



New Jersey Department of Health (NJDOH)

Communicable Disease Service (CDS)

Infectious and Zoonotic Disease Program

Infection Control, Healthcare & Environmental Epidemiology Team

Request for Application (RFA) Notice

Facilities Strike Team and Infrastructure Project 2023

NJDOH Grant Program Reference Number EPID23FSI

Project Period: October 1, 2022 – June 30, 2024

Budget Period: October 1, 2022 – September 30, 2023

Phil D. Murphy

Governor

Judith M. Persichilli, R.N., B.S.N., M.A.

Commissioner

Sheila Y. Oliver

Lieutenant Governor

**A. IMPORTANT DATES:**

- i. Request for Application (RFA) release: 05/23/2022
- ii. Application Open in SAGE: 06/01/2022
- iii. Application close in SAGE: 06/30/2022
- iv. Intent to Fund Notification Date: 09/01/2022
- v. Anticipated Start Date: 10/01/2022

**B. GRANT CONTACTS:**

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**C. OVERVIEW INFORMATION**

1. Participating Organization(s): NJDOH
2. Funding Opportunity Title: Facilities Strike Team and Infrastructure Project 2023
3. Funding Opportunity Type: Competitive
4. Funding Source: Centers for Disease Control and Prevention (CDC), NJDOH
5. Agency Funding Opportunity Number: EPID23FSI
6. Category of Funding Activity: Health
7. Award Mechanism: Grants
8. Total Funding Amount per grantee: \$400,000
9. Regions Covered by Funding: Statewide
10. Expected Number of Awards: 4

#### **D. FUNDING OPPORTUNITY DESCRIPTION**

NJDOH has been awarded funds from the United States Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) to support the prevention of healthcare-associated infections (HAI), and to prevent the spread of communicable diseases through surveillance, education, treatment, prevention, and control, under the following legislative authority:

- The American Rescue Plan Act of 2021, P.L. 117-2, through CDC's Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement (CK19-1904), as a program-initiated component funding under 'Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Project'.

#### **E. BACKGROUND AND PURPOSE**

HAIs are a threat to patient safety. During the COVID pandemic especially, demands for healthcare setting treatment have increased in intensity, making prevention and reduction of HAIs a top priority in the US today.

The CDC provides national leadership in surveillance, outbreak investigations, laboratory research, and prevention of HAIs. Public health action by CDC and other healthcare partners has led to improvements in clinical practice, medical procedures, and the ongoing development of evidence-based infection control guidance and prevention successes. The COVID-19 pandemic has revealed substantial gaps in Infection Prevention and Control (IPC) knowledge and practice where healthcare is delivered in the United States.

In response to infection control knowledge deficiencies highlighted by SARS-CoV-2 virus transmission, NJDOH's CDS division received funding from the CDC 's Project Firstline initiative to provide effective IPC training to staff who work in SNF and LTC settings in their respective jurisdictions throughout NJ.

To meet the requirements of this training, topics were based on practices that prevent the spread of infectious disease, including hand hygiene, use of personal protective equipment (PPE), environmental cleaning, and more. The aim of this was to provide every healthcare worker in NJ with, at the minimum, a foundational understanding of best practices for IPC.

Through this CDC IPC funding initiative, NJDOH was able to award Health Service Grants to New Jersey Hospital Association (NJHA), Healthcare Association of New Jersey (HCANJ), Rutgers Project ECHO (RPE), and New Jersey Association of County and City Health Officials (NJACCHO) to provide IPC training to each of their unique healthcare workers and stakeholders.

This funding initiative, Facilities Strike Team and Infrastructure Project 2023, NJDOH will award each of these organizations Health Service Grants specifically focused on training healthcare personnel in SNF and LTC settings.

## F. ELIGIBILITY INFORMATION

This RFA is announcing a competitive health service grant funding opportunity to provide infection prevention training to SNF and LTC centers throughout NJ. Eligible applicants include:

- Healthcare Facilities
- Municipal and County Government
- Institutes of Higher Education
- Hospitals
- Non-profit organizations (501c3)

Grantees must follow all applicable Federal, State, and local laws, rules, and regulations, including:

- The New Jersey Charitable Registration & Investigation Act, which requires registration of certain entities described in Section 501(c)(3) of the Internal Revenue Code. IRS Determination and NJ Charities Registration Letters are required for not-for-profit 501(c)(3) designated organizations only.
- New Jersey P.L. 2007, c. 101, which requires all grant applicants to obtain a Tax Clearance Certificate from the Director of the New Jersey Division of Taxation. Visit <https://www.state.nj.us/treasury/taxation/busasst.shtml> for more information or assistance.
- A valid Tax Clearance Certificate, which must be shown on Organization Profile page and is not accepted as an upload on Attachment page. Expiration date must be updated to show the correct date for the current certificate. Neither an application nor an expired certificate is acceptable.
- Grantees will be deemed fundable according to the RFA review process by NJDOH officials and compliance, per each year of the grant cycle with:
  1. The NJDOH Terms and Conditions for Administrative Grants
  2. General and specific grant compliance requirements from the NJDOH.
- For Federally funded grants, grantees are following the requirements outlined in the Catalog of Federal Domestic Assistance (CFDA), which are found at this link CFDA 93.323: <https://singleaudit.org/program/?id=93.323>

- Grantees facilitate the direct training of healthcare professionals who work in SNF and LTC facilities with a foundational knowledge of IPC measures and emphasize the importance of implementing these protocols.
- Grantees demonstrate the capacity and experience to conduct and sustain train-the-trainer, in-person, and/or online training sessions on IPC training topics in SNF and LTC facilities. More specific details of the grantee requirements will be outlined in the grantee's Scope of Work, (Attachment C) for this funding period.

## G. PROGRAMMATIC REQUIREMENTS

This health service grant program is to provide funding through two federal funding activities:

Activity 1: IPC training at SNF
Activity 2: IPC training at LTC Facilities

Grantees should follow the steps below when writing grant application:

- A. When applying in SAGE:
    - Grantees will prepare separate Schedule A - PERSONNEL COSTS for Activity 1 (IPC training at SNF) and Activity 2 (IPC trainings at LTC facilities), to separate personnel costs for each activity.
    - Grantees are required to prepare separate Schedule B's – OTHER DIRECT COSTS for Activity 1 (IPC trainings at SNF) and Activity 2 (IPC trainings at LTC facilities) to separate all non-personnel related costs for each activity.
  - B. Once Awarded in SAGE:
    - Each grantee's Attachment C "Objectives and Activities" will reflect IPC trainings at SNF and IPC trainings at LTC centers separately.
  - C. In Quarterly Expenditure and Progress Reports
    - Grantees will be required to separate costs and activities in quarterly reports in SAGE.
1. Training Requirements

The Grantees are required to develop and implement innovative and tailored approaches to training targeted at healthcare staff in SNF and LTC facilities in their respective jurisdictions.

Training resources may include PFL curriculum, see <https://www.cdc.gov/infectioncontrol/projectfirstline/resources/facilitator-toolkit.html> and more advanced IPC training materials. For CDC's LTC training materials, see: <https://www.cdc.gov/longtermcare/training.html>.

Grantees must implement innovative and tailored approaches to training, including but not limited to the following:

- a. Conduct 7-8 IPC trainings per quarter to healthcare providers who provide patient care at SNF and LTC facilities.
- b. IPC trainings should consist of at least one more advanced subject matter training per quarter.
- c. Trainings must be targeted to:
  - i. SNF
  - ii. LTC
- d. Grantees must report on type of facility reached:
  - i. SNF
  - ii. LTC
- e. Grantees should conduct at least one Train-the-Trainer (TtT) session per quarter in addition to the other training requirements in (a, b above). Staff trained in the TtT would in turn be required to develop an Implementation plan for conducting at least 5 training sessions by the end of the grant period.
- f. Grantees are required to track metrics on all training as per CDC guidelines.
- g. Grantees are required to plan to reach SNF and LTC facilities healthcare staff in all 21 counties of the state, through a combination of virtual and in-person training. Grantee Attachment C's will reflect which region(s) of the state they plan on reaching through IPC training methods.
- h. Emphasis should be on IPC training to educate healthcare workers on methods to identify and address disparities in SNF and LTC facilities. The Institute of Medicine (IOM) (2003) defines a disparity as *a difference in treatment provided to members of different racial or ethnic groups not justified by the underlying health conditions or treatment preferences of the patient*<sup>1</sup>.
- i. Grantees are required to partner with local and regional health departments, as well as other organizations, to conduct IPC training and promotional activities for healthcare workers in SNF and LTC facilities. Applicants must describe the relationship with partnering organizations and the intent of their partnering efforts.
- j. Grantees are required to conduct Pre-and-Post Need Assessments of staff trained at each training event.
- k. Grantees are required to provide additional training support to high-risk facilities requiring further education or assistance, as determined by a needs assessment.
- l. Grantees are required to develop training materials congruent with identified needs of SNF and LTC facilities as identified in NJDOH's Project Firstline Learning Needs Assessment.
- m. Grantees are encouraged to seek out and utilize current, reliable sources of data to determine training needs of their targeted audiences.

- n. Grantees are encouraged to survey SNF and LTC centers they plan on targeting to fully address their training and development needs.
- o. Grantees are encouraged to develop culturally appropriate training to reach healthcare workers from underserved populations/minority groups.
- p. Grantees are encouraged to develop training materials in languages other than English.
- q. In general, Grantees are required to develop training materials to support the implementation of NJ Department of Health's guidance, as requested by Program Management Officer, (PMO). This guidance may be subject to change throughout the grant period.

Wherever permitted, Grantees should provide in-person training to frontline healthcare workers who are employed at SNF and LTC facilities. In addition, training sessions may be conducted through (but not limited to):

- a. Webinars
- b. Tele-conference calls
- c. Live online
- d. Self-paced online learning systems
- e. Tele-mentoring
- f. Podcasts
- g. Professional development conferences in-house or externally
- h. Adding training to existing facility staff and/or board meetings, site visits, and staff in-house training sessions.

## 2. Promotional Requirements

Grantees are required to use the following marketing methods used to promote IPC training sessions in SNF and LTC facilities, for example:

- a. Social media posts
- b. Email blasts
- c. Podcasts
- d. News stories
- e. Website
- f. Newsletters
- g. Press Releases

## **H. EVALUATION AND PERFORMANCE MEASURES**

The evaluation and performance measurement allows the NJDOH CDS and grantees to track progress and measure outputs and outcomes. The evaluation and performance measurement will facilitate assessing the extent to which the activities and strategies were successfully implemented, and inform program planning, decision making, and continuous program quality improvement.

- a) Applicants must provide quarterly status reports on activities to identify progress in implementing strategies and achieving program outcomes.

- b) Performance Measures (PM) are required by CDC and must be reported every quarter.
- c) PMs will be defined in your Attachment C and are subject to change or additions throughout the grant period.

## I. FUNDING INFORMATION

The award, and continuation of the award, are subject to the availability of funds and the identified needs of the program. The grantee(s) recognizes and agrees that the continuation of funding under a grant is expressly dependent upon the availability of funds to the NJDOH appropriated by the State Legislature from federal revenue or such other funding sources as may be applicable. NJDOH shall not be held liable for any breach of agreement because of the absence of available funding appropriation.

NJDOH must review and approve all agreements before grantee contracts are executed. The grantee must ensure all sub-award obligations are liquidated within sufficient time to submit the grantee's full and final report of grant expenditures by the specified due date.

Grant recipients and sub-awardees must comply with all applicable terms and conditions of the award, federal laws, regulations, and policies, as defined at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>

Grantee is responsible for all purchasing and fiscal accountability in accordance with:

- Grant specifications and in accordance with the NJDOH Terms and Conditions for Administration of Grants.
- General and specific compliance requirements (as described herein), and,
- Federal cost principles that apply to the Grantee's organization.

### Indirect Costs:

The grantee may apply for indirect costs. If indirect costs are requested, a current approved, federally recognized indirect cost rate agreement must be uploaded in SAGE. If a current indirect cost agreement does not exist, applicants may request a flat de minimis rate of 10% of Modified Total Direct Costs, in accordance with 2 C.F.R. 200, §200.414, along with a statement confirming that you have never received a negotiated indirect cost rate.

If certain costs are excluded from the indirect cost agreement (i.e., facility, equipment, etc.), the applicant may request those as direct costs, provided that these costs can be directly associated with the grant award and its related activities.

### Unallowable Costs:

- Research
- Clinical care
- Publicity and propaganda (lobbying):
  - 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 an 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

## **J. GRANT REPORTING REQUIREMENTS**

NJDOH requires quarterly and annual expenditure and progress reporting as defined in approved work plans to track progress and measure outputs and outcomes to the NJDOH.

### Reporting Training Requirements

Progress reports will track and report on the training requirements listed above in section G-1, “Training Requirements”. Other reporting requirements may be requested throughout the grant period from the CDC and/or NJDOH.

In addition, grantees are required to keep track of training using the “NJDOH Quarterly Grantee Training Log” Excel spreadsheet, indicating:

- Training facility must be identified as
  - SNF
  - LTC Facility
- Training name
- Training dates
- Number of participants
- Promotional reach

### Reporting Promotional Requirements

Grant awardees will be required to submit quarterly and annual reports to the NJDOH, which will quantify the promotional requirements listed above in section G-2, “Promotional Requirements”. Other reporting requirements may be requested throughout the grant period from the CDC and/or NJDOH.

At the beginning of each quarter, Grantees should publish a list of all training materials for the quarter, with registration and contact information, for distribution to the NJDOH CDS group and external-facing healthcare-related contacts.

### Meeting Requirements

Grantees are required to meet with NJDOH’s PMO and Project Firstline Team monthly to report on the progress of goals and objectives of grantee activities. Meetings will remain on the second Tuesday of every month unless otherwise stated by PMO.

### NJDOH Monitoring Activities:

The grantee will comply with the following:

- a. Telephone monitoring
- b. Site visits

- c. Video teleconference calls for monitoring or to offer technical assistance and updates from NJDOH, as required
- d. Completion and submission of all status reports and other requests for information as requested by NJDOH in accordance with established due dates

**K. YEAR 1 REPORTING DUE DATES**

Expenditure Reports

Quarters 1-3 are due in SAGE ten (10) working days after Reporting Period end. The 4<sup>th</sup> Quarter, Final Expenditure Report is due in SAGE thirty (30) days after Reporting Period end.

Expenditure Reporting Periods	Report Number	Due Date
October 1, 2022 – December 31, 2022	1	January 14, 2023
January 1, 2023 – March 31, 2023	2	April 12, 2023
April 1, 2023 – June 30, 2023	3	July 13, 2023
July 1, 2023 - September 30, 2023	4/Final	October 30, 2023

The 4<sup>th</sup> Expenditure Report will also serve as the Final Report; therefore, *be sure to check the “Final Report” box in SAGE*. Expenditure Reports which are not marked Final will be returned unprocessed. Note: If a Final Expenditure Report is not received by October 30, 2023, the grant may be closed out based on the last Expenditure Report submitted.

Progress Reports

Quarterly progress reports on the status of performance measures, timelines, goals, and objectives as defined by the NJDOH in approved work plans on Attachment C. Reporting templates will be provided for consistency of reporting.

Progress Reporting Periods	Report Number	Due Date
October 1, 2022 – December 31, 2022	1	January 14, 2023
January 1, 2023 – March 31, 2023	2	April 12, 2023
April 1, 2023 – June 30, 2023	3	July 13, 2023
July 1, 2023 - September 30, 2023	4/Final	October 30, 2023

**Important:** Timely submissions are used as a performance measure/indicator that may have an impact on future grant awards if reporting requirement due dates are not met. If necessary, reporting extensions must be submitted with a justification, via email, to the NJDOH PMO/GMO. NJDOH PMO/GMO must approve the request for the extension to be valid.

## L. GENERAL SAGE INFORMATION

To apply for this funding opportunity, named grantees must be a listed entity in the System for Administering Grants Electronically (SAGE). Visit the following website to apply/manage your SAGE access: [www.sage.nj.gov](http://www.sage.nj.gov).

*See the PDF attachment entitled "FAQ for NJDOH Applicants" for step-by-step instructions.*

The Facilities Strike Team and Infrastructure Project 2023 grant program will open in SAGE at 12:00 AM (EDT) on 6/1/2022. Applications must be fully completed and submitted in SAGE by 11:59 PM (EDT) on Sunday, 6/30/2022. Applications received after this date/time will not be accepted.

Paper submission of the application or any attachments will not be accepted. SAGE will automatically reject applications after the closing date and time listed in the RFA.

*Note: No extensions will be granted for application submissions or required grant documents.*

More information is available at our website: <http://nj.gov/health/grants>

## M. APPLICATION REQUIREMENTS

Grantee applications should define the work to be completed including a description of all elements for the project by including:

### Workplan

Define the work to be completed including a description of all elements of the project (describe in Methods section of SAGE application.)

- Define all specific objectives/deliverables expected to be achieved in each quarter (list individually under Objective(s) of Project in SAGE application).
- Describe specific milestones with expected dates of completion (list within the evaluation section of SAGE application).
- Describe what measurements will be tracked to ensure the expected results have been achieved (describe within the Evaluation section of SAGE application)
- Define how the grant deliverables will be sustainable after funding ends.

### Budget and Justification

Budget must explain all expenses expected. Applicants are responsible for ensuring the calculations in the budget are accurate. The NJDOH reserves the right to deny requests for any item listed in the budget that is deemed to be unnecessary for the implementation of the project.

- Personnel: List all personnel to perform work for the project. Include proposed salaries, time and effort percentage and fringe benefits. In the justification, include the role and expected contribution of budgeted personnel. A description of how fringe benefits are projected and what components are included in the calculation must be included.
- Contractual – include all subcontracts planned to complete the proposed work.

- Budget restrictions outlined in this document also apply to subcontracts. Describe how the subcontractor will be selected, the work to be performed, how the costs were calculated, and expected deliverables.
- Equipment (Itemize) with cost
- Supplies (Itemize) with cost

#### **N. GRANT AMENDMENT & BUDGET REVISION REQUESTS**

Grant Amendments and/or Budget Revision requests are due in SAGE no later than July 1, 2023.

Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1), a revised grant budget (Step 2) must be completed & submitted within ten (10) business days.

Note: Applicant is permitted a maximum of two (2) Budget Revision Requests during the budget period.

#### **O. HEALTH INFORMATION AND PRIVACY**

The grantee shall abide by all applicable State and Federal laws and regulations governing the privacy, security, and confidentiality of each participant's individual health information. The grantee agrees to ensure that any staff member acting on behalf of the implementation of this grant that creates, receives, collects, transmits, and/or maintains individual health information in any form, shall conform to the same restrictions and conditions with respect to such information.

The laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Privacy and Security Rules; and the Patient Safety and Quality Improvement Act of 2005 (PSQIA) – Patient Safety Rule.