00	j. TOTAL DIRECT COSTS	\$3,461,352.00	k. INDIRECT COSTS	\$288,630.00	l. TOTAL APPROVED BUDGET	\$3,749,982.00	m. Federal Share	\$3,749,982.00	n. Non-Federal Share	\$0.00
a. Salaries and Wages	\$1,548,240.00																														
b. Fringe Benefits	\$897,979.00																														
c. Total Personnel Costs	\$2,446,219.00																														
d. Equipment	\$0.00																														
e. Supplies	\$201,576.00																														
f. Travel	\$21,232.00																														
g. Construction	\$0.00																														
h. Other	\$352,333.00																														
i. Contractual	\$439,992.00																														
j. TOTAL DIRECT COSTS	\$3,461,352.00																														
k. INDIRECT COSTS	\$288,630.00																														
l. TOTAL APPROVED BUDGET	\$3,749,982.00																														
m. Federal Share	\$3,749,982.00																														
n. Non-Federal Share	\$0.00																														
Payment Account Number and Type 1760454514A5																															
Employer Identification Number (EIN) Data 760454514																															
Universal Numbering System (DUNS) 072206378																															
Recipient's Unique Entity Identifier (UEI) JFMKAENLGN81																															
31. Assistance Type Project Grant																															
32. Type of Award Other																															
34. Accounting Classification Codes																															
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION																									
1-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943																									
2-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943																									
3-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943																									

AWARD ATTACHMENTS

HARRIS COUNTY

6 NU58DP006986-03-04

1. Terms and Conditions

AR 00152

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a twelve (12) month No Cost Extension per the request submitted by your organization dated 7/1/2024. The budget and project period end dates have been extended from August 31, 2021, to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2024, to August 30, 2025, must be submitted by November 28, 2025.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired

or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP006999-01-00

FAIN# NU58DP006999

Federal Award Date: 08/23/2021

Recipient Information

1. Recipient Name

Nashville & Davidson County Metropolitan
Government
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A2

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Brad Thompson
Grants & Contracts
bradley.thompson@nashville.gov
615-340-0407

8. Authorized Official

Tina Lester
tina.lester@nashville.gov
615-340-5614

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Latimer
Grants Management Officer
ITO1@cdc.gov
7704881647

10. Program Official Contact Information

Dr. Monique Young
Public Health Advisor/Project Officer
Division of Cancer Prevention and Control
hza4@cdc.gov
770-488-3434

Federal Award Information

11. Award Number

1 NU58DP006999-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2021 - End Date 08/30/2022

20. Total Amount of Federal Funds Obligated by this Action \$1,000,000.00

20a. Direct Cost Amount \$924,892.00

20b. Indirect Cost Amount \$75,108.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Project Period Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP006999-01-00

FAIN# NU58DP006999

Federal Award Date: 08/23/2021

Recipient Information					
Recipient Name					
Nashville & Davidson County Metropolitan Government 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860					
Congressional District of Recipient					
05					
Payment Account Number and Type					
1620694743A2					
Employer Identification Number (EIN) Data					
620694743					
Universal Numbering System (DUNS)					
078217668					
Recipient's Unique Entity Identifier					
Not Available					
31. Assistance Type					
Project Grant					
32. Type of Award					
Other					
33. Approved Budget (Excludes Direct Assistance)					
I. Financial Assistance from the Federal Awarding Agency Only					
II. Total project costs including grant funds and all other financial participation					
a. Salaries and Wages					\$96,185.00
b. Fringe Benefits					\$40,598.00
c. Total Personnel Costs					\$136,783.00
d. Equipment					\$0.00
e. Supplies					\$4,870.00
f. Travel					\$902.00
g. Construction					\$0.00
h. Other					\$0.00
i. Contractual					\$782,337.00
j. TOTAL DIRECT COSTS					\$924,892.00
k. INDIRECT COSTS					\$75,108.00
l. TOTAL APPROVED BUDGET					\$1,000,000.00
m. Federal Share					\$1,000,000.00
n. Non-Federal Share					\$0.00
34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006999C3	DP	41.51	\$1,000,000.00	75-2024-0943

AWARD ATTACHMENTS

Nashville & Davidson County Metropolitan Government

1 NU58DP006999-01-00

1. T&C for Nashville

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”, and application dated May 21, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,000,000 is approved for the Year 1 budget period, which is August 31, 2021 through August 30, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$1,000,000
Component B	\$0
Component C	\$0

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: September 30, 2021 the recipient must submit a revised budget with a narrative justification for the following:

Contracts: Please provide all the elements for the contractors listed under component A as follows:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work
5. Method of Accountability
6. Itemized Budget and Justification

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect costs: Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 30, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Latimer, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5
2939 Flowers Road
Atlanta GA 30341
Email: RDLatimer@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Rhonda Latimer, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5
2939 Flowers Road
Atlanta GA 30341
Telephone: 770-488-1647
Email: RDLatimer@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Monique Young, Project Officer
Centers for Disease Control and Prevention
National Center for Disease Prevention and Health
Telephone: 770-488-3434
Email: HZA4@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Stephanie Latham, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5
Telephone: 770-488-2197
Email: FZV6@cdc.gov



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-08

FAIN# NU58DP006999

Federal Award Date: 07/15/2024

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A3

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official

Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

6 NU58DP006999-03-08

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2023	- End Date	08/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$1,000,000.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$1,000,000.00		
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$3,000,000.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-08

FAIN# NU58DP006999

Federal Award Date: 07/15/2024

Recipient Information		33. Approved Budget (Excludes Direct Assistance)				
Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860 Congressional District of Recipient 05 Payment Account Number and Type 1620694743A3 Employer Identification Number (EIN) Data 620694743 Universal Numbering System (DUNS) 078217668 Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation				
		a. Salaries and Wages b. Fringe Benefits c. Total Personnel Costs d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual	\$215,561.00 \$97,746.00 \$313,307.00 \$0.00 \$33,999.00 \$13,572.00 \$0.00 \$0.00 \$549,552.00			
		j. TOTAL DIRECT COSTS	\$910,430.00			
		k. INDIRECT COSTS	\$89,570.00			
		l. TOTAL APPROVED BUDGET	\$1,000,000.00			
31. Assistance Type Project Grant 32. Type of Award Other		m. Federal Share	\$1,000,000.00			
		n. Non-Federal Share	\$0.00			
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF	6 NU58DP006999-03- 08
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1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a twelve (12) month No Cost Extension per the request submitted by your organization dated June 28, 2024 . The budget and project period end dates have been extended from August 31, 2021 to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2024 to August 30, 2025 must be submitted by November 28, 2025.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH75OT000012-01-00

FAIN# NH75OT000012

Federal Award Date: 05/27/2021

Recipient Information	Federal Award Information																																				
1. Recipient Name KANSAS CITY, MISSOURI, CITY OF 2400 TROOST AVE STE 4300 KANSAS CITY, MO 64108-2666 --	11. Award Number 1 NH75OT000012-01-00 12. Unique Federal Award Identification Number (FAIN) NH75OT000012 13. Statutory Authority 317(K)(2) OF PHSA 42USC 247B(K)(2)																																				
2. Congressional District of Recipient 05 3. Payment System Identifier (ID) 1446000201A1 4. Employer Identification Number (EIN) 446000201 5. Data Universal Numbering System (DUNS) 040710712 6. Recipient's Unique Entity Identifier 7. Project Director or Principal Investigator Mr. William Snook bill.snook@kcmo.org 816-513-6274	14. Federal Award Project Title COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic Community and Low SES employees, small businesses and the associations/chambers that serve them. 15. Assistance Listing Number 93.391 16. Assistance Listing Program Title Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises 17. Award Action Type New 18. Is the Award R&D? No																																				
8. Authorized Official Dr. Rex Archer rec.archer@kcmo.org 816-513-6329	<table border="1"> <thead> <tr> <th colspan="3">Summary Federal Award Financial Information</th> </tr> </thead> <tbody> <tr> <td>19. Budget Period Start Date</td> <td>06/01/2021</td> <td>- End Date 05/31/2023</td> </tr> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td colspan="2">\$3,674,514.00</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td colspan="2">\$3,434,104.00</td> </tr> <tr> <td>20b. Indirect Cost Amount</td> <td colspan="2">\$240,410.00</td> </tr> <tr> <td>21. Authorized Carryover</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>22. Offset</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td colspan="2">\$3,674,514.00</td> </tr> <tr> <td>26. Project Period Start Date</td> <td>06/01/2021</td> <td>- End Date 05/31/2023</td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td colspan="2">Not Available</td> </tr> </tbody> </table>	Summary Federal Award Financial Information			19. Budget Period Start Date	06/01/2021	- End Date 05/31/2023	20. Total Amount of Federal Funds Obligated by this Action	\$3,674,514.00		20a. Direct Cost Amount	\$3,434,104.00		20b. Indirect Cost Amount	\$240,410.00		21. Authorized Carryover	\$0.00		22. Offset	\$0.00		23. Total Amount of Federal Funds Obligated this budget period	\$0.00		24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		25. Total Federal and Non-Federal Approved this Budget Period	\$3,674,514.00		26. Project Period Start Date	06/01/2021	- End Date 05/31/2023	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available	
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27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available																																				
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information Mr. John McGee Grants Management Specialist qsj4@cdc.gov 404-498-4348 10. Program Official Contact Information Ms. Christine Graaf khx2@cdc.gov 404-498-0442	28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer - Signature Ms. Shirley K Byrd Grants Management Officer																																				
30. Remarks																																					



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH75OT000012-01-00

FAIN# NH75OT000012

Federal Award Date: 05/27/2021

Recipient Information		33. Approved Budget (Excludes Direct Assistance)			
Recipient Name KANSAS CITY, MISSOURI, CITY OF 2400 TROOST AVE STE 4300 KANSAS CITY, MO 64108-2666 --		I. Financial Assistance from the Federal Awarding Agency Only			
Congressional District of Recipient 05		II. Total project costs including grant funds and all other financial participation			
Payment Account Number and Type 1446000201A1		a. Salaries and Wages	\$958,406.00		
Employer Identification Number (EIN) Data 446000201		b. Fringe Benefits	\$457,044.00		
Universal Numbering System (DUNS) 040710712		c. Total Personnel Costs	\$1,415,450.00		
Recipient's Unique Entity Identifier Not Available		d. Equipment	\$0.00		
31. Assistance Type Project Grant		e. Supplies	\$47,060.00		
32. Type of Award Other		f. Travel	\$5,854.00		
		g. Construction	\$0.00		
		h. Other	\$85,740.00		
		i. Contractual	\$1,880,000.00		
		j. TOTAL DIRECT COSTS	\$3,434,104.00		
		k. INDIRECT COSTS	\$240,410.00		
		l. TOTAL APPROVED BUDGET	\$3,674,514.00		
		m. Federal Share	\$3,674,514.00		
		n. Non-Federal Share	\$0.00		
34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000012C5	OT	41.51	\$3,674,514.00	75-2122-0140


DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000012-01-00

FAIN# NH75OT000012

Federal Award Date: 05/27/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KANSAS CITY, MISSOURI, CITY OF

1 NH75OT000012-01-00

1. Terms and Conditions

Recipient: City of Kansas City Health Department

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$3,674,514 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Pre-Award Costs: Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

FUNDING RESTRICTIONS AND LIMITATIONS

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective June 1, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
John McGee, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qsj4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000012-01-04

FAIN# NH75OT000012

Federal Award Date: 02/21/2024

Recipient Information**1. Recipient Name**

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

2. Congressional District of Recipient
05**3. Payment System Identifier (ID)**
1446000201A1**4. Employer Identification Number (EIN)**
446000201**5. Data Universal Numbering System (DUNS)**
040710712**6. Recipient's Unique Entity Identifier (UEI)**
UW7DM68M5KF4**7. Project Director or Principal Investigator**

Ms. Dinyelle Baker
Program Manager
dinyelle.baker@kcmo.org
816-513-7914

8. Authorized Official

Ms. Vickie Watson
vickie.watson@kcmo.org
816-513-6241

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Charlena Gatlin
Internal Reviewer
tie3@cdc.gov
678-475-4966

10. Program Official Contact Information

Sophie Xie
Program Officer
qv9@cdc.gov
770-488-6692

Federal Award Information**11. Award Number**

6 NH75OT000012-01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000012

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic
Community and Low SES employees, small businesses and the associations/chambers that serve them.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2025**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$3,674,514.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$3,674,514.00

26. Period of Performance Start Date 06/01/2021 - **End Date** 05/31/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance**

\$3,674,514.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Ester Edward
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH75OT000012-01-04

FAIN# NH75OT000012

Federal Award Date: 02/21/2024

Recipient Information		33. Approved Budget (Excludes Direct Assistance)																													
Recipient Name KANSAS CITY, MISSOURI, CITY OF 2400 TROOST AVE STE 4300 KANSAS CITY, MO 64108-2666 --		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation																													
Congressional District of Recipient 05 Payment Account Number and Type 1446000201A1 Employer Identification Number (EIN) Data 446000201 Universal Numbering System (DUNS) 040710712 Recipient's Unique Entity Identifier (UEI) UW7DM68M5KF4		<table border="1"> <tr> <td>a. Salaries and Wages</td> <td>\$958,406.00</td> </tr> <tr> <td>b. Fringe Benefits</td> <td>\$457,044.00</td> </tr> <tr> <td>c. Total Personnel Costs</td> <td>\$1,415,450.00</td> </tr> <tr> <td>d. Equipment</td> <td>\$0.00</td> </tr> <tr> <td>e. Supplies</td> <td>\$47,060.00</td> </tr> <tr> <td>f. Travel</td> <td>\$5,854.00</td> </tr> <tr> <td>g. Construction</td> <td>\$0.00</td> </tr> <tr> <td>h. Other</td> <td>\$100,870.80</td> </tr> <tr> <td>i. Contractual</td> <td>\$1,864,869.20</td> </tr> <tr> <td>j. TOTAL DIRECT COSTS</td> <td>\$3,434,104.00</td> </tr> <tr> <td>k. INDIRECT COSTS</td> <td>\$240,410.00</td> </tr> <tr> <td>l. TOTAL APPROVED BUDGET</td> <td>\$3,674,514.00</td> </tr> <tr> <td>m. Federal Share</td> <td>\$3,674,514.00</td> </tr> <tr> <td>n. Non-Federal Share</td> <td>\$0.00</td> </tr> </table>		a. Salaries and Wages	\$958,406.00	b. Fringe Benefits	\$457,044.00	c. Total Personnel Costs	\$1,415,450.00	d. Equipment	\$0.00	e. Supplies	\$47,060.00	f. Travel	\$5,854.00	g. Construction	\$0.00	h. Other	\$100,870.80	i. Contractual	\$1,864,869.20	j. TOTAL DIRECT COSTS	\$3,434,104.00	k. INDIRECT COSTS	\$240,410.00	l. TOTAL APPROVED BUDGET	\$3,674,514.00	m. Federal Share	\$3,674,514.00	n. Non-Federal Share	\$0.00
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m. Federal Share	\$3,674,514.00																														
n. Non-Federal Share	\$0.00																														
31. Assistance Type Project Grant 32. Type of Award Other																															
34. Accounting Classification Codes																															
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION																									
1-9390H06	21NH75OT000012C5	OT	41.51	93.391	\$0.00	75-2122-0140																									


DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-04

FAIN# NH75OT000012

Federal Award Date: 02/21/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KANSAS CITY, MISSOURI, CITY OF

6 NH75OT000012-01-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

No Cost Extension: The purpose of this amendment is to approve a 12 month No Cost Extension per the request submitted by your organization dated January 24, 2024 . The budget and project period end dates have been extended from May 31, 2024 to May 31, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 31, 2024.

Recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be

submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000546-05-13
FAIN# NU50CK000546
Federal Award Date: 03/25/2025

Recipient Information

1. Recipient Name

MISSOURI DEPARTMENT OF HEALTH &
SENIOR SERVICES
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1446000987B7

4. Employer Identification Number (EIN)
446000987

5. Data Universal Numbering System (DUNS)
878092600

6. Recipient's Unique Entity Identifier (UEI)
UETLXV8NG8F4

7. Project Director or Principal Investigator

Ms. Misty Dennis
Ops. Specialist
misty.dennis@health.mo.gov
573-751-9751

8. Authorized Official

Mrs. Marcia Mahaney
Director, Division of Administration
marcia.mahaney@health.mo.gov
573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10. Program Official Contact Information

Josiane Chekam Nwafo
Program Officer
qey4@cdc.gov
No phone provided

Federal Award Information

11. Award Number

6 NU50CK000546-05-13

12. Unique Federal Award Identification Number (FAIN)

NU50CK000546

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 - **End Date** 07/31/2027

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$29,607,967.00

22. Offset

\$502,608.00

23. Total Amount of Federal Funds Obligated this budget period

\$7,076,678.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$7,076,678.00

26. Period of Performance Start Date 08/01/2019 - **End Date** 07/31/2027

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance**

\$672,159,634.82

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Gwendolyn Demery Moore
Grants Management Officer

30. Remarks

This is an internal administrative action. No action is required from the recipient.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000546-05-13

FAIN# NU50CK000546

Federal Award Date: 03/25/2025

Recipient Information						
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]						
Congressional District of Recipient 03						
Payment Account Number and Type 1446000987B7						
Employer Identification Number (EIN) Data 446000987						
Universal Numbering System (DUNS) 878092600						
Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4						
31. Assistance Type Cooperative Agreement						
32. Type of Award Other						
33. Approved Budget (Excludes Direct Assistance)						
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation						
a. Salaries and Wages						\$4,151,035.00
b. Fringe Benefits						\$2,656,491.00
c. Total Personnel Costs						\$6,807,526.00
d. Equipment						\$3,609,697.00
e. Supplies						\$1,318,227.00
f. Travel						\$301,463.00
g. Construction						\$0.00
h. Other						\$6,061,406.00
i. Contractual						\$17,702,238.00
j. TOTAL DIRECT COSTS						\$35,800,557.00
k. INDIRECT COSTS						\$1,386,696.00
l. TOTAL APPROVED BUDGET						\$37,187,253.00
m. Federal Share						\$37,187,253.00
n. Non-Federal Share						\$0.00
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939017Y	19NU50CK000546ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000546-05-13

FAIN# NU50CK000546

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922606-05-09
FAIN# NH23IP922606
Federal Award Date: 03/25/2025

Recipient Information	Federal Award Information																								
1. Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]	11. Award Number 6 NH23IP922606-05-09 12. Unique Federal Award Identification Number (FAIN) NH23IP922606 13. Statutory Authority Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended. 14. Federal Award Project Title CDC-RFA-IP19-1901 Immunization and Vaccines for Children Cooperative Agreement																								
2. Congressional District of Recipient 03 3. Payment System Identifier (ID) 1446000987B7 4. Employer Identification Number (EIN) 446000987 5. Data Universal Numbering System (DUNS) 878092600 6. Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4 7. Project Director or Principal Investigator Ms. Lynelle Paro Lynelle.Paro@health.mo.gov 573-526-7967	15. Assistance Listing Number 93.268 16. Assistance Listing Program Title Immunization Cooperative Agreements 17. Award Action Type Administrative Action 18. Is the Award R&D? No																								
8. Authorized Official Mrs. Marcia Mahaney Director, Division of Administration marcia.mahaney@health.mo.gov 573-751-6014	<table border="1"> <thead> <tr> <th colspan="2">Summary Federal Award Financial Information</th> </tr> </thead> <tbody> <tr> <td>19. Budget Period Start Date</td> <td>07/01/2023 - End Date 06/30/2025</td> </tr> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td>\$0.00</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td>\$0.00</td> </tr> <tr> <td>20b. Indirect Cost Amount</td> <td>\$0.00</td> </tr> <tr> <td>21. Authorized Carryover</td> <td>\$24,915,088.00</td> </tr> <tr> <td>22. Offset</td> <td>\$9,240,093.00</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td>\$6,846,150.00</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td>\$0.00</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td>\$6,846,150.00</td> </tr> <tr> <td>26. Period of Performance Start Date</td> <td>07/01/2019 - End Date 06/30/2025</td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</td> <td>\$155,423,669.00</td> </tr> </tbody> </table>	Summary Federal Award Financial Information		19. Budget Period Start Date	07/01/2023 - End Date 06/30/2025	20. Total Amount of Federal Funds Obligated by this Action	\$0.00	20a. Direct Cost Amount	\$0.00	20b. Indirect Cost Amount	\$0.00	21. Authorized Carryover	\$24,915,088.00	22. Offset	\$9,240,093.00	23. Total Amount of Federal Funds Obligated this budget period	\$6,846,150.00	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	25. Total Federal and Non-Federal Approved this Budget Period	\$6,846,150.00	26. Period of Performance Start Date	07/01/2019 - End Date 06/30/2025	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$155,423,669.00
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26. Period of Performance Start Date	07/01/2019 - End Date 06/30/2025																								
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$155,423,669.00																								
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information Percy Jernigan ibj7@cdc.gov 770.488.2811 10. Program Official Contact Information Stephanie Sturgis Program Officer cxu3@cdc.gov 770-488-4266	28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer - Signature Percy Jernigan																								
30. Remarks This is an internal administrative action. No action is required from the recipient.																									



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922606-05-09

FAIN# NH23IP922606

Federal Award Date: 03/25/2025

Recipient Information		33. Approved Budget (Excludes Direct Assistance)				
Recipient Name MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES 920 Wildwood Dr Jefferson City, MO 65109-5796 [NO DATA]		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation				
Congressional District of Recipient 03		a. Salaries and Wages		\$4,012,411.00		
Payment Account Number and Type 1446000987B7		b. Fringe Benefits		\$2,598,885.00		
Employer Identification Number (EIN) Data 446000987		c. Total Personnel Costs		\$6,611,296.00		
Universal Numbering System (DUNS) 878092600		d. Equipment		\$0.00		
Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4		e. Supplies		\$561,144.00		
		f. Travel		\$452,691.00		
		g. Construction		\$0.00		
		h. Other		\$1,621,207.00		
		i. Contractual		\$30,379,844.00		
		j. TOTAL DIRECT COSTS		\$39,626,182.00		
		k. INDIRECT COSTS		\$1,375,149.00		
		l. TOTAL APPROVED BUDGET		\$41,001,331.00		
31. Assistance Type Cooperative Agreement		m. Federal Share		\$41,001,331.00		
32. Type of Award Other		n. Non-Federal Share		\$0.00		
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390BKG	19NH23IP922606	IP	41.51	93.268	\$0.00	75-75-X-0512-009

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922606-05-09

FAIN# NH23IP922606

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922616-05-11

FAIN# NH23IP922616

Federal Award Date: 03/25/2025

Recipient Information	Federal Award Information
1. Recipient Name DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St Austin, TX 78756-3101 [NO DATA]	11. Award Number 6 NH23IP922616-05-11
2. Congressional District of Recipient 10	12. Unique Federal Award Identification Number (FAIN) NH23IP922616
3. Payment System Identifier (ID) 1746000182A1	13. Statutory Authority Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.
4. Employer Identification Number (EIN) 320113643	14. Federal Award Project Title June 2023 Supplemental Funding Programs: HHS Bridge Access and Vaccine Confidence
5. Data Universal Numbering System (DUNS) 807391511	15. Assistance Listing Number 93.268
6. Recipient's Unique Entity Identifier (UEI) NFHJD7V9MGN3	16. Assistance Listing Program Title Immunization Cooperative Agreements
7. Project Director or Principal Investigator Melissa Bell Deputy CFO Grants Specialist melissa.bell@dshs.texas.gov 111-111-1111	17. Award Action Type Administrative Action
8. Authorized Official Mr. Josh Hutchison, MBA Associate Commissioner Josh.Hutchison@dshs.texas.gov 512-707-9234	18. Is the Award R&D? No
Federal Agency Information CDC Office of Financial Resources	Summary Federal Award Financial Information
9. Awarding Agency Contact Information Percy Jernigan ibj7@cdc.gov 770.488.2811	19. Budget Period Start Date 07/01/2023 - End Date 06/30/2025
10. Program Official Contact Information Nancy Wong Program Officer nbb9@cdc.gov 786-777-8767	20. Total Amount of Federal Funds Obligated by this Action \$0.00 20a. Direct Cost Amount \$0.00 20b. Indirect Cost Amount \$0.00
	21. Authorized Carryover \$84,429,777.00
	22. Offset \$7,433,238.00
	23. Total Amount of Federal Funds Obligated this budget period \$76,720,918.00
	24. Total Approved Cost Sharing or Matching, where applicable \$0.00
	25. Total Federal and Non-Federal Approved this Budget Period \$76,720,918.00
	26. Period of Performance Start Date 07/01/2019 - End Date 06/30/2025
	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$683,012,273.00
	28. Authorized Treatment of Program Income ADDITIONAL COSTS
	29. Grants Management Officer - Signature Percy Jernigan
30. Remarks This is an internal administrative action. No action is required from the recipient.	



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922616-05-11

FAIN# NH23IP922616

Federal Award Date: 03/25/2025

Recipient Information		33. Approved Budget (Excludes Direct Assistance)				
Recipient Name DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St Austin, TX 78756-3101 [NO DATA]		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation				
Congressional District of Recipient 10		a. Salaries and Wages	\$16,057,241.00			
Payment Account Number and Type 1746000182A1		b. Fringe Benefits	\$5,111,020.00			
Employer Identification Number (EIN) Data 320113643		c. Total Personnel Costs	\$21,168,261.00			
Universal Numbering System (DUNS) 807391511		d. Equipment	\$0.00			
Recipient's Unique Entity Identifier (UEI) NFHJD7V9MGN3		e. Supplies	\$261,315.00			
31. Assistance Type Cooperative Agreement		f. Travel	\$477,767.00			
32. Type of Award Other		g. Construction	\$0.00			
		h. Other	\$36,167,167.00			
		i. Contractual	\$89,177,775.00			
		j. TOTAL DIRECT COSTS	\$147,252,285.00			
		k. INDIRECT COSTS	\$21,331,648.00			
		l. TOTAL APPROVED BUDGET	\$168,583,933.00			
		m. Federal Share	\$168,583,933.00			
		n. Non-Federal Share	\$0.00			
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390BKG	19NH23IP922616	IP	41.51	93.268	\$0.00	75-75-X-0512-009

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922616-05-11

FAIN# NH23IP922616

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000501-05-19

FAIN# NU50CK000501

Federal Award Date: 03/25/2025

Recipient Information

1. Recipient Name

DEPARTMENT OF STATE HEALTH SERVICES
1100 W 49th St
Austin, TX 78756-3101
[NO DATA]

2. Congressional District of Recipient

10

3. Payment System Identifier (ID)

1320113643A2

4. Employer Identification Number (EIN)

320113643

5. Data Universal Numbering System (DUNS)

807391511

6. Recipient's Unique Entity Identifier (UEI)

NFHJD7V9MGN3

7. Project Director or Principal Investigator

Ms. Susan Tanksley
susan.tanksley@dshs.texas.gov
512-776-3106

8. Authorized Official

Dr. Grace Kubin
grace.kubin@dshs.texas.gov
[NO DATA]

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Dr. Gwendolyn Demery Moore
Grants Management Officer
pne2@cdc.gov
404-498-2596

10. Program Official Contact Information

Christine Mills
Public Health Advisor
jjz3@cdc.gov
770-488-5096

Federal Award Information

11. Award Number

6 NU50CK000501-05-19

12. Unique Federal Award Identification Number (FAIN)

NU50CK000501

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 - End Date 07/31/2027

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$127,329,073.00

22. Offset

\$1,954,998.00

23. Total Amount of Federal Funds Obligated this budget period

\$16,350,798.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$16,350,798.00

26. Period of Performance Start Date 08/01/2019 - End Date 07/31/2027

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$2,446,951,685.03

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Terrian Dixon
Grants Management Officer

30. Remarks

This is an internal administrative action. No action is required from the recipient.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000501-05-19

FAIN# NU50CK000501

Federal Award Date: 03/25/2025

Recipient Information						
Recipient Name DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St Austin, TX 78756-3101 [NO DATA]						
Congressional District of Recipient 10						
Payment Account Number and Type 1320113643A2						
Employer Identification Number (EIN) Data 320113643						
Universal Numbering System (DUNS) 807391511						
Recipient's Unique Entity Identifier (UEI) NFHJD7V9MGN3						
31. Assistance Type Cooperative Agreement						
32. Type of Award Other						
33. Approved Budget (Excludes Direct Assistance)						
I. Financial Assistance from the Federal Awarding Agency Only						
II. Total project costs including grant funds and all other financial participation						
a. Salaries and Wages						\$26,755,593.00
b. Fringe Benefits						\$8,516,293.00
c. Total Personnel Costs						\$35,271,886.00
d. Equipment						\$2,808,147.00
e. Supplies						\$7,746,473.00
f. Travel						\$311,492.00
g. Construction						\$0.00
h. Other						\$5,705,600.00
i. Contractual						\$78,546,524.00
j. TOTAL DIRECT COSTS						\$130,390,122.00
k. INDIRECT COSTS						\$15,244,747.00
l. TOTAL APPROVED BUDGET						\$145,634,869.00
m. Federal Share						\$145,634,869.00
n. Non-Federal Share						\$0.00
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939017Y	19NU50CK000501ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000501-05-19

FAIN# NU50CK000501

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922617-05-11

FAIN# NH23IP922617

Federal Award Date: 03/25/2025

Recipient Information	Federal Award Information																								
1. Recipient Name TENNESSEE DEPARTMENT OF HEALTH 710 James Robertson Pkwy, 64 Andrew Johnson Tower Nashville, TN 37243-1219 [NO DATA]	11. Award Number 6 NH23IP922617-05-11 12. Unique Federal Award Identification Number (FAIN) NH23IP922617 13. Statutory Authority Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended. 14. Federal Award Project Title CDC-RFA-IP19-1901 Immunization and Vaccines for Children																								
2. Congressional District of Recipient 05 3. Payment System Identifier (ID) 1626001445B2 4. Employer Identification Number (EIN) 626001445 5. Data Universal Numbering System (DUNS) 172636268 6. Recipient's Unique Entity Identifier (UEI) EA5JN3P55GR1 7. Project Director or Principal Investigator Dr. Caitlin Newhouse Caitlin.Newhouse@tn.gov 615-741-9477	15. Assistance Listing Number 93.268 16. Assistance Listing Program Title Immunization Cooperative Agreements 17. Award Action Type Administrative Action 18. Is the Award R&D? No																								
8. Authorized Official Dr. Ralph Alvarado Commissioner Ralph.Alvarado@tn.gov 615-532-6942	<table border="1"> <thead> <tr> <th colspan="2">Summary Federal Award Financial Information</th> </tr> </thead> <tbody> <tr> <td>19. Budget Period Start Date</td> <td>07/01/2023 - End Date 06/30/2025</td> </tr> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td>\$0.00</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td>\$0.00</td> </tr> <tr> <td>20b. Indirect Cost Amount</td> <td>\$0.00</td> </tr> <tr> <td>21. Authorized Carryover</td> <td>\$152,715.00</td> </tr> <tr> <td>22. Offset</td> <td>\$25,881.00</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td>\$24,537,951.00</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td>\$0.00</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td>\$24,537,951.00</td> </tr> <tr> <td>26. Period of Performance Start Date</td> <td>07/01/2019 - End Date 06/30/2025</td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</td> <td>\$189,428,174.00</td> </tr> </tbody> </table>	Summary Federal Award Financial Information		19. Budget Period Start Date	07/01/2023 - End Date 06/30/2025	20. Total Amount of Federal Funds Obligated by this Action	\$0.00	20a. Direct Cost Amount	\$0.00	20b. Indirect Cost Amount	\$0.00	21. Authorized Carryover	\$152,715.00	22. Offset	\$25,881.00	23. Total Amount of Federal Funds Obligated this budget period	\$24,537,951.00	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	25. Total Federal and Non-Federal Approved this Budget Period	\$24,537,951.00	26. Period of Performance Start Date	07/01/2019 - End Date 06/30/2025	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$189,428,174.00
Summary Federal Award Financial Information																									
19. Budget Period Start Date	07/01/2023 - End Date 06/30/2025																								
20. Total Amount of Federal Funds Obligated by this Action	\$0.00																								
20a. Direct Cost Amount	\$0.00																								
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21. Authorized Carryover	\$152,715.00																								
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24. Total Approved Cost Sharing or Matching, where applicable	\$0.00																								
25. Total Federal and Non-Federal Approved this Budget Period	\$24,537,951.00																								
26. Period of Performance Start Date	07/01/2019 - End Date 06/30/2025																								
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$189,428,174.00																								
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information Percy Jernigan ibj7@cdc.gov 770.488.2811 10. Program Official Contact Information Nancy Wong Program Officer nbb9@cdc.gov 786-777-8767	28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer - Signature Percy Jernigan																								
30. Remarks This is an internal administrative action. No action is required from the recipient.																									



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922617-05-11

FAIN# NH23IP922617

Federal Award Date: 03/25/2025

Recipient Information		33. Approved Budget (Excludes Direct Assistance)				
Recipient Name TENNESSEE DEPARTMENT OF HEALTH 710 James Robertson Pkwy, 64 Andrew Johnson Tower Nashville, TN 37243-1219 [NO DATA]		I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation				
Congressional District of Recipient 05		a. Salaries and Wages		\$7,732,976.00		
Payment Account Number and Type 1626001445B2		b. Fringe Benefits		\$3,454,124.00		
Employer Identification Number (EIN) Data 626001445		c. Total Personnel Costs		\$11,187,100.00		
Universal Numbering System (DUNS) 172636268		d. Equipment		\$1,794,227.00		
Recipient's Unique Entity Identifier (UEI) EA5JN3P55GR1		e. Supplies		\$1,770,586.00		
		f. Travel		\$269,945.00		
		g. Construction		\$0.00		
		h. Other		\$4,354,622.00		
		i. Contractual		\$5,127,276.00		
		j. TOTAL DIRECT COSTS		\$24,503,756.00		
		k. INDIRECT COSTS		\$212,791.00		
		l. TOTAL APPROVED BUDGET		\$24,716,547.00		
31. Assistance Type Cooperative Agreement		m. Federal Share		\$24,716,547.00		
32. Type of Award Other		n. Non-Federal Share		\$0.00		
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
I-9390BKG	19NH23IP922617	IP	41.51	93.268	\$0.00	75-75-X-0512-009

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922617-05-11

FAIN# NH23IP922617

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000528-05-09
FAIN# NU50CK000528
Federal Award Date: 03/25/2025

Recipient Information	Federal Award Information
1. Recipient Name TENNESSEE DEPARTMENT OF HEALTH 710 James Robertson Pkwy 4th Floor, Andrew Johnson Tower Nashville, TN 37243-1219 [NO DATA]	11. Award Number 6 NU50CK000528-05-09 12. Unique Federal Award Identification Number (FAIN) NU50CK000528 13. Statutory Authority 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2
2. Congressional District of Recipient 05 3. Payment System Identifier (ID) 1626001445B2 4. Employer Identification Number (EIN) 626001445 5. Data Universal Numbering System (DUNS) 172636268 6. Recipient's Unique Entity Identifier (UEI) EA5JN3P55GR1 7. Project Director or Principal Investigator Dr. JOHN DUNN DVM, Ph.D. Deputy State Epidemiologist John.Dunn@tn.gov 615-741-5948	14. Federal Award Project Title Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity 15. Assistance Listing Number 93.323 16. Assistance Listing Program Title Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) 17. Award Action Type Administrative Action 18. Is the Award R&D? No
8. Authorized Official Dr. Ralph Alvarado Commissioner Ralph.Alvarado@tn.gov 615-532-6942	Summary Federal Award Financial Information 19. Budget Period Start Date 08/01/2023 - End Date 07/31/2027 20. Total Amount of Federal Funds Obligated by this Action \$0.00 20a. Direct Cost Amount \$0.00 20b. Indirect Cost Amount \$0.00 21. Authorized Carryover \$18,330,565.00 22. Offset \$4,279,228.00 23. Total Amount of Federal Funds Obligated this budget period \$10,255,349.00 24. Total Approved Cost Sharing or Matching, where applicable \$0.00 25. Total Federal and Non-Federal Approved this Budget Period \$10,255,349.00 26. Period of Performance Start Date 08/01/2019 - End Date 07/31/2027 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$873,849,166.75
Federal Agency Information CDC Office of Financial Resources 9. Awarding Agency Contact Information Benjamin Weiss Grants Management Specialist abb3@cdc.gov 4044983233 10. Program Official Contact Information Mrs. Janice Downing Public Health Analyst jsb3@cdc.gov 404-639-7808	28. Authorized Treatment of Program Income ADDITIONAL COSTS 29. Grants Management Officer - Signature Dr. Gwendolyn Demery Moore Grants Management Officer
30. Remarks This is an internal administrative action. No action is required from the recipient.	



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000528-05-09

FAIN# NU50CK000528

Federal Award Date: 03/25/2025

Recipient Information						
Recipient Name TENNESSEE DEPARTMENT OF HEALTH 710 James Robertson Pkwy 4th Floor, Andrew Johnson Tower Nashville, TN 37243-1219 [NO DATA]						
Congressional District of Recipient 05						
Payment Account Number and Type 1626001445B2						
Employer Identification Number (EIN) Data 626001445						
Universal Numbering System (DUNS) 172636268						
Recipient's Unique Entity Identifier (UEI) EA5JN3P55GR1						
31. Assistance Type Cooperative Agreement						
32. Type of Award Other						
33. Approved Budget (Excludes Direct Assistance)						
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation						
a. Salaries and Wages						\$7,172,029.00
b. Fringe Benefits						\$3,199,770.00
c. Total Personnel Costs						\$10,371,799.00
d. Equipment						\$813,420.00
e. Supplies						\$3,712,200.00
f. Travel						\$436,009.00
g. Construction						\$0.00
h. Other						\$3,880,478.00
i. Contractual						\$12,136,956.00
j. TOTAL DIRECT COSTS						\$31,350,862.00
k. INDIRECT COSTS						\$1,514,280.00
l. TOTAL APPROVED BUDGET						\$32,865,142.00
m. Federal Share						\$32,865,142.00
n. Non-Federal Share						\$0.00
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939017Y	19NU50CK000528ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000528-05-09

FAIN# NU50CK000528

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000543-05-12
FAIN# NU50CK000543
Federal Award Date: 03/25/2025

Recipient Information

1. Recipient Name

OHIO DEPARTMENT OF HEALTH
246 N High St
Office of Health Preparedness-DUP3
Columbus, OH 43215-2406
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1311334820A1

4. Employer Identification Number (EIN)
311334820

5. Data Universal Numbering System (DUNS)
808847933

6. Recipient's Unique Entity Identifier (UEI)
CLN8VY9APLQ5

7. Project Director or Principal Investigator

Ms. Kristen Dickerson
Chief Bureau of Infectious Diseases
kristen.dickerson@odh.ohio.gov
614-512-2842

8. Authorized Official

Mr. Amadou M Diallo
Chief Financial Officer
amadou.diallo@odh.ohio.gov
614-644-8216

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10. Program Official Contact Information

Christine Mills
Public Health Advisor
jjz3@cdc.gov
770-488-5096

Federal Award Information

11. Award Number

6 NU50CK000543-05-12

12. Unique Federal Award Identification Number (FAIN)

NU50CK000543

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 - **End Date** 07/31/2027

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$27,735,938.50

22. Offset \$1,260,618.00

23. Total Amount of Federal Funds Obligated this budget period \$12,890,361.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$12,890,361.00

26. Period of Performance Start Date 08/01/2019 - **End Date** 07/31/2027

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,070,047,585.58

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Dr. Gwendolyn Demery Moore
Grants Management Officer

30. Remarks

This is an internal administrative action. No action is required from the recipient.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000543-05-12

FAIN# NU50CK000543

Federal Award Date: 03/25/2025

Recipient Information						
Recipient Name OHIO DEPARTMENT OF HEALTH 246 N High St Office of Health Preparedness-DUP3 Columbus, OH 43215-2406 [NO DATA]						
Congressional District of Recipient 03						
Payment Account Number and Type 1311334820A1						
Employer Identification Number (EIN) Data 311334820						
Universal Numbering System (DUNS) 808847933						
Recipient's Unique Entity Identifier (UEI) CLN8VY9APLQ5						
31. Assistance Type Cooperative Agreement						
32. Type of Award Other						
33. Approved Budget (Excludes Direct Assistance)						
I. Financial Assistance from the Federal Awarding Agency Only						
II. Total project costs including grant funds and all other financial participation						
a. Salaries and Wages						\$13,375,064.00
b. Fringe Benefits						\$5,349,895.00
c. Total Personnel Costs						\$18,724,959.00
d. Equipment						\$670,917.00
e. Supplies						\$9,603,537.00
f. Travel						\$170,367.00
g. Construction						\$0.00
h. Other						\$1,494,276.00
i. Contractual						\$5,933,602.50
j. TOTAL DIRECT COSTS						\$36,597,658.50
k. INDIRECT COSTS						\$5,289,259.00
l. TOTAL APPROVED BUDGET						\$41,886,917.50
m. Federal Share						\$41,886,917.50
n. Non-Federal Share						\$0.00
34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939017Y	19NU50CK000543ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000543-05-12

FAIN# NU50CK000543

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

General Terms and Conditions for Non-Research Grant and Cooperative Agreements

Incorporation: The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

FEDERAL REGULATIONS AND POLICIES

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA)

<https://www.fsrc.gov/>

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.law.cornell.edu/cfr/text/2/part-175>

CDC Additional Requirements (AR) may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

<https://www.cdc.gov/grants/additional-requirements/index.html>.

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Prohibition on certain telecommunications and video surveillance services or equipment. (Pub. L. 115-232, section 889.): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent consistent with law and appropriate, provide access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations (*including US-based organizations implementing projects with foreign components*): An organization that expends \$750,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Financial Resources, Risk Management and Internal Control Unit's Audit Resolution Team (ART), RMICU.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: An organization that expends \$300,000 or more in a

fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars, and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Risk Management and Internal Control Unit's Audit Resolution Team (ART) at RMICU.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG at the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS) (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. *Reporting Procedures*

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. *Reporting Frequency*

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. *Definitions*

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

(a) *This award may be terminated in whole or in part:*

(1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient must submit these requests no later than 120 days prior to the budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high risk condition, is explicitly indicated in the NOA.

Use of unobligated funds from prior budget period (Carryover)

Lift funding restriction

Significant redirection of funds (i.e., cumulative changes of 25% of total award)

Change in scope

Implement a new activity or enter into a sub-award that is not specified in the approved budget

Apply for supplemental funds

Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, Grants Solutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for

Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however, the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease

Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is not authorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of

these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
<https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:

Recipients are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112- 239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "recipient," "subgrant," or "subrecipient"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

- (a) This section implements [41 U.S.C. 4712](#).
- (b) This section does not apply to-
 - (1) DoD, NASA, and the Coast Guard; or
 - (2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-
 - (i) Relates to an activity of an element of the intelligence community; or
 - (ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

- (a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract, a gross waste of federal funds, an abuse of authority relating to a federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.
- (b) Entities to whom disclosure may be made.
 - (1) A Member of Congress or a representative of a committee of Congress.
 - (2) An Inspector General.
 - (3) The Government Accountability Office.
 - (4) A federal employee responsible for contract oversight or management at the relevant agency.
 - (5) An authorized official of the Department of Justice or other law enforcement agency.
 - (6) A court or grand jury.
 - (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- (c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS

Phone Support: +1(877)614-5533

PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be

required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;

Determining if an application meets the requirements of the NOFO;

Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;

Ensuring recipient compliance with applicable laws, regulations, and policies;

Negotiating awards, including budgets;

Responding to recipient inquiries regarding the business and administrative aspects of an award;

Providing recipients with guidance on the closeout process and administering the closeout of grants;

Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and

Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

General Terms and Conditions for Non-Research Grant and Cooperative Agreements

Incorporation: The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

FEDERAL REGULATIONS AND POLICIES

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Referenced where indicated.

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA)

<https://www.frs.gov/> Refer to the section below on Reporting Requirements for more details.

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.law.cornell.edu/cfr/text/2/part-175>

CDC Additional Requirements (AR) may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

<https://www.cdc.gov/grants/additional-requirements/index.html>.

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Prohibition on certain telecommunications and video surveillance services or equipment ([2 CFR 200.216](#)): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [2 CFR 200.216](#), covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under [2 CFR 200.216](#) until September 30, 2028. During the exemption period, PEPFAR recipients are expected to work toward implementation of [2 CFR 200.216](#). The exemption may only be applied when there is no available alternative eligible source for these services.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Collection and Sharing Under Award: Consistent with strategies and activities expected and anticipated under this award, Recipient, either directly or indirectly, may be expected to collect or generate data for public health purposes. For purposes of this award, data for public health purposes may be administrative data or data commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation, but does not include preliminary analyses, drafts of scientific papers, plans for future research communications with colleagues, or physical objects, such as laboratory notebooks or laboratory specimens unless otherwise specified in the award.

45 C.F.R. 75.322(d) states that the federal government has the right to: 1) obtain, reproduce, publish, or otherwise use the data produced under a federal award; and 2) authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. In furtherance of various United States Government-wide initiatives and policies, the federal government seeks to make federally funded publications and data underlying them more readily available, and to make public health data more readily accessible within the federal government and to the public.

Consistent with grant regulations, CDC may legally obtain a copy of any data collected or generated under this award. Where CDC has determined that data collected or generated under this award must be shared with CDC, such direction will be further addressed in your Notice of Funding Opportunity, your Notice of Grant Award, or other specific grant guidance. Acceptance of funds under this award is an acknowledgement of this regulatory provision and its application to this award.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit, and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award. The DMP should take into consideration sharing data with CDC including: 1) the specific data that will be shared under the award, 2) the process and timing planned for such sharing,

3) and any legal limitations that the Recipient asserts would hinder CDC access to, or use of, the data collected or generated under the award. In addition, the DMP should address broader access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations (*including US-based organizations implementing projects with foreign components*): An organization that expends \$750,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:

[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART), ORMIC.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: A foreign organization that expends \$300,000 or more in a fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART) at ORMIC.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA)

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation

Information, Prime Recipients awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than \$30,000. Refer to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information at [eCFR :: 2 CFR Part 170 -- Reporting Subaward and Executive Compensation Information](#) and <https://www.fsrs.gov/> for reporting requirements and guidance.

Unique Entity Identifier (UEI)

The UEI is the official identifier for doing business with the U.S. Government as of April 4, 2022. The UEI is generated and assigned by the System for Award Management at SAM.gov. In accordance with [2 CFR part 25, Appendix A](#), a recipient must maintain current information in SAM.gov, through at least annual review, until it submits the final required financial report or receives the final payment, whichever is later.

Required Disclosures for Responsibility and Qualification (R/Q) (SAM.gov): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG by email at grantdisclosures@oig.hhs.gov or by mail to the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance include suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated Responsibilities and Qualifications (R/Q) accessible through SAM (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated

integrity and performance system (currently the Responsibility/Qualification (R/Q) through SAM.gov) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have

federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, and age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See information for providers of health care and social services at www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and the HHS Non-Discrimination Notice at www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html. As a condition of the award, all HHS recipients are required to submit a signed HHS-690 form regarding nondiscrimination compliance.

For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities to limited English proficient individuals, see a fact sheet at www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and www.lep.gov.

For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and providing effective communication, see <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>.

HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/title-ix-education-amendments/index.html>.

For information on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <http://www.hhs.gov/conscience/conscience-protections/index.html> and www.hhs.gov/conscience/religious-freedom/index.html.

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

(a) *This award may be terminated in whole or in part:*

- (1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient should submit these requests no later than 120 days prior to the budget period's end date to ensure ample time remains to process and carry-out the request. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high-risk condition, is explicitly indicated in the NOA.

Use of unobligated funds from prior budget period (Carryover)

Lift funding restriction

Significant redirection of funds (i.e., cumulative changes of 25% of total award)

Change in scope

Implement a new activity or enter into a sub-award that is not specified in the approved budget

Apply for supplemental funds

Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, GrantSolutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Recipient Contractual/Consultant Cost Agreements: In accordance with [2 CFR 200.325](#), all supporting documentation related to the elements outlined in the [Budget Preparation Guidelines](#) must be maintained by the recipient and available upon request. Recipients may submit supporting documentation via GrantSolutions Grants Management Services (GSGMS) Grant Notes to the assigned Grants Management Specialist.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:
This [project/publication/program/website, etc.] [is/was] supported by the Centers for

Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This **[project/publication/program/website, etc.] [is/was]** supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with **XX** percentage funded by CDC/HHS and **\$XX** amount and **XX** percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however, the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. As a general matter, a non-federal entity is not authorized to use the HHS name or logo. Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). The appropriate use of the HHS logo is subject to review and approval of the HHS Assistant Secretary for Public Affairs (ASPA), and if granted would be governed by a logo license agreement setting forth the terms and conditions of use.

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC, generally in the form of a logo license agreement setting forth the terms and conditions of use. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are

pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website: <https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Whistleblower Protections: As a recipient of this award you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted online at <https://tips.oig.hhs.gov/> or by mail to U.S. Department of Health and Human Services, Office of the Inspector General, Attn: OIG HOTLINE OPERATIONS, P.O. Box 23489 Washington DC 20026. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. For additional information, see: <https://oig.hhs.gov/fraud/report-fraud/>.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS
Phone Support: +1(877)614-5533
PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars.

Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

In accordance with 2 CFR 200.344, recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI). If recipients do not submit all closeout reports identified in this section within one year of the period of performance end date, then CDC must report recipients' material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently Responsibility/Qualification section of [SAM.gov](https://www.sam.gov)). CDC may also pursue other enforcement actions per 45 CFR 75.371.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will

consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal

official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

HARRIS COUNTY, TEXAS, *et al.*,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as Secretary of United States Department of Health and Human Services, *et al.*,

Defendants.

Case No. 1:25-cv-1275-CRC

DECLARATION OF JAMIE LEGIER

Pursuant to 28 U.S.C. § 1746, I, Jamie Legier, declare as follows:

1. I am the Director of the Office of Grants Services at the Centers for Disease Control and Prevention (CDC), the United States Department of Health and Human Services (“HHS”).

2. In that capacity, my official duties include providing fiscal stewardship across the agency, and I serve as the agency’s principal advisor and liaison on all aspects of grants, including grants financial management activities.

3. I have experience with HHS’s record systems regarding grant awards issued by CDC, a sub-agency of HHS. These records are made in the course of regularly conducted business activity at or near the time of relevant events by a person with knowledge of these events.

4. In the course of preparing this declaration, I have examined the office records available to me regarding grants awarded by CDC.

5. At issue in this litigation are grants provided by CDC to prevent,

prepare for, and mitigate against COVID-19. These grants were issued in the midst of the COVID-19 pandemic, utilizing supplemental funds appropriated through a number of appropriations acts passed by Congress in response to the COVID-19 pandemic.

6. When CDC terminated \$11.4 billion of COVID-19 grant funds on March 24, 2025, it did not terminate all COVID-19 grant funds. The funds that were not terminated included the following:

- Grant funds that were being used to address the ongoing highly pathogenic avian influenza (HPAI) threat. In 2024, HHS had reprogrammed some COVID supplemental funding to address HPAI and data needs.
- Grant funds that were being used for nationwide wastewater surveillance activities critical to outbreak responses solely supported by these funds.
- Grant funds where the period of performance had ended with funds still available. These grants were closed out in accordance with the terms of the grants.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, UNDER PENALTY OF PERJURY, that the foregoing is true and correct.

EXECUTED this December 23, 2025.

/s/ Jamie Legier
Jamie Legier

EXHIBIT A



August 15, 2025

Centers for Disease Control and Prevention
Office of Grant Services
ATTN: Mr. Wayne Woods, Grants Management Specialist
Mr. Ben Weiss, Grant Management Specialist
Chamblee Campus Building 102,
Room 1304, Mailstop S102-1
4770 Buford Hwy
Atlanta, GA 30341

RE: Award Number: 6 NH23IP922616-05-13, June 2023 Supplemental
Funding Programs: HHS Bridge Access and Vaccine Confidence

Award Number: 19 NU50CK000501C3 CDC-RFA-CK-19-1904,
Epidemiology and Laboratory Capacity for Prevention and Control of
Emerging Infectious Diseases (ELC)

Dear Mr. Woods and Mr. Weiss:

DSHS is not currently able to receive funds from CDC to receive or process the reimbursement requests from Harris County Public Health (Harris County).

Upon HHS's termination of the grant awards to DSHS that authorized and funded the subawards made to Harris County, DSHS terminated the respective subawards in response to the loss of funding and authority.

The Order of the U.S. District Court for the District of Columbia has enjoined the defendants in the case brought by Harris County from enforcing or otherwise giving effect to the terminations of any grants issued directly or indirectly to the plaintiffs, including Harris County. DSHS is neither a plaintiff nor a defendant in this case.

In response to the court order, HHS has reobligated the funding due to Harris County under the subawards originally made by DSHS. DSHS received

your Updated Notice Pursuant to Court Order Dated June 17, 2025 and has noted that funds were made available for payment to Harris County in the Payment Management System on July 29, 2025. DSHS did receive the Notice of Award for the exact amounts of the Harris County contracts. DSHS no longer has contracts with Harris County for the COVID-19 Epidemiology and Lab Capacity (ELC) or Immunizations grants. As such, DSHS requests that CDC contract directly with Harris County in order to comply with the court order.

If CDC is requesting that DSHS assist CDC in compliance with the court order by passing through these funds, DSHS requests that HHS acknowledge the costs that DSHS will necessarily incur in meeting its requirements as a passthrough entity (2 CFR 200.332) and adjust the amount of the funds made available in order to appropriately reimburse DSHS for its allowable costs per 2 CFR 200 et. al. and the terms of the original grants. If CDC is unable to adjust the amounts to cover costs associated with managing these subawards, DSHS will return the funds to HHS.

Please confirm how CDC intends to move forward for each of the grant awards. Questions should be directed to our named Authorized Officials Dr. Grace Kubin for ELC at grace.kubin@dshs.texas.gov or Josh Hutchinson for Immunizations at josh.hutchinson@dshs.texas.gov.

Sincerely,

A handwritten signature in blue ink that reads "Imelda Garcia".

Imelda Garcia, MPH
Chief Deputy Commissioner
Texas Department of State Health Services

cc: Nancy Wong, CDC Immunizations Project Officer
Christine Mills, CDC ELC Project Officer
Percy Jernigan, CDC Grants Management Offer

EXHIBIT B



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30329-4027

September 19, 2025

Imelda Garcia, MPH
Chief Deputy Commissioner
Texas Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

RE: CDC Awards: NH23IP922616 and NU50CK000501

Dear Ms. Garcia,

Thank you for your communication related to funds which the Centers for Disease Control and Prevention (CDC) restored to the Texas Department of State Health Services (Texas or DSHS) on the above-two referenced awards/cooperative agreements. As stated in your letter, this restoration was ordered by the U.S District Court in a case brought by Harris County, a named plaintiff. The funds were made available to Texas on or about July 29, 2025. And as you confirmed in your letter, the funds made available to Texas, \$12,668,625.19 and \$966,567.71, respectively, represent the exact amounts remaining on Texas's contracts with Harris County, when (following CDC's termination of its grants to Texas), Texas terminated those contracts.

Your letter "requests that CDC contract directly with Harris County in order to comply with the court order." These funds (\$12,668,625.19 and \$966,567.71) were restored to Texas (rather than Harris County) because your organization applied for and was the prime recipient of these funds. CDC does not have a direct relationship with Harris County on either subject award. As such, with respect to the subject awards, we did not terminate any contract with or award to Harris County.

Your letter continues, "[i]f CDC is requesting that DSHS assist CDC in compliance with the court order by passing through these funds, DSHS requests that HHS acknowledge the costs that DSHS will necessarily incur in meeting its requirements as a passthrough entity . . . and adjust the amount of the funds made available" CDC does not have authority to provide Texas with additional funding—beyond the \$12,668,625.19 and \$966,567.71, respectively, which CDC already provided to Texas. Additionally, Texas already received indirect costs with respect to the subject awards, through the negotiated indirect cost agreement, as explained below.

Because Texas is a direct recipient of funds from CDC, 45 CFR 75.414, the regulation in place at the time the subject awards were issued, requires CDC to accept Texas's Federally negotiated indirect cost rate. In reviewing the history for the two referenced awards, CDC approved indirect costs on all funds awarded to Texas based on the current approved indirect cost rate agreement. Based on the

agreement in place at the time of the awards, Texas already received indirect costs of approximately 37.6% of the modified total direct costs, including up to the first \$25,000 of any flow-through funds.

The funds CDC recently awarded to Texas are not new funds but restoration of previously awarded and then terminated COVID funds. CDC already approved the indirect costs associated with these funds when initially awarded. And when CDC terminated and de-obligated the COVID funds, CDC did not recover any of the indirect costs from Texas. So those funds would have remained available to Texas to cover its indirect costs.

Notwithstanding our stated view that this is a restoration of previously-awarded and previously-terminated funds, CDC is amenable—in light of the request in your letter, and given the specific circumstances here—to treating these restored funds as new awards, for purposes of applying Texas's indirect cost rates, if Texas requests such treatment, and Harris County agrees, subject to the terms of this response letter.

In that case, if the recently restored funds are treated as new awards, Texas would be entitled to apply its indirect cost rates in sub-awarding these funds to Harris County under the negotiated indirect cost rate agreement (State and Local Government Rate Agreement with Texas dated September 21, 2023). This arrangement is available (i) only if Texas's subawards to Harris County adhere to the original purpose of the subawards (*i.e.*, the purpose of the subawards prior to termination on or around March 2025), and (ii) only to the extent Texas's indirect costs (for which it seeks reimbursement) align with the project and work that Texas may execute through the subawards to Harris County. Also, nothing in this response letter changes the period of performance set forth in the Notice of Award, dated July 25, 2025, for each of the two above-referenced CDC awards.

If DSHS would like to utilize this arrangement, and Harris County agrees, please provide a reply to this letter confirming that DSHS will comply with the terms of this response letter and that Harris County has agreed to this arrangement.

Sincerely,

Jamie Legier
Chief Grants Management Officer
Office of Grant Services

EXHIBIT



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

December 1, 2025

Jamie Legier
Chief Grants Management Officer
Office of Grant Services
Centers for Disease Control and Prevention

RE: CDC Awards: NH23IP922616 and NU50CK000501

Dear Ms. Legier,

This letter is in response to the correspondence dated September 19, 2025, that you sent to the Texas Department of State Health Services (DSHS) on behalf of the Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services (HHS) in regard to the above listed grants.

Your letter makes two assertions that are incorrect. First, you imply that the indirect costs calculated by application of DSHS approved indirect rate are the only costs owed as reimbursement for DSHS activities as a passthrough entity. Second, you imply that DSHS has already received all the allowable costs of managing the subawards to Harris County.

Under 45 CFR 75.402 Composition of Costs, the regulation in place at the time the subject awards were issued, the total cost of a Federal award is the sum of the allowable direct and allocable indirect costs less any applicable credits. The discussion of DSHS' indirect rate accurately describes how DSHS *indirect* costs would be calculated as a percentage of modified total direct costs. What the letter ignores are the direct costs incurred for activities conducted by DSHS that constitute the modified total direct costs to which the stated indirect rate would apply. Direct costs for subaward administration were authorized under the terminated grants.

As to the second assertion that DSHS has already received its costs for administering the subawards to Harris County, this cannot be possible due to the procedures under which reimbursement would have been claimed. Prior to CDC termination of the grants, DSHS would not have claimed

reimbursement for its subaward administration costs until after DSHS has reviewed and approved periodic invoices submitted by a subawardee. Once the invoice is paid to the subcontractor, the indirect cost is drawn down from PMS. We do not draw for expenditures not incurred.

In the case of Harris County, the balances outstanding of their subawards were \$12,668,625.19 and \$966,567.71; no invoices were submitted or reviewed for these outstanding amounts, therefore DSHS did not incur, and was not reimbursed for, the costs of administering the terminated portions of these grants.

DSHS is not a party to the litigation between Harris County and HHS; and the State of Texas certainly was not obligated to bear the costs of HHS' compliance with a court order stemming from this litigation. In the absence of such an obligation, DSHS would be legally prohibited from expending state general revenue funds to perform uncompensated work on behalf of the federal government.

Perhaps, in recognition that CDC cannot legally compel an agency of the State of Texas to perform grant activities without reimbursement, CDC has offered to allow DSHS to recoup its costs by directing DSHS to negotiate an arrangement with Harris County to subtract DSHS' administrative costs out of the outstanding balances owed under the subawards to Harris County.

If such an arrangement were to be put into place, it would necessarily mean that Harris County would be accepting an amount less than ordered by the court. As stated previously, DSHS was not a party to the litigation between Harris County and HHS. As a non-party, and as an agency of the State of Texas, DSHS is of the opinion that it would be inappropriate and outside of DSHS' legal authority to engage in negotiations with Harris County, at the direction of CDC, with the stated goal of convincing Harris County to accept amounts less than the amount ordered by the court.

As a result of the failure to reinstate the grants that funded DSHS' administration of the subawards to Harris County, CDC is refusing to provide reimbursement for the total allowable costs that would necessarily be incurred by DSHS in reinstating these subawards. DSHS estimates these costs at \$18,800 per the terms of the original grants. If CDC still intends for

DSHS to administer new subawards to Harris County, then CDC should provide a new grant covering the subaward amounts satisfying the court order and include funds sufficient for reimbursement of DSHS' costs of administration.

Additionally, the CDC Immunization award NH23IP922616 expired September 1, 2025. We are requesting an issuance of a new Notice of Award. If CDC does not want to cover the costs of administration for these two grants, CDC can award the two balances directly to Harris County and administer the awards.

Please confirm how CDC intends to move forward for each of the grant awards. Questions should be directed to our named Authorized Officials Dr. Grace Kubin for ELC at grace.kubin@dshs.texas.gov or Josh Hutchison for Immunizations at josh.hutchison@dshs.texas.gov.

Sincerely,

A handwritten signature in blue ink that reads "Imelda Garcia". The signature is fluid and cursive, with the first name "Imelda" and last name "Garcia" clearly distinguishable.

Imelda Garcia, MPH
Chief Deputy Commissioner
Texas Department of State Health Services

Cc: Nancy Wong, CDC Immunizations Project Officer
Christine Mills, CDC ELC Project Officer
Benjamin Weiss, CDC ELC Grants Management Officer
Randi Tolstyk, CDC Grants Management Officer

EXHIBIT D

Chasin, Steven M (CIV)

From: Chasin, Steven M (CIV)
Sent: Friday, July 25, 2025 4:34 PM
To: Sai Mohan; Aisha Rich
Cc: Pooja Boisture; Joel McElvain; Edward Swidriski; Jonathan Fombonne; Sasha Kliger; Toby Merrill; Zack Demars; tiffany.bingham@harriscountytexas.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford; GYeomans@afscme.org
Subject: RE: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC -indirect grants

Dear Sai,

First, regarding the amount remaining to be paid by Texas to Harris County for the two indirect grants, CDC explained to me that the revised totals are based on confirmation with the Prime recipient (Texas) on the source of funds, the amount provided to the sub-awardee, and the remaining balance that had not been expended by the sub-awardee and the period of performance. To the extent you believe that the corrected amount remaining to be paid by Texas to Harris County is incorrect, we would suggest that you contact the Texas DSHS point of contact, which I provide below.

Insofar as Plaintiff Local Governments are seeking an extension of the sub-award performance periods with the Primes, the Plaintiff Local Governments would need to contact the Primes (states) directly to discuss any such extension. CDC is not a party to the subawards and has no ability or authority to extend the performance period for subawards between the states and Plaintiff Local Governments. That is why in our earlier discussions of implementing end-date extensions, I emphasized in my July 9 email to you (further below), that the extension would apply to the award between CDC and the state government. (“Regarding the indirect grants, we would agree that the same principle of extension would apply to the end dates on the awards between CDC and the state governments, although the extension time will be different, and the new end date would be incorporated into the NOA when CDC issues it to the respective state government.”) (emphasis added).

Below, I’m providing CDC’s point of contact for those four Primes (with whom CDC has been communicating to validate the remaining amount and other information for the sub-awards).

Texas Department of State Health Services

Grace Kubin, Ph.D.
Deputy Commissioner
Laboratory Director
Public Health Laboratory Division
Texas Department of State Health Services
Tel: (512) 776-2468
Grace.Kubin@dshs.texas.gov

Missouri Department of Health and Senior Services

Pamela Sandbothe, CPA
Controller
Missouri Department of Health and Senior Services
Tel: 573-522-3471
pamela.sandbothe@health.mo.gov

Tennessee Department of Health
John Webb
Deputy Commissioner for Operations
Tennessee Department of Health
John.Webb@tn.gov
Tel: 615-741-3886

Ohio Department of Health
Paul Ingiosi
Chief Fiscal Officer
Office of Financial Affairs
Ohio Department of Health
Paul.Ingiosi@odh.ohio.gov

Thank you,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan
Sent: Thursday, July 24, 2025 4:24 PM
To: Chasin, Steven M (CIV) ; Aisha Rich
Cc: Pooja Boisture ; Joel McElvain ; Edward Swidriski ; Jonathan Fombonne ; Sasha Kliger ; Toby Merrill ; Zack Demars ; tiffany.bingham@harriscountytexas.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford ; GYeomans@afscme.org
Subject: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC -indirect grants

Steve,

We did not understand from your emails that CDC needed to issue new NOAs to the states before the states had the ability to fund the terminated subawards. Regardless of the reason for that misunderstanding, we certainly would have expected Defendants to take and complete any necessary steps to fund these grants (including any efforts to “validate” the grants) much sooner than today, in order to effectuate the PI as to the indirect grants. Instead, we are in a situation where many of the subawards, including Harris County’s \$13 million IMMU grant, have expired, and other grants, such as Kansas City’s \$1.5 million ELC grant, are expiring imminently. Defendants have therefore, through this delay, continued to “giv[e] effect to the March 2025 terminations” of those grants in violation of the June 17 PI, Dkt. No. 32 at 1, and perhaps permanently if the subaward deadlines are not extended.

We understand you have been in communication with the states about these grants. Have Defendants had any discussions with the states about extending the subaward deadlines, or what the states will do once the NOAs are issued by CDC? What steps can Defendants take now to ensure that the subaward deadlines are extended, to cure their noncompliance with the PI? Please let us know by tomorrow, July 25, what steps if any Defendants plan to take so that we can evaluate whether to seek relief from the Court.

Finally, the new notice to Texas DSHS does not explain how Defendants calculated the “updated (corrected) amounts” for the two indirect grants to Harris County. Please provide clarification as to how Defendants arrived at those reduced figures.

Thanks,
Sai

--

Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
[Public Rights Project](#)

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Date: Thursday, July 24, 2025 at 7:38 AM

To: Sai Mohan <sai@publicrightsproject.org>, Aisha Rich <aisha@publicrightsproject.org>

Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain

<jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>,

Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>, Sasha Kliger

<sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Zack Demars

<zack@publicrightsproject.org>, tiffany.bingham@harriscountytexas.gov

<tiffany.bingham@harriscountytexas.gov>, katiec@publicrightsproject.org

<katiec@publicrightsproject.org>, sperryman@democracyforward.org

<sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>, Cassandra

Crawford <cassandra@publicrightsproject.org>, GYeomans@afscme.org <GYeomans@afscme.org>

Subject: RE: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC -indirect grants

Dear Sai,

Thank you for your email.

I don't understand why Plaintiffs, as you say, “previously understood that [Defendants] were planning to issue new NOAs for the indirect grants for the purpose of extending the state performance period.” Among other things, I explained in a July 8 email -- before Plaintiffs broached an extension -- that CDC will be issuing new NoAs. After Plaintiffs broached an extension, I wrote on July 10 that “CDC will incorporate the end-date extensions into the NoAs” – and I made clear this applies to both the direct and indirect grants.

CDC is in the process of issuing NoAs for all of the indirect awards, with one exception, the indirect award that relates to the \$30,000 subaward to Kansas City from Missouri. CDC is still validating the amount/information with Missouri. I am hopeful that those NoAs will be issued today, but will update you on that.

Your email also seems to overlook the process by which CDC has been engaged with each respective state health agency, to validate, among other information, the dollar amounts which Plaintiffs identified as what they believed remained to be paid to Plaintiffs at the time of termination. As you explained in your June 30 email, Plaintiffs provided estimates of those amounts in their May 24 Court filing, and then provided Defendants “more exact figures” on June 30. Yet CDC’s validation process identified substantial discrepancies with Plaintiffs’ June 30 figure, to a magnitude of over \$700,000 even just for one award. Please see the Updated Notice I sent you yesterday for Texas.

Thank you,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan <sai@publicrightsproject.org>
Sent: Wednesday, July 23, 2025 5:38 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytexas.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford <cassandra@publicrightsproject.org>; GYeomans@afscme.org
Subject: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC -indirect grants

Hi Steve,

We understand the issue you are identifying with the proposed extension of the ELC performance periods. However, your email raises a bigger concern that we would appreciate some clarification on. We had previously understood that you were planning to issue new NOAs for the indirect grants for the purpose of extending the state performance period, but it sounds like you need to issue new NOAs regardless of whether any extension is made.

Are funds not currently available to the states for the subawards at issue, and will those funds not be available until CDC issues new NOAs for those awards? If that is the case, then more than a month has passed since the PI was issued without CDC taking a necessary step to implement the PI, while a number of subaward deadlines have passed or will pass imminently.

If we are misunderstanding the process, or if it is helpful to confer by phone, we can be available.

Thanks,
Sai

--

Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
[Public Rights Project](#)

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Date: Wednesday, July 23, 2025 at 7:57 AM
To: Sai Mohan <sai@publicrightsproject.org>, Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>,

Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytexas.gov <tiffany.bingham@harriscountytexas.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>, sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>, Cassandra Crawford <cassandra@publicrightsproject.org>, GYeomans@afscme.org <GYeomans@afscme.org>

Subject: Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC -indirect grants

Dear Sai, Aisha, and all-

I'm responding to your request for an update on the indirect grants. Thank you for your patience while awaiting the update. The indirect grants are complicated, and I've been conferring extensively with CDC on these.

First, I expect shortly to be sending you Updated Notices to (i) the Texas Department of State Health Services, and (ii) the Ohio Department of Health, reflecting updates resulting from CDC's verification process with those states on the indirect grants. CDC intends to issue those Updated Notices, unless you have any questions or concerns about them.

Second, each of the four states received an "Epidemiology & Laboratory Capacity" (ELC) award, and unfortunately, that ELC award in particular is presenting complications and difficulties for CDC to effectuate a new end-date to the states, per the representations in my July 9 email. I understand that the impediment stems from the way in which CDC issued the ELC awards back during the pandemic: rather than issue a new award with Covid funding, CDC used a preexisting award, involving non-COVID funding, and added COVID-funding lines for expediency. As I understand it, in order to implement a new end-date on these four ELC awards, CDC basically would need to extend the end date for the entire award (including the non-COVID aspects that are irrelevant to this case) – which of course would be inappropriate/infeasible. In other words, for these four ELC awards, there appears to be no feasible way for CDC to extend the end date just of the relevant COVID- funding line(s) to the state.

Nevertheless, we believe that a new end date on these ELC awards would not provide any practical benefit to Plaintiffs anyhow. The ELCs to the states don't expire until July 31, 2027 -- for another two years. So the extra ~30 days (per my representations on July 9) shouldn't make a practical difference. Moreover, because the duration of the subaward is typically just 12 months, the performance period for any subaward to the plaintiff would be well short of the July 31, 2027 expiration date.

In that light, CDC plans to issue NoAs for the following four ELC awards, without an end-date extension.

1. Harris County - \$966,567.71
2. Columbus - \$3,000,000
3. Kansas City - \$1,500,000
4. Nashville - \$6,300,000

I understand that awards 1-3 above can be processed immediately, so please let me know by tomorrow (Thursday) morning if you have any concerns. (I believe funds are being recovered for #4, and I will update you on that one).

Finally, for the other four indirect awards (*i.e.*, apart from the above four ELCs), CDC either is still validating the information with the state agency, or funds are in the process of being recovered. For those other four

indirect grants, I expect the NoAs to be issued with new end-dates, per the representations in my July 9 email. I will update you again on those four indirects as soon as I have further information.

Thank you very much,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Chasin, Steven M (CIV)
Sent: Monday, July 21, 2025 11:57 AM
To: Sai Mohan <sai@publicrightsproject.org>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford <cassandra@publicrightsproject.org>
Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Sai,
Likewise. I'm checking with the agency on that and will revert as soon as I can.
Best, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan <sai@publicrightsproject.org>
Sent: Monday, July 21, 2025 11:27 AM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytx.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytx.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytx.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org; Cassandra Crawford <cassandra@publicrightsproject.org>
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Steve,

Hope you had a good weekend. Could you please provide an update on the reissuance of the NOAs for the indirect grants?

Thanks,
Sai

--

Sharanya (Sai) Mohan (she/her)

Senior Staff Attorney
c. 713-501-1762
[Public Rights Project](#)

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Date: Thursday, July 10, 2025 at 11:39 AM

To: Aisha Rich <aisha@publicrightsproject.org>, Sai Mohan <sai@publicrightsproject.org>

Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytexas.gov>, katiec@publicrightsproject.org>, katiec@publicrightsproject.org>, sperryman@democracyforward.org>, sperryman@democracyforward.org>, mblumin@afscme.org> <mblumin@afscme.org>

Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Aisha,

Thank you very much. In response to your questions/requests:

1. Yes, I will forward you the NoAs once CDC issues the direct grants (I've requested that the agency forward me the NoA, once issued). Per my email below, CDC will incorporate the end-date extensions into the NoAs. And on the directs, based on an update I just received, I believe that CDC will issue those today, and will confirm later today.
2. Yes, likewise for the indirect grants, I will forward you the NoAs when CDC issues them to the states, and those NoAs will incorporate the end-date extensions per my email below. I'm checking with the agency for the information on the indirects.

Thank you again,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>

Sent: Thursday, July 10, 2025 1:58 PM

To: Sai Mohan <sai@publicrightsproject.org>

Cc: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytexas.gov>; katiec@publicrightsproject.org>; sperryman@democracyforward.org>; mblumin@afscme.org>

Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

Thank you again for your prompt email response last night. Based on these representations, Plaintiffs are no longer planning on seeking relief from the Court at this juncture. Two follow up questions/requests:

(1) For the direct grants, could you please let us know when CDC issues the NOAs. I know the expectation is that they will issue today, we would just like confirmation from you once they issue.

(2) For the indirect grants, can you provide any information about whether those funds have been made available to CDC and an estimate of when CDC will issue the NOAs to the states? I'd also request confirmation from you once the NOAs issue, recognizing that they may issue to different states on different timelines.

Best,

Aisha

On Wed, Jul 9, 2025 at 4:01 PM Sai Mohan <sai@publicrightsproject.org> wrote:

Thanks very much for the prompt response, Steve. We will review and get back to you with any further questions. I'll send a zoom invite for Friday at 2pm.

--

Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
[Public Rights Project](https://publicrightsproject.org)

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Date: Wednesday, July 9, 2025 at 3:53 PM

To: Sai Mohan <sai@publicrightsproject.org>, Aisha Rich <aisha@publicrightsproject.org>

Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytexas.gov <tiffany.bingham@harriscountytexas.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>, sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>

Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Sai,

Thank you again for your email.

First, an update on the direct grants. The funds for the direct grants were made available to CDC today. We are hoping (and believe) that CDC will issue the Notice of Grant Award (NOAs) to plaintiffs tomorrow, Thursday, July 10 (subject to the parties' agreement on an extension of the end dates, whereby the NOA will reflect the direct award's new end date, incorporating such extension, as I explain below).

Regarding the direct awards, defendants agree to extension of the end date by the amount of time between the Court's issuance of its June 17 Order, and the date that CDC issues the NOA to the plaintiff local government. So, assuming CDC issues the NOAs for the direct awards tomorrow (July 10), the extension would be 23 days. Based on this, the new end dates for the direct awards would be as follows:

Direct Award	Original End Date	Proposed New End Date
Award to Harris County Public Health, 6NH75OT000026-01 (Embrace HOPE Grant).	May 31, 2026	June 23, 2026
Award to Harris County Public Health, NU58DP006986-01-00 (Community Health Workers for Public Health Response and Resilient Communities Grant)	Aug. 30, 2025	Sep. 22, 2025
Tennessee COVID-19 Health Disparities Initiative, 6NU58DP006999-03-10	Aug. 30, 2025	Sept. 22, 2025
Kansas City, MO, 6NH75OT000012-01-05	May 31, 2025	Aug. 2, 2025 (23 days from July 10)

(If I've misstated any of the original end dates for the above direct grants, please correct me).

Regarding the indirect grants, we would agree that the same principle of extension would apply to the end dates on the awards between CDC and the state governments, although the extension time will be different, and the new end date would be incorporated into the NOA when CDC issues it to the respective state government. So if, for example, CDC issues an NOA to the Texas Department of State Health Services, with respect to award # 20NH23IP922616, on, hypothetically, July 18, then the extension period would be 31 days. I don't have the original end date for that award before me, but continuing with the hypothetical, the NOA to Texas for that award would add 31 days to the original end date (whatever that is). So, going with the same hypothetical, if the end date for that award was December 31, 2025 (to make it simple), the new end date, to be reflected in the NOA to be issued, would be January 31, 2026.

Also, for indirect awards, if CDC's award to the state already has expired, then the NOA would reflect a new end date, incorporating the extension period, based on the date of CDC's NOA to the state government. So going along with the same hypothetical for award # 20NH23IP922616, if, hypothetically, that award already had expired on, say, May 31, 2025, and CDC issues the NOA to Texas on July 18 (hypothetically), then the new end date to be incorporated into CDC's NOA to Texas will be August 18, 2025.

Finally, regarding the underlying funding of the awards by PPP or ARPA, I repeat and confirm Defendants' position on that, which I set forth in my email yesterday on that.

For the continuation of the meet & confer this Friday afternoon, Zoom should be fine – thank you for asking – and I appreciate your offer to circulate an invite.

Thank you, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Sai Mohan <sai@publicrightsproject.org>

Sent: Wednesday, July 9, 2025 1:58 PM

To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>; Aisha Rich <aisha@publicrightsproject.org>

Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytexas.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org

Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

Thank you for your response, which helps shed light on some of our questions. However, we are still concerned that the government has not committed to a date certain for its reinstatement of the direct grants to the local government plaintiffs. By end of day today, can you please confirm that the direct grants were reinstated to these plaintiffs, or provide a date certain for that to happen?

Additionally, we disagree with your position regarding the government's notice to the states regarding the indirect grants. While the Court gave the government until July 1 to file a *status update*, Plaintiffs did not expect and do not believe it is consistent with the PI for the government to have waited until that date to provide that underlying notice. The government's delay in reinstating the direct grants and in notifying the states about indirect grants has caused continued harm, including on the jurisdictions' ability to spend the grant funds within the applicable grant performance periods. To avoid the need for plaintiffs to seek relief on this point, can you please confirm by the end of the day today that the government agrees (1) to modify the performance periods on all direct grants to account for the delay, and (2) to send notice to the states approving extensions of the performance periods for all indirect grants? Specifically, we would request that the government agree to extend the performance period by at least the time from the issuance of the PI order to the time that the grant gets reissued.

Thank you for letting us know that the direct grants were not funded by the PPP or ARPA. Can you please confirm in writing by the end of the day today that, besides the two indirect grants that you listed in your email below, there are no other grants that are funded by the PPP or ARPA?

We look forward to your further response on these three questions. Finally, we are available to meet and confer at 2 PM ET on Friday. If I sent a Zoom invite, would that work for you? If not, would you please be able to circulate a Teams invite?

Thanks,
Sai

--

Sharanya (Sai) Mohan (she/her)
Senior Staff Attorney
c. 713-501-1762
[Public Rights Project](#)

From: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Date: Tuesday, July 8, 2025 at 4:21 PM

To: Aisha Rich <aisha@publicrightsproject.org>

Cc: Pooja Boisture <pboisture@democracyforward.org>, Joel McElvain <jmcelvain@democracyforward.org>, Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>, Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>, Sasha Kliger <sasha@publicrightsproject.org>, Toby Merrill <toby@publicrightsproject.org>, Sai Mohan <sai@publicrightsproject.org>, Zack Demars <zack@publicrightsproject.org>, tiffany.bingham@harriscountytexas.gov <tiffany.bingham@harriscountytexas.gov>, katiec@publicrightsproject.org <katiec@publicrightsproject.org>, sperryman@democracyforward.org <sperryman@democracyforward.org>, mblumin@afscme.org <mblumin@afscme.org>

Subject: RE: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Aisha,

With respect to the sending of notices to state entities acting as pass-throughs for indirect grants, the Court's June 17 Order required Defendants to send these notices by or before July 1. *See* Doc. 32 ("ORDERED that Defendants notify any state entities acting as pass-throughs for any indirect grants described in the previous paragraph of this Order and file a status report by July 1, 2025, confirming that it sent these notices.").

Defendants complied with the July 1 deadline. The Court Order sets no other deadline on that.

The parties' communications through that July 1 deadline reflected a shared understanding of that deadline. For example, during the June 25 meet & confer by zoom, you inquired about the status of the notices to the states (regarding pass-through grants), and I told you that I was in the midst of working with the agency on the notices, and that Defendants intended to send the notices by the Court's July 1 deadline. You did not object to that or express a different view of the deadline. Rather, you proposed that after those notices are sent, the parties would resume the meet & confer regarding the schedule for further proceedings.

Only *after* CDC sent the notices to the states on July 1, did Plaintiffs for the first time ever express that they had a different view of that deadline. You expressed that for the first time in your July 3 email below, after the July 1 deadline.

Regarding the four direct grants to the local government plaintiffs, the agency is working to reissue those direct grants as expeditiously as possible. I understand that the funds were in a de-obligated status and the agency was working through the mechanics involved to recover, re-obligate, and reissue, and that the agency will be issuing Notices of Grant Award (NoAs) (which I will forward to you once received). We've had extensive communication with HHS about this, and we are hoping that the funds will be available to CDC by tomorrow (Wednesday). Once they get the funds at CDC, they will initiate the process to re-open the awards and obligate the funds. We've directed CDC to do this as expeditiously as possible.

Regarding the underlying appropriations statutes, I've been conferring with CDC about this since you first raised the question during our June 25 meet & confer.

I confirm that the four direct-funded awards were not funded by the Paycheck Protection Program (PPP) or APRA.

As for the indirect grants, I understand that two of the grants to the states may have included PPP funds. These are:

- (1) the award to the Texas Department of State Health Services, 19NU50CK000501 (Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases), and

(2) the award which Plaintiffs identified per your June 26 email (following the meeting & confer) to the Ohio Department of Health, 19NU50CK000543 (Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases).

To the extent Plaintiffs want to confirm this, we recommend reaching out to the states, which issued the subawards at issue.

I hope this is helpful.

Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>

Sent: Monday, July 7, 2025 7:04 PM

To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytexas.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org

Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steve,

We are very concerned by your response. First, for the direct awards, your response only addresses when the funds will be available to the CDC ("midweek"), but gives no assurance that those funds will then be immediately made available to the grantees. It has been three weeks since the PI was granted on June 17th. The government's delay here is compounding the irreparable harm to the plaintiffs. Please provide a date certain of when the funds will be re-obligated by the CDC and an explanation for the delay in compliance until that date.

Second, you have not yet responded to my questions as to the delay on the indirect grants and your clients' position on the appropriations. Given the lack of communication about and compliance with the PI, we are currently actively evaluating our options for relief from the court. We ask that you provide this information as soon as possible and no later than close of business tomorrow (July 8th).

With regard to the meet and confer, I am conferring with co-counsel about availability and hope to get you some new proposed times tomorrow.

Best,

Aisha

On Mon, Jul 7, 2025 at 11:05 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

Dear Aisha,

With respect to the direct awards, CDC believes that the de-obligated funds for those four awards should be available by mid-week for CDC to re-open and re-obligate the terminated funds.

Regarding the continuation of the meet & confer, Thursday, July 10 or Friday, July 11 would be better for me. Would either of those work for you? (For Thursday, I would propose late afternoon, around 4:30 pm Eastern, if that works on your end; I also should be available most of the day on Friday).

I'll respond to your other points separately.

Best wishes, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>

Sent: Thursday, July 3, 2025 12:56 AM

To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Edward Swidriski <Edward.Swidriski@harriscountytexas.gov>; Jonathan Fombonne <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>; tiffany.bingham@harriscountytexas.gov; katiec@publicrightsproject.org; sperryman@democracyforward.org; mblumin@afscme.org

Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Dear Steve,

We are writing to follow up on Defendants' compliance with the preliminary injunction and to schedule a follow up meet and confer.

We have reviewed Defendants' status report, Dkt. 35, which indicates that Defendants did not issue notices to the passthrough entities until July 1, 2025, 14 days after the Court's issuance of the preliminary injunction. We are concerned with the unexplained lapse in time to comply with the Court's order, particularly given the nature of the irreparable harm found by Judge Cooper. Can you please explain the two-week delay as to the passthrough grants?

We are further concerned about Defendants' compliance with the preliminary injunction as it relates to the direct grants: the status report is silent as to the status of these grants and, as far as we are aware, our clients have yet to receive notice or renewed access to these grants. We ask that you update us as to Defendants' plans to reinstate access to the direct grants as soon as possible and no later than Monday, July 8.

Further, as expressed at our meet and confer on June 25, 2025, in order to propose a schedule to the Court, we need to know Defendants' position as to which of the local government Plaintiffs' grants were funded by which appropriation (CARES Act, CRRSAA, CPRSAA, PPP, ARPA). We ask that you also provide this information as soon as possible and no later than Monday, July 8.

Finally, we think it makes sense to set up a follow up meet and confer next Wednesday, after we've had

a chance to review the information requested here. We are currently available on Wednesday between 2 and 3 ET. Would 2 ET work for you?

Best,

Aisha

On Mon, Jun 30, 2025 at 2:11 PM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

Hi Aisha,

Thank you, and yes, we'll replace the block quote in paragraph 4 with the language you provided below.

Best, Steve

On Jun 30, 2025, at 3:50 PM, Aisha Rich <aisha@publicrightsproject.org> wrote:

Hi Steve,

Hopefully you have already seen it, but Sai just sent over the information you requested on Friday in the email chain where you made the request.

Thank you for sharing the language from your motion. Could you please modify as follows:

Plaintiffs consent to staying Defendants' deadline to respond to the complaint and to instead wrap it into the upcoming deadline to file a Joint Status Report but Plaintiffs do not consent at this time to moving the connected deadline to file a certified list of the contents of the administrative record with the Court and to produce the administrative record to Plaintiffs (which would be 30 days from the current deadline for service of the answer or filing of a motion to dismiss, August 7, 2025). *See* LCvR 7(n)(1). Plaintiffs hope to continue to discuss the deadline to file the certified list and produce the administrative record as part of the ongoing meet and confer.

Best,

Aisha

On Mon, Jun 30, 2025 at 12:24 PM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

Dear Aisha,

I hope you had a nice weekend. This is how we are representing Plaintiffs' position in our motion. We state in the beginning of the motion, "Defendants have conferred with Plaintiffs, who consent to the request, as explained in paragraph 4 below." Below, I've quoted paragraph 4 in full. If you have any issue with this, please let me know.

4. As noted above, pursuant to Local Civil Rule 7(m), Defendants' counsel has conferred with Plaintiffs' counsel regarding this motion, who stated as follows:

We consent to staying the deadline to respond to our complaint and wrapping it into the upcoming JSR but we do not consent at this time to moving the connected deadline to file a certified list with the court and produce the administrative record (which would be 30 days from the current deadline for service of the answer or filing of an MTD, August 7, 2025). *See* LCvR 7(n)(1). We hope to continue to discuss the deadline to file the administrative record as part of the meet and confer.

While Defendants disagree with Plaintiffs' stated view on this local rule which addresses the agency's filing of a list of the contents of the administrative record, it is unnecessary for the Court to address that rule now, as the parties are continuing to discuss the administrative record as part of the meet and confer process.

Separately, in light of tomorrow's deadline re notification to state entities, I wanted to follow-up regarding the request Defendants emailed Plaintiffs on Friday, regarding the indirect terminated awards at issue. Would you please let me know about that at your earliest convenience?

Thank you very much, and best wishes,
Steve

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Friday, June 27, 2025 12:44 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytexas.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: Re: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Steven,

Since it sounds like you may ultimately seek to produce the administrative record after the current August 7th deadline, we ask that you represent our position as to the

deadline in your motion to stay -- can you please share the draft motion with us before you file so we can make sure we agree with how our position is represented?

Thanks,

Aisha

On Fri, Jun 27, 2025 at 9:02 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

Hi Aisha,

Thank you very much. We appreciate the information on the Columbus grant – I've passed that along to the agency.

And than you for consenting to staying Defendants' deadline to respond to the complaint. We don't intend to address the administrative record in our motion to stay. I note that Defendants' position is that the local rule connects the deadline for filing a certified list of the contents of the administrative record with other deadlines, but, again, in our motion to stay the response deadline, we don't intend to address that, and as you suggest, we can instead discuss this further as part of the meet & confer going forward.

Thanks very much again, and best wishes,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>

Sent: Thursday, June 26, 2025 6:04 PM

To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>

Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain

<jmcelvain@democracyforward.org>; Swidriski, Edward (CAO)

<Edward.Swidriski@harriscountytexas.gov>; Fombonne, Jonathan (CAO)

<Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby

Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars

<zack@publicrightsproject.org>

Subject: [EXTERNAL] Re: Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer - follow-up

Hi Steve,

1. We believe the federal award number for Columbus's Enhanced Operations grant is NU50CK000543. The state project number is 02520012EO0323. The initial grant announcement issued in 2023 by the Ohio Department of Health references the Paycheck Protection Program. I'm not sure that means that was the only source of funds -- the grant was renewed and supplemented several times. See Johnson Decl. ¶ 9. Our position is that HHS will be best positioned to know the source of the appropriation for each of these grants.

2. We consent to staying the deadline to respond to our complaint and wrapping it into the upcoming JSR but we do not consent at this time to moving the connected deadline to file a certified list with the court and produce the administrative record (which would be 30 days from the current deadline for service of the answer or filing of an MTD, August 7, 2025). See LCvR 7(n)(1). We hope to continue to discuss the deadline to file the administrative record as part of the meet and confer.

Best,

Aisha

On Thu, Jun 26, 2025 at 9:42 AM Chasin, Steven M (CIV)
<Steven.M.Chasin2@usdoj.gov> wrote:

Dear Aisha and all,

It was nice speaking with you yesterday – thank you for setting up the meeting.

I'm just following up on two specific items we discussed:

1. Would you please provide us the Federal Award Number for the City of Columbus “Enhanced Operations” grant, which I believe you identified as an indirect grant funded by the PPP (Paycheck Protection Program and Healthcare Enhancement Act)? (if I’ve misunderstood anything you said, please let me know).
2. When you can, would you please confirm that Plaintiffs consent to Defendants’ motion to stay their July 8 deadline to respond to the complaint, whereby the parties’ upcoming JSR (due July 15) would address that deadline in their proposed schedule(s) for further proceedings in the case? (I understood from our call that you just wanted to confirm with fellow counsel).

Thank you very much again, and best wishes,
Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Chasin, Steven M (CIV)
Sent: Tuesday, June 24, 2025 10:11 PM
To: Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidrski, Edward (CAO) <Edward.Swidrski@harriscountytexas.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>

Subject: RE: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Hi Aisha,
Great – thank you very much. I look forward to speaking tomorrow.
Have a good night, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Tuesday, June 24, 2025 4:33 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytexas.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: Re: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Hi Steve,

Thanks for getting back to us. I believe tomorrow at 1:30 ET will work for our team -- I'll circulate a Zoom invite shortly.

Best,

Aisha

On Tue, Jun 24, 2025 at 10:57 AM Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov> wrote:

Hi Aisha,
Circling back to this, shall we try one of the following times you proposed?

Wed, June 25: 1:30 ET, 4-5 ET
Thursday, June 26: 3-5 ET

I think my slight preference would be Wed 1:30 ET, but I think any of these should work.
Thanks very much again, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Chasin, Steven M (CIV)
Sent: Monday, June 23, 2025 2:55 PM
To: Aisha Rich <aisha@publicrightsproject.org>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytexas.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: RE: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Dear Aisha,

Thank you very much for writing me. I'm sorry for my delay responding – I was heads-down on Friday with a large filing.

Re the upcoming JSR/meet & confer, I'm conferring internally on this, and should circle back soon.

Thanks very much again, and I look forward to talking soon.
Best, Steve

Steven Chasin
U.S. Department of Justice, Civil Division
Federal Programs Branch
(202) 305-0747

From: Aisha Rich <aisha@publicrightsproject.org>
Sent: Friday, June 20, 2025 2:15 PM
To: Chasin, Steven M (CIV) <Steven.M.Chasin2@usdoj.gov>
Cc: Pooja Boisture <pboisture@democracyforward.org>; Joel McElvain <jmcelvain@democracyforward.org>; Swidriski, Edward (CAO) <Edward.Swidriski@harriscountytexas.gov>; Fombonne, Jonathan (CAO) <Jonathan.Fombonne@harriscountytexas.gov>; Sasha Kliger <sasha@publicrightsproject.org>; Toby Merrill <toby@publicrightsproject.org>; Sai Mohan <sai@publicrightsproject.org>; Zack Demars <zack@publicrightsproject.org>
Subject: [EXTERNAL] Harris County v. Robert F. Kennedy, Jr., No. 1:25-cv-01275-CRC - Meet & Confer

Dear Steven,

I am writing for Plaintiffs' counsel in the above-captioned case. We are reaching out pursuant to Judge Cooper's PI order which requires us to meet and confer on the schedule for further proceedings in the case. Would you be available to meet and confer over Zoom next week? Plaintiffs' counsel is currently free at the following times:

Tuesday, June 24: 2:30 ET, 4:30 ET
Wednesday, June 25: 1:30 ET, 4-5 ET

Thursday, June 26: 12 ET, 3-5 ET

Best,

Aisha

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Aisha Rich (she/her/hers)

Assistant Litigation Director

[Public Rights Project](#)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

HARRIS COUNTY, TEXAS, *et al.*,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his
official capacity as Secretary of United
States Department of Health and Human
Services, *et al.*,

Defendants.

Case No. 1:25-cv-1275-CRC

[PROPOSED] ORDER

Upon consideration of Defendants' motion to dismiss, or, in the alternative, for summary judgment, Defendants' [motion to dismiss / motion for summary judgment] is hereby GRANTED, and Plaintiffs' motion for summary judgment is hereby DENIED, and it is hereby ORDERED that this case be DISMISSED.

SO ORDERED.

Dated: _____

Honorable Christopher R. Cooper
United States District Judge