



**Strengthening Local Public Health Capacity Program 2024**

**7/01/2023 to 6/30/2024**

**Request for Application (RFA)**

**Updated 5/8/2023**

<b>IMPORTANT DATES</b>		
<b>Event</b>	<b>Date</b>	<b>Time</b>
Request for Application Announcement:	<b>Monday, April 24, 2023</b>	<b>9:00 AM (EDT)</b>
Letter of Intent & RFA Questions Due:	<b>Monday, May 1, 2023</b>	<b>1:00 PM (EDT)</b>
Application Open Date in SAGE:	<b>Wednesday, May 10, 2023</b>	<b>9:00 AM (EDT)</b>
Application Close Date in SAGE:	<b>Friday, May 26, 2023</b>	<b>1:00 PM (EDT)</b>
Anticipated Intent to Fund Notification:	<b>Monday, June 5, 2023</b>	Not Applicable
Anticipated Start Date:	<b>Saturday, July 1, 2023</b>	Not Applicable
All Work Completed/Funds Obligated by:	<b>Sunday, June 30, 2024</b>	Not Applicable
All Funds Expended by:	<b>Tuesday, July 30, 2024</b>	Not Applicable

**Contents**

I. IMPORTANT DATES AND APPLICATION PROCESS OVERVIEW..... 3

II. IMPORTANT INFORMATION ..... 3

III. INTRODUCTION AND EXECUTIVE SUMMARY ..... 3

IV. PURPOSE AND OVERVIEW OF TOTAL AVAILABLE FUNDS ..... 4

V. FUNDING BREAKDOWN BY LHD ..... 6

VI. PROGRAMMATIC DELIVERABLES AND REQUIREMENTS ..... 7

VII. ELIGIBILITY ..... 8

VIII. LETTER OF INTENT & RFA QUESTIONS ..... 8

IX. RELEASE OF THE REQUEST FOR APPLICATION (RFA)..... 8

X. SUBMITTING QUESTIONS ABOUT THE RFA ..... 8

XI. HOW TO ACCESS AN APPLICATION ..... 9

XII. GRANT PROPOSAL INSTRUCTIONS ..... 9

XIII. FUNDING RESTRICTIONS/ EXCLUSIONS/ RECIPIENT USE/ FINANCIAL PARTICIPATION ..... 11

XIV. GRANT REPORTING..... 13

XV. BUDGET REVISION & GRANT AMENDMENT REQUESTS..... 14

XVI. TECHNICAL ASSISTANCE ..... 15

APPENDIX 1 - PATHWAY A - \*DRAFT - Grant Deliverables – Schedule of Work..... 16

APPENDIX 2.A. - PATHWAY B - DRAFT - ACCREDITATION (ACC) Grant Deliverables Schedule of Work - Attachment C..... 20

APPENDIX 2.B. - PATHWAY B - DRAFT - REACCREDITATION (ACC) Grant Deliverables Schedule of Work - Attachment C. 24

APPENDIX 3 - PATHWAY A - Eligible Expenses..... 27

APPENDIX 4 - PATHWAY A & B - Funding Exclusions ..... 31

APPENDIX 5 - PATHWAY B - ACCREDITATION - Eligible Expenses ..... 33

APPENDIX 6 - JOB DESCRIPTION - Local Health Outreach Coordinator ..... 36

APPENDIX 7 - JOB DESCRIPTION - Accreditation Coordinator ..... 38

APPENDIX 8 - LOCAL HEALTH DEPARTMENTS (LHDs) IN NEW JERSEY..... 39

APPENDIX 9 - 2024 STRENGTHENING - LETTER OF INTENT/FUNDING PATHWAY SURVEY FIGURES ..... 40

APPENDIX 10 - APPLICATION GUIDANCE ..... 41

## I. IMPORTANT DATES AND APPLICATION PROCESS OVERVIEW

The New Jersey Department of Health (NJDOH) - Office of Local Public Health's (OLPH) **Strengthening Local Public Health Capacity Program 2024** is a non-competitive grant funding opportunity being announced on **Monday, April 24, 2023**. The expected start date is **Saturday, July 1, 2023**. This is a 12-month grant for State Fiscal Year 2024. Grant activities must be completed, and funding must be obligated by **Sunday, June 30, 2024**. All grant funds must be expended by **Tuesday, July 30, 2024**.

The Notice of Fund Availability (NOFA) and Request for Application (RFA) for this funding opportunity are located on the New Jersey Department of Health Directory of Grant Programs web page at <https://healthapps.state.nj.us/noticeofgrant/noticegrants.aspx>.

Letters of Intent (LOIs) and RFA Questions were to be submitted, utilizing the *OLPH Strengthening Local Public Health Capacity Letter of Intent Template* emailed to Health Officers, to [OLPHgrants@njlincs.net](mailto:OLPHgrants@njlincs.net) by **1:00 PM (EDT) on Monday, May 1, 2023**.

*This RFA was updated following the receipt of the LOIs from 65 local health departments interested in this funding opportunity. Additionally, OLPH conducted a Funding Pathway Survey of Non-LINCS LHDs on May 3, 2023 to determine interest in applying for Pathway A and Pathway B described within this RFA. These figures were added to the number of LINCS Agency LHDs that expressed interest in applying for Pathway B. The results showed that 54 LHDs plan to apply for Pathway A and 33 LHDs plan to apply for Pathway B. These figures have been used to calculate the final funding amounts for Pathway A and Pathway B in this RFA. **Note: Changes to selected funding pathways are not permitted.***

The application will open in the System for Administering Grants Electronically (SAGE) at **9:00 AM (EDT) on Wednesday, May 10, 2023**. All applications must be submitted in SAGE by **1:00 PM (EDT) on Friday, May 26, 2023**.

## II. IMPORTANT INFORMATION

**An APPLICATION GUIDANCE is included in Appendix 10. Please follow this guidance to expedite the time it takes to compile the application and minimize the number of modification requests that may be required.**

Lessons learned from the ongoing COVID-19 public health emergency may highlight the need to revise requirements as the Budget Period progresses. Some deliverables and reporting requirements may be revised and/or waived. Documentation of COVID-19/Other Infectious Disease planning and response activities may be requested in place of some deliverables.

Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire at the end of the day on May 11, 2023.

As a requirement of accepting the funding in this RFA, Grantee will participate in, and/or support the overall collaboration with the appropriate LINCS agency or Local Health Department as applicable. Examples include but are not limited to providing/sharing data requested (excluding/redacting Personally Identifiable Information "PII"), coordination of supply pickup/distribution, information sharing, etc.

Coordination between the LINCS agencies and Local Health Departments is an essential component of public health monitoring of metrics during outbreaks and other public health emergencies, obtaining necessary supplies to rapidly respond to public health emergencies, and maintaining robust situational awareness by communicating the most up-to-date public health guidance to communities and public health stakeholders.

## III. INTRODUCTION AND EXECUTIVE SUMMARY

In New Jersey, 102 local health departments (LHDs) are the boots on the ground for public health services. They serve diverse populations and ensure swift and comprehensive public health responses to the numerous communicable diseases that threaten the health and safety of the State's nearly nine (9) million residents. Specifically, during COVID-19, LHDs worked around the clock to prepare, respond to, and contain the spread of COVID-19 throughout the state. These LHDs have varied infrastructures, where some agencies may provide services to an entire county, some to a single city or municipality, and some to a group of municipalities. Through the statutory authority granted to municipalities, local boards of health are responsible for providing essential services in areas such as emergency response and disaster resiliency, communicable disease investigation and outbreak response, environmental and sanitation inspections, chronic disease prevention, and health promotion.

A total of 22 Local Information and Network Communication System (LINCS) Agencies, comprised of LHDs in each of the 21 counties and one (1) LHD in the City of Newark, are responsible for preparedness coordination in their jurisdictions for COVID-19 response and preparation for future infectious disease events. Through past RFAs, LINCS Agencies have received Centers for Disease Control and Prevention (CDC) grant funding awarded through NJDOH for preparation for infectious disease events, including COVID-19. In FY24, NJDOH plans to continue funding the LINCS Agencies with CDC funds through a separate RFA.

The remaining 80 non-LINCS Agency LHDs are also responsible for COVID-19 response and preparedness for other infectious diseases in the communities they serve. Since Public Health Priority Funding was discontinued in 2011, non-LINCS Agency LHDs have been funded solely through local taxes only, resulting in a reduced workforce and reduced available services even though the need for public health services has increased.

Within the past few months, NJDOH made \$75 million in unprecedented funding available for all eligible LHDs through the Enhancing Local Public Health Infrastructure Partner Organization Grant Program administered by the New Jersey Association of City and County Health Officials (NJACCHO). It is anticipated that this funding will support the development and/or expansion of public health infrastructure at local health departments to increase health equity for disproportionately affected populations; streamline processes supported by technology and automation; strengthen organizational capacity to drive progress on public health priorities and increase capacity across LHDs; expand data collection and infrastructure to drive decision making to improve health equity; develop multilingual, culturally appropriate communications/public health campaigns and share across LHDs; codify institutional knowledge and COVID-19 specific lessons learned; and enhance and/or continue ongoing COVID-19/communicable disease mitigation efforts.

The critical role of New Jersey's LHDs in protecting the public's health has been demonstrated through unprecedented response to the COVID-19 pandemic and other emerging infectious diseases over the past few years. LHDs have worked 24/7 to protect their communities through containment, mitigation, and continuous monitoring. Recognizing the need for funding to support the rapid identification, tracking, and response to infectious disease outbreaks, OLPH first launched the Strengthening Local Public Health Capacity Grant Program in FY2020 through a pilot grant program that was awarded to 21 LHDs. In FY2021, FY2022, and FY2023 OLPH made funding available to all non-LINCS Agency LHDs to help support the response to COVID-19 and build local communicable disease response and capacity. This year's FY2024 RFA is uniquely structured to provide funding through two (2) separate funding pathways to LHDs: Pathway A supports building local communicable disease capacity and response to COVID-19 and other infectious diseases for non-LINCS Agency LHDs; and Pathway B supports voluntary national accreditation/reaccreditation through the Public Health Accreditation Board (PHAB) for all LHDs in New Jersey.

#### IV. PURPOSE AND OVERVIEW OF TOTAL AVAILABLE FUNDS

##### A. Purpose

**Pathway A (non-LINCS Agency LHDs):** The purpose of Pathway A is to strengthen communicable disease response capacity by reimbursing COVID-19/other infectious disease eligible expenses; enable non-LINCS Agency LHDs to hire/appoint a full-time Local Health Outreach Coordinator (LHOC) to assess/mitigate/respond to populations disproportionately affected by the social/health impacts of COVID-19/other infectious diseases; and enable non-LINCS Agency LHDs to hire/appoint a full-time Infectious Disease Preparedness Generalist (IDPG) to outreach to populations disproportionately affected by COVID-19/other infectious diseases, support linkages to testing, vaccination access, and support services, resolve lab report issues, and work on other related COVID-19/other infectious disease activities.

**Pathway B (all LHDs):** The purpose of Pathway B is to support expenses related to LHDs seeking voluntary national accreditation/reaccreditation through the Public Health Accreditation Board (PHAB) to help ensure that LHDs are continuously improving and aligning their services with national public health standards while building, promoting, and protecting health and equity for the communities they serve.

##### B. Overview of Total Available Funds

Through this non-competitive FY2024 Strengthening Local Public Health Capacity Grant Program RFA, a total of **\$24,875,608** (sum of Pathway A **\$21,926,546** and Pathway B **\$2,949,062**) is being made available as follows through **two (2) funding pathways**:

**Note:** The maximum amount reserved for awards through this RFA is **\$24,875,608**. Awards are contingent upon the receipt of federal and state funds by NJDOH.

**PATHWAY A - Non-LINCS Agency LHDs are eligible** - Below is a breakdown of a total of **\$21,926,546** in funding available to **80 non-LINCS Agency LHDs** across **three (3) required funding categories**:

- **Local Health Outreach Coordinator (LHOC)** - **\$9,926,420** of federal CDC funds (CDC ELC EDX) for **non-LINCS Agency LHDs** to appoint/hire a full-time **Local Health Outreach Coordinator (LHOC)**, to assist with outreach to populations disproportionately affected by COVID-19 and Other Infectious Disease by supporting linkages to testing, vaccination access, and support services such as housing, primary medical care, insurance coverage, and unemployment compensation to allow them to quarantine effectively.
- **Infectious Disease Preparedness Generalist (IDPG)** - **\$10,379,664** of federal CDC funds (Cooperative Agreement for Emergency Response: Public Health Crisis Response-Workforce Development) for **non-LINCS Agency LHDs** to appoint/hire a full-time **Infectious Disease Preparedness Generalist (IDPG)** to assist with outreach to populations disproportionately affected by COVID-19 and Other Infectious Diseases by supporting linkages to testing, vaccination access, support services, resolving laboratory reporting issues within the jurisdiction, and other COVID-19 and Other Infectious Disease-related activities.

- **Outbreak Preparedness (OP)** - **\$1,620,462** of State FY 2024 Strengthening Local Public Health Capacity funds for **non-LINCS Agency LHDs** to strengthen outbreak preparedness and response capacity by reimbursing eligible COVID-19 and other Infectious Disease-Related Eligible Expenses (see [Appendix 3](#)) not covered by any other funding source.

**PATHWAY B - All LHDs are eligible (New in FY2024)** - Below is a breakdown of a total of **\$2,949,062** available to all 102 LHDs in a **new** funding category:

- **Public Health Accreditation (ACC)** all **102** LHDs, including 80 non-LINCS Agency LHDs and 22 LINCS Agency LHDs, to receive a portion of the **\$2,949,062** in federal CDC funds (CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant) to strengthen public health infrastructure and transform governmental public health by supporting LHDs seeking voluntary national public health accreditation (**ACC**) through the Public Health Accreditation Board (PHAB).

The following is a breakdown of goals to be accomplished through the public health accreditation funding:

- **Accreditation** - To provide support to LHDs for pre-application PHAB planning requirements that precede PHAB Pathways Recognition and Initial Accreditation, achievement of PHAB standards and measures, and offsetting of accreditation fees and other eligible accreditation (ACC) expenses.
- **Re-Accreditation** - To provide support to currently accredited LHDs for PHAB planning requirements that precede Reaccreditation, achievement of PHAB standards and measures, and offsetting of accreditation fees and other eligible accreditation (ACC) expenses.

Funding will support the LHD accreditation/reaccreditation readiness efforts and help ensure that LHDs are continuously improving and aligning their services with national public health standards while building, promoting, and protecting health and equity for the communities they serve. The funds for this grant activity support:

1. Pre-application plan development (requirement that precedes PHAB Pathways Recognition, Initial Accreditation, and Reaccreditation)
2. Achievement of PHAB Pathways Recognition, Initial Accreditation, and Reaccreditation PHAB Standards and Measures
3. PHAB Fees for Pathway Recognition, Initial Accreditation, and Reaccreditation
4. Eligible accreditation (ACC) expenses

The following is a list of key plans that LHDs must complete/update **in advance** of applying for PHAB Pathways Recognition, Initial Accreditation, and Reaccreditation.

- Community Health Assessment (Measure 1.1.1)
- Community Health Improvement Plan (Measure 5.2.2)
- Workforce Development Plan (Measure 8.2.1)
- Quality Improvement Plan (Measure 9.1.4)
- Strategic Plan (Measure 10.1.2)

Each LHD participating in this grant activity will develop its timeline for Pre-Application Plan Development, PHAB Pathway Recognition, Accreditation, and Reaccreditation. The overall accreditation process may take up to 5 years (*estimated*) depending on what required plans the LHD may already have completed, the LHD's current capacity to initiate the above PHAB processes, and the LHD's current stage of the PHAB accreditation process if already initiated. The reaccreditation timeline is shorter, however equally intense with the required plans that may need to be updated and reaccreditation activities.

The overarching goal is for 20% (n=18) of existing non-accredited LHDs to achieve PHAB accreditation, at least 5% of those agencies located in areas with significant numbers of communities in need. This grant activity is aimed at diversifying participating LHDs by reducing barriers to the accreditation process by providing financial support.

After this grant begins, NJDOH is interested to facilitate the formation of an *LHD PHAB Workgroup* and explore the sharing of PHAB resources, sample plans, guidance tools, and other supportive documents.

**Note:** For Pathway B, Attachment C - Schedule of Work Grant Deliverables will be assigned to the grantee based on its current stage within the accreditation/reaccreditation process. LHDs already working on accreditation/reaccreditation will need to include their current stage of accreditation/reaccreditation on the grant application. See [APPENDIX 2.A. PATHWAY B - \\*DRAFT – ACCREDITATION Grant Deliverables](#) or [APPENDIX 2.B. PATHWAY B - \\*DRAFT – REACCREDITATION Grant Deliverables](#) for additional information.

**V. FUNDING BREAKDOWN BY LHD**

**Pathway A** - Non-LINCS Agency LHDs are eligible - The following is the **final** breakdown of funds for this non-competitive grant across **three (3) required funding categories** to be received by **54** of the **80 eligible non-LINCS Agency LHDs that submitted LOIs for Pathway A**.

The **final non-LINCS LHD Pathway A grant funding amount (\$)** was determined after all LOIs were received/processed by OLPH, and after a Funding Pathway Survey of Non-LINCS LHDs was conducted on May 3, 2023 to determine interest to apply for Pathway A. **Note: Applicants are not permitted to select additional funding pathways different from what was selected on the survey. On the Application Open Date of Wednesday, May 10, 2023 at 9:00 AM (EDT), the Final Grant Funding amounts (\$)** will be published via this revised RFA and will be emailed to the Health Officer and Contact Person listed on the OLPH Strengthening Local Public Health Capacity Letter of Intent Template to Submit the Application in SAGE.

<b>FINAL FUNDING BREAKDOWN - FUNDING OVERVIEW - PATHWAY A</b> <b>Non-LINCS Agency LHDs are eligible</b> Three (3) Funding Activities:	
Outbreak Preparedness (OP) - State Funding	Local Health Outreach Coordinator (LHOC) - Federal Funding Infectious Disease Preparedness Generalist (IDPG) - Federal Funding
<p><b>Note: All three (3) grant activities OP, LHOC, and IDPG are required for Pathway A. Applications that do not include all three (3) grant activities for Pathway A cannot be processed.</b></p>	
<ul style="list-style-type: none"> <li> <b>\$30,008</b> in <b>Outbreak Preparedness (OP)</b> State funds to enable each non-LINCS Agency LOI LHD to strengthen outbreak preparedness/response capacity by reimbursing eligible COVID-19 and other infectious disease-related expenses not covered by any other funding source.                               Funding covers <b>Schedule A Salary expenses including salary and fringe</b> <u>and</u> <b>Schedule B Professional Service Agreements (PSAs)</b> for contracted grant staffing <u>and</u> <b>COVID-19/Other Infectious Disease Capacity-Building Eligible Expenses</b> listed in <a href="#">APPENDIX 3 - PATHWAY A - Eligible Expenses</a>.                         </li> </ul>	
<ul style="list-style-type: none"> <li> <b>\$183,822</b> in <b>Local Health Outreach Coordinator (LHOC)</b> funds for each non-LINCS Agency LOI LHD to appoint/hire a full-time Local Health Outreach Coordinator (LHOC) to assess, mitigate and respond to populations disproportionately affected by the social and health impacts of COVID-19 and other infectious diseases by supporting linkages to testing, vaccination, and support services.                               The LHOC full-time position is required to be funded, in accordance with the LHOC Job Description (<a href="#">Appendix 6</a>). Funding is for <b>Schedule A Salary expenses only including salary and fringe</b> <u>and</u> <b>Schedule B Professional Service Agreements (PSAs)</b> for contracted grant staffing. <b>Note: Other expenses are not allowable under this activity code.</b> </li> </ul>	
<ul style="list-style-type: none"> <li> <b>\$192,216</b> in <b>Infectious Disease Preparedness Generalist (IDPG)</b> funds for each non-LINCS Agency LOI LHD to appoint/hire an Infectious Disease Preparedness Generalist to assist with outreach to populations disproportionately affected by COVID-19 and Other Infectious Diseases by supporting linkages to testing, vaccination, and support services, resolving laboratory reporting issues within the jurisdiction, and other COVID-19 and Other Infectious Disease-related activities.                               Funding is for <b>Schedule A Salary expenses only including salary and fringe</b> <u>and</u> <b>Schedule B Professional Service Agreements (PSAs)</b> for contracted grant staffing. <b>Note: Other expenses are not allowable under this activity code.</b> </li> </ul>	
A total of <b>54 Pathway A</b> awards will be issued at <b>\$406,046</b> each	

**Pathway B** - All LHDs are eligible (New in FY2024) - The following is the **final** breakdown of funds for this non-competitive grant to be received by **33** of the 102 eligible LHDs that expressed interest in applying for **Pathway B**.

The **final LHD Pathway B** grant funding amount (\$) for **Accreditation** and **Re-Accreditation** was determined after all LOIs were received/processed by OLPH, and after a Funding Pathway Survey of Non-LINCS LHDs was conducted on May 3, 2023 to determine interest to apply for Pathway B. **Note: Applicants are not permitted to select additional funding pathways different from what was selected on the survey.** On the Application Open Date of **Wednesday, May 10, 2023 at 9:00 AM (EDT)**, the **Pathway B Final Grant Funding amounts (\$)** will be published via this **revised RFA** and will be emailed to the Health Officer and Contact Person listed on the **OLPH Strengthening Local Public Health Capacity Letter of Intent Template** to Submit the Application in SAGE.

<b>FINAL FUNDING BREAKDOWN - FUNDING OVERVIEW - PATHWAY B (New in FY2024)</b> <b>All LHDs are eligible</b> One (1) Funding Activity:
Public Health Accreditation (ACC) - Federal Funding
<ul style="list-style-type: none"><li>• <b>\$89,365</b> in <b>Public Health Accreditation (ACC)</b> funds to Support the Public Health Accreditation Board (PHAB) accreditation/re-accreditation process to foster continuous improvement and alignment of LHD services with national public health standards while building, promoting, and protecting health and equity for their communities.</li></ul> Funding is for <b>Schedule A Salary expenses including salary and fringe</b> and <b>Schedule B Professional Service Agreements (PSAs)</b> for contracted ACC grant staffing and <b>Accreditation Eligible Expenses</b> listed in <a href="#">APPENDIX 5 - PATHWAY B - ACCREDITATION - Eligible Expenses</a> .
A total of <b>33 Pathway B</b> awards will be issued at <b>\$89,365</b> each

## VI. PROGRAMMATIC DELIVERABLES AND REQUIREMENTS

### A. Programmatic Deliverables

- Programmatic deliverables for this RFA are in:
  - [APPENDIX 1 - PATHWAY A](#) - DRAFT - Grant Deliverables
  - [APPENDIX 2. A.](#) and [APPENDIX 2. B.](#) - **PATHWAY B - DRAFT - Grant Deliverables**
- All grantees are expected to complete these grant deliverables within the timeframes indicated.

### B. Programmatic Requirements

The following full-time equivalent required **Pathway A** positions must be funded in accordance with the RFA.

- **Local Health Outreach Coordinator (LHOC)** - see LHOC job description in [Appendix 6](#).
- **Infectious Disease Preparedness Generalist (IDPG)** - LHDs are to use local job titles/job descriptions for IDPG.

**IMPORTANT:** The Grantee MUST have all two (2) full-time equivalent required positions hired and onboarded to maintain grant compliance. **Failure to do so will be considered non-compliance.** The Grantee must communicate any concerns with meeting this requirement during the application phase by including a detailed narrative on the Application Template.

### C. Additional Overall Requirements

- Grantee will participate in the Strengthening Local Public Health Capacity Monthly Webinars.
- Grantee must have the ability to participate in virtual grant-required webinars with a functional microphone and speakers to actively participate in discussions.
- All grant contract-related correspondence between the Applicant/Grantee and NJDOH must include the Health Officer, Grant Project Director (if different from the Health Officer), and the Fiscal Director. If other staff members are requested by the Grantee to contact NJDOH with grant contract/budget-related questions, these contacts as indicated here (Health Officer, Project Director, Fiscal Contact) must be included on the messages to ensure that the requests have been authorized.
- Grantee is responsible for all purchasing and fiscal accountability in accordance with the grant specifications and New Jersey Department of Health (NJDOH) Terms and Conditions for Administration of Grants.
- Grantee cannot submit the same expenses for reimbursement through any other channels including, but not limited to, other NJDOH grants and any other grants/reimbursement.
- All procurement, including professional services, contracts, and agreements must be completed through your agency's internal procurement process and other requirements. NJDOH does not endorse or show preference for any vendor.

- The Grantee is responsible for the submission of grant reporting requirements. NJDOH may withhold, reduce, or deny any award due to delinquent reports, failure to show satisfactory progress, inadequate stewardship of grant funds, failure to meet the terms and conditions of this award, or failure to meet the goals and objectives or the deliverables stated in the application.
- Reimbursement will be contingent upon the Grantee’s ability to meet all the terms of the grant including the Request for Application and Schedules of Work, complete grant activities by established due dates, and demonstrate measurable progress. 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. This will be indicated in Grant Attachment A.
- Grantee will comply with programmatic site visits/virtual meetings as a means of direct contact and monitoring of grant compliance.
- Grantee will comply with the completion and submission of all surveys and other requests for information as requested by NJDOH in accordance with established due dates.
- Staff members funded by this grant must strictly devote their time toward preparedness efforts and grant requirements according to the percentages which the Grantee has outlined in the Schedule As-Personnel Costs.

**VII. ELIGIBILITY**

Under the 2024 Strengthening Local Public Health Capacity RFA, the following is the eligibility breakdown:

- Non-LINCS Agency LHDs are eligible to apply for PATHWAY A.
- All LHDs are eligible to apply for PATHWAY B.

All applicants must also meet the following eligibility criteria:

Submit a Letter of Intent (LOI) utilizing the <i>OLPH Strengthening Local Public Health Capacity Letter of Intent Template</i> (emailed to all Health Officers at <b>9:00 AM (EDT)</b> on <b>Monday, April 24, 2023</b> to <a href="mailto:OLPHgrants@njlincs.net">OLPHgrants@njlincs.net</a> by <b>1:00 PM (EDT)</b> on <b>Monday, May 1, 2023</b> .
Maintain an updated LHD listing in the online <i>February 1, 2023 Redbook Directory of Local Health Departments in New Jersey</i> on the New Jersey Department of Health portal. Only listed LHDs are eligible to apply.
Demonstrate compliance with N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1 (a).

**VIII. LETTER OF INTENT & RFA QUESTIONS**

On **Monday, April 24, 2023 at 9:00 AM (EDT)**, OLPH will announce the 2024 Strengthening Local Public Health Capacity RFA by email to 102 LHDs. A copy of the RFA and *OLPH Strengthening Local Public Health Capacity Letter of Intent Template* and upcoming application due dates will be provided in the email.

Non-LINCS Agency LHDs interested in applying for Pathway A and/or B, and LINCS Agency LHDs interested in applying for Pathway B, are to complete the *OLPH Strengthening Local Public Health Capacity Letter of Intent Template* including the following information: 1) Name of LHD; 2) Health Officer name and email address; 3) Applicant Federal Employer Identification Number (FEIN); 4) LHD address; 5) Municipalities served by LHD; 6) Contact person to submit the application in SAGE; 7) Confirmation of interest to receive grant funds; and 8) Questions about the RFA.

The deadline to submit Letters of Intent (LOIs) to [OLPHgrants@njlincs.net](mailto:OLPHgrants@njlincs.net) is **1:00 PM (EDT)** on **Monday, May 1, 2023**.

Although submitting an LOI does not obligate an LHD to complete an application for this funding opportunity, an application will only be accepted if an LOI was submitted. LHDs that did not submit an LOI by the deadline are not eligible to apply for this funding opportunity.

**IX. RELEASE OF THE REQUEST FOR APPLICATION (RFA)**

At **9:00 AM (EDT)** on **Monday, April 24, 2023**, the RFA will be posted on the NJDOH Directory of Grant Programs web page at <https://healthapps.state.nj.us/noticeofgrant/noticegrants.aspx>. Additionally, OLPH will notify all LHDs by email on **Monday, April 24, 2023 at 9:00 AM**, about the release of the RFA and the question submission process.

**X. SUBMITTING QUESTIONS ABOUT THE RFA**

LHDs may submit questions about the RFA. Questions may be submitted via the *OLPH Strengthening Local Public Health Capacity Letter of Intent Template* to be emailed to all Health Officers at **9:00 AM (EDT)** on **Monday, April 24, 2023**. This form may be utilized to submit questions to [OLPHgrants@njlincs.net](mailto:OLPHgrants@njlincs.net) by **Monday, May 1, 2023**, at **1:00 PM (EDT)**. Questions will not be accepted in any other format or at any other time. Written responses to questions submitted on the *OLPH Strengthening Local Public Health Capacity Letter of Intent Template* will be compiled in a Q&A format and emailed to the LHDs that submitted LOIs by **9:00 AM** on **Wednesday, May 10, 2023 (EDT)**.



**XI. HOW TO ACCESS AN APPLICATION**

NJDOH requires all grant applications to be submitted electronically through the System for Administering Grants Electronically (SAGE) at [www.sage.nj.gov](http://www.sage.nj.gov). If your agency does not have an existing account in SAGE, an account will need to be created to apply for this grant.

If you are a first-time NJDOH applicant whose organization has never registered in the NJDOH SAGE system, you must contact the SAGE System Administrator at 609-376-8508. A new agency form must be completed and submitted to NJDOH. The submitted documents will be reviewed to ensure that applicants have satisfied all applicable requirements. When approved, the organization’s status will be activated in SAGE. The SAGE System Administrator will inform the organization’s Authorized Official via email or by phone of their authorized access to the grant application in SAGE. Organizations will not have access to any application in SAGE until all documents are received and all procedures are satisfied.

**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.**

The application will open in SAGE on **Wednesday, May 10, 2023, at 9:00 AM (EDT)**. Completed applications must be received by **1:00 PM (EDT) on Friday, May 26, 2023**, via SAGE. Applications received after this date/time will not be accepted.

To streamline the narrative portion of the application process, applicants will utilize the ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist*** on which applicants will provide their grant narrative and budget summary in a short-answer format. Applicants will also need to complete the required forms within SAGE and respective budget pages with sufficient detail. The ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist*** will be emailed to all eligible LOI LHDs on **Wednesday, May 10, 2023, at 9:00 AM (EDT)**. The completed *Application Template/Checklist* is to be uploaded in **PDF** format into SAGE Attachments.

Applications may be returned for revisions and/or additional information; if the applicant fails to complete this process or fails to provide revisions and/or additional information by the requested due date, NJDOH reserves the right to deny further review of the application.

**XII. GRANT PROPOSAL INSTRUCTIONS**

- Log into SAGE ([www.sage.nj.gov](http://www.sage.nj.gov)) and search for the “***Strengthening Local Public Health Capacity Program 2024***” application and complete as directed.
- Please follow the specific instructions in [APPENDIX 10 - STRENGTHENING LOCAL PUBLIC HEALTH CAPACITY 2024 - APPLICATION GUIDANCE](#).
- **Note: Applications not completed exactly as shown in [APPENDIX 10 - STRENGTHENING LOCAL PUBLIC HEALTH CAPACITY 2024 - APPLICATION GUIDANCE](#) will be considered incomplete and will not be reviewed.**
- **OLPH Strengthening Local Public Health Capacity Application Template/Checklist - REQUIRED**

**IMPORTANT UPLOAD REQUIRED:** Upload the completed ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist PDF*** to the **Attachments** section of SAGE. The ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist (Word document)*** is to be emailed to all Health Officers on the Application Open Date of **Wednesday, May 10, 2023 at 9:00 AM (EDT)**. Please contact the Health Officer to obtain a copy of this document on the Application Open Date.

**Note: Applications submitted without the *OLPH Strengthening Local Public Health Capacity Application Template/Checklist PDF* will be considered incomplete and will not be reviewed.**

- **APPLICATION #1 and APPLICATION #2** - To accommodate **Funding Pathway A** (LHOC, IDPG, and OP) and **Funding Pathway B** (ACC), OLPH has prepared **two (2) different *OLPH Strengthening Local Public Health Capacity Application Template/Checklists*** to be completed **depending on which** Funding Pathways (Application #1) **A only** or **A and B**, or (Application #2) **B only** are selected by the LHD.

**1. APPLICATION TEMPLATE/CHECKLIST # 1: Pathway A/Optional Pathway B Application - Non-LINCS Agency LHDs Only**

Pathway A - LHOC, IDPG, & OP Funding

or

Pathway A (LHOC, IDPG, & OP) & **Optional Pathway B** (ACC) Funding for:  
 PHAB Accreditation or  PHAB Re-Accreditation

**2. APPLICATION TEMPLATE/CHECKLIST # 2: Pathway B Only Application - all LHDs**

Pathway B (ACC) Funding for:  PHAB Accreditation **or**  PHAB Re-Accreditation

**Applicants must provide information for all applicable sections aligned to the Pathway to which they are applying. All questions and bullets must be answered in each application section and sub-section.**

**Note: Incomplete applications will not be processed and will be returned to the applicant.**

**Successful applicants will:**

**PATHWAY A - IDPG, LHOC, OP**

- Demonstrate organizational capacity and readiness for this grant program.
- Describe the gaps in communicable disease capacity within the non-LINCS Agency LHD’s jurisdiction as related to COVID-19 and other infectious diseases.
- Describe the impact of COVID-19 and Other Infectious Diseases in your jurisdiction and on the LHD.
- Describe how COVID-19 and Other Infectious Diseases have disproportionately affected populations within your jurisdiction.
- Describe how this funding will make a measurable difference with response to COVID-19/Other Infectious Disease Preparedness and Response Activities in your jurisdiction.
- Describe how the process/outcome of the grant program will be evaluated.
- Describe plans for the sustainability of this program beyond this funding cycle; and
- Prepare a detailed spending plan that outlines:
  - Salary expenses of the full-time equivalent LHOC and IDPG in leading outreach efforts to populations disproportionately affected by COVID-19 and other infectious diseases within the LHD jurisdiction.
  - Eligible COVID-19/Other Infectious Disease eligible expenses under OP.

**PATHWAY B - ACC**

- Demonstrate organizational capacity and readiness for seeking PHAB accreditation/reaccreditation.
- Describe the LHD’s plans for accreditation/reaccreditation and its current stage in the process.
- Describe how the LHD is supported/plans to seek support (monetary/non-monetary) from its Local Board of Health, Local/County Officials (as applicable) for its PHAB accreditation/reaccreditation efforts.
- Describe how the ACC funds will be used to support accreditation/reaccreditation; and
- Describe how public health accreditation would make a measurable difference within your local jurisdiction.
- Describe how the process/outcome of the grant program will be evaluated.
- Describe plans for the sustainability of this program beyond this funding cycle; and
- Prepare a detailed spending plan that outlines:
  - Salary expenses of staff to support the LHD’s accreditation/reaccreditation process; and
  - Expenses that directly support the public health accreditation process.

**The Grant Application must be submitted utilizing the *OLPH Strengthening Local Public Health Capacity Application Template/Checklist*.**

**Section 1 and Section 2 combined should not exceed fifteen (15) typed pages with 1/2-inch margins.**

**Section 3 - Detailed Spending Plan** is a table divided into two sections: 1) Schedule A; and 2) Schedule B. There are no size restrictions for the Detailed Spending Plan.

**PROPOSAL REVIEW PROCEDURES**

- Proposals will be reviewed for completeness and compliance with RFA requirements. Incomplete proposals and/or proposals that deviate from the required format will not be reviewed. Applications that satisfactorily pass the compliance review will be moved forward into grant processing.

OLPH reserves the right to render final decisions on the awarding of grants under this RFA, including the determination of noncompliant or incomplete proposals.

Eligible applicants are to complete the appropriate ***OLPH Strengthening Local Public Health Capacity Application Template/Checklist*** and upload it into SAGE when complete. The **Grant Applications** are organized as follows:

APPLICATION #1		APPLICATION #2	
Non-LINCS Agency Application Requirements - Pathway A & <i>Optional Pathway B</i>		Application Requirements - LHDs Applying Pathway B Only	
GRANT PROPOSAL - PATHWAY A (LHOC, IDPG, OP)	Upload to SAGE	GRANT PROPOSAL - PATHWAY B (ACC) ONLY	Upload to SAGE
Section 1: Organizational Readiness - Pathway A		Section 1: Organizational Readiness - Pathway B	

<b>Section 2: Grant Proposal - Pathway A</b>	Upload <b>PATHWAY A Grant Proposal PDF</b> into SAGE Attachments	<b>Section 2: Grant Proposal - Pathway B</b>	Upload <b>PATHWAY B Grant Proposal PDF</b> into SAGE Attachments	
1. Assessment of Need		1. Assessment of Need		
2. Description of Goals, Objectives, and Methods		2. Description of Goals, Objectives, and Methods		
3. Program Evaluation		3. Program Evaluation		
4. Sustainability		4. Sustainability		
<b>Section 3: Project Budget Summary - Pathway A</b>		<b>Section 3: Project Budget Summary - Pathway B</b>		
Schedule A – Salary Related Costs (LHOC)		Schedule A – Salary Related Costs Public Health Accreditation (ACC)		
Schedule B - Other LHOC Related Costs (LHOC)		Schedule B - Other Related Costs Public Health Accreditation (ACC)		
Schedule A – Salary Related Costs (IDPG)		<b>Complete <u>all</u> Required Forms in SAGE</b>		
Schedule B - Other IDPG Related Costs (IDPG)		Complete the Budget in SAGE (follow your Detailed Spending Plan) and <b>upload a separate quote for each budget line item</b>		Schedule A and Schedule B for each Activity Code (as applicable)
Schedule A – Salary Related Costs (OP)		Financial Documents & Tax Clearance Certificate ( <i>required</i> )		Upload to Organizational Profile in SAGE
Schedule B - Other Related Costs (OP)		Other Attachments		Upload Attachments into SAGE Attachments
<b>SAGE: Complete <u>all</u> Required Forms in SAGE</b>				
Complete the Budget in SAGE (follow your Detailed Spending Plan) and <b>upload a separate quote for each budget line item</b>	Schedule A and Schedule B for each Activity Code (as applicable)			
Financial Documents & Tax Clearance Certificate ( <i>required</i> )	Upload to Organizational Profile in SAGE			
Other Attachments	Upload Attachments into SAGE Attachments			
<b>GRANT PROPOSAL - Optional PATHWAY B (ACC)</b>				
<b>Section 1: Organizational Readiness - Pathway B</b>	Upload <b>PATHWAY B Grant Proposal PDF</b> into SAGE Attachments			
<b>Section 2: Grant Proposal - Pathway B</b>				
1. Assessment of Need				
2. Description of Goals, Objectives, and Methods				
3. Program Evaluation				
4. Sustainability				
<b>Section 3: Project Budget Summary - Pathway B</b>				
• Schedule A – Salary Related Costs Public Health Accreditation (ACC)				
• Schedule B - Other Related Costs Public Health Accreditation (ACC)				
<b>SAGE: Complete <u>all</u> Required Forms in SAGE</b>				
Complete the Budget in SAGE (follow your Detailed Spending Plan) and <b>upload a separate quote for each budget line item</b>		Schedule A and Schedule B for each Activity Code (as applicable)		
Financial Documents & Tax Clearance Certificate ( <i>required</i> )		Upload to Organizational Profile in SAGE		
Other Attachments	Upload Attachments into SAGE Attachments			

### XIII. FUNDING RESTRICTIONS/ EXCLUSIONS/ RECIPIENT USE/ FINANCIAL PARTICIPATION

#### Overall Funding Restrictions/Exclusions/Limitations LHOC, IDPG, OP, and ACC

- Awardees may not make purchases until the grant period has begun (July 1, 2023).
- Reimbursement of pre-award salaries, equipment, and other costs is not permitted.
- Awardees may supplement but not supplant existing state or federal funds for activities described in the budget.
- Awardees may not make purchases of equipment, supplies, and other purchases until NJDOH approval is granted through an **approved grant budget** or **approved budget revision**.
- Awardees may only request reimbursement for costs as approved within the approved grant budget or approved budget revision. All budget changes must be captured through a formal budget revision in SAGE.
- NJDOH must review and approve all Professional Services Agreements (PSAs), Memoranda of Understanding (MOUs), and consultant service agreements **before** contracts are executed. Grantee is to include in the grant's application a rationale for

how the PSA/MOU, instead of grant-funded staff, will support the proposed work plan and grant deliverables. All consultants used for the sole purpose of auditing compliance with the grant/or expenditures funded by the grant are exempt from this restriction. Signed/executed contracts must be emailed to [OLPHgrants@njlincs.net](mailto:OLPHgrants@njlincs.net), PMO, and GMO for review **prior to** finalizing, and must be uploaded to Shared Documents in SAGE once finalized.

- **IMPORTANT:** Any changes to grant-funded staff (onboarding/offboarding) during the fiscal year **MUST** be communicated immediately to NJDOH via an email to [OLPHgrants@njlincs.net](mailto:OLPHgrants@njlincs.net), PMO, and GMO, **prior to** the employee's start date. To add staff names to the grant, or to make other staffing changes, a formal budget revision via SAGE must be completed **prior to** the next quarterly expenditure report. No personnel costs will be reimbursed for prior quarterly reporting periods for which an expenditure report has already been processed, and no retro-reimbursement of personal costs will be allowed in FY24.
- If it is known that salary increases will take place during the grant period, the personnel costs for increased amounts should be reflected at the time of the application submission, if able.
- See [APPENDIX 4 - PATHWAY A & B - Funding Exclusions](#) for a list of expenses that are not allowed under this RFA.

#### **Funding Restrictions/Exclusions/Limitations - Pathway A-LHOC and IDPG**

**IMPORTANT NOTE:** Under this year's RFA, Pathway A, salaries and staffing PSAs are the only expenses allowed under LHOC and IDPG. **NOTE:** Other Direct Costs (i.e., COVID-19/Other Infectious Disease Expenses) are not allowed under LHOC and IDPG Schedule Bs on this grant.

*All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of 15 hours per Week on the Strengthening Grant Program regardless of whether the LHD applies for IDPG/LHOC/OP; IDPG/LHOC/OP/ACC; or ACC only on this grant program. Each staff's hours should add up to 15 hours across all activity codes.*

- **Schedule A Expenses:**
  - Salary-related costs (salary and fringe) are **allowed** on LHOC and IDPG Schedule As.
- **Schedule B Expenses:**
  - Professional Service Agreements (PSAs) for LHOC and IDPG staff are **allowed** on LHOC and IDPG Schedule Bs.

**\*\*\*NOTE:** Other Direct Costs (i.e., COVID-19/Other Infectious Disease Expenses) are not allowed under LHOC and IDPG Schedule Bs on this grant. \*\*\*

- **Note:** See [APPENDIX 4 - PATHWAY A & B - Funding Exclusions](#) for a list of expenses that are not allowed under this RFA.

#### **Funding Restrictions/Exclusions/Limitations – Pathway A-OP**

*All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of 15 hours per Week on the Strengthening Grant Program regardless of whether the LHD applies for IDPG/LHOC/OP; IDPG/LHOC/OP/ACC; or ACC only on this grant program. Each staff's hours should add up to 15 hours across all activity codes.*

- **Schedule A Expenses:**
  - Salary-related costs (salary and fringe) are allowed on OP Schedule A.
- **Schedule B Expenses:**
  - COVID-19/Other Infectious Diseases Eligible Expenses are allowed only under OP Schedule B.
- See [APPENDIX 3 - PATHWAY A - Eligible Expenses](#) - for COVID-19/Other Infectious Disease Expenses allowed under OP.
- **Note:** See [APPENDIX 4 - PATHWAY A & B - Funding Exclusions](#) for a list of expenses that are not allowed under this RFA.

#### **Funding Restrictions/Exclusions/Limitations – Pathway B - ACC**

*All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of 15 hours per Week on the Strengthening Grant Program regardless of whether the LHD applies for IDPG/LHOC/OP; IDPG/LHOC/OP/ACC; or ACC only on this grant program. Each staff's hours should add up to 15 hours across all activity codes.*

- **Schedule A Expenses:**
  - Salary-related costs (salary and fringe) are allowed on ACC Schedule A.
- **Schedule B Expenses:**
  - Other Direct Costs are allowed on ACC Schedule B.
- See [APPENDIX 5 - PATHWAY B - Eligible Expenses](#) - for Eligible Expenses allowed under ACC.
- **Note:** See [APPENDIX 4 - PATHWAY A & B - Funding Exclusions](#) for a list of expenses that are not allowed under this RFA.

**Recipient use / financial participation:**

Applicants must demonstrate sufficient organizational and policy commitment to support personnel, services, activities, and allowable purchases/expenses through this grant.

**Indirect Cost Rates:**

Applicants may apply for indirect costs. If indirect costs are requested, a current indirect cost Health & Human Services (HHS) agreement must be uploaded in SAGE under the Cost Summary page. **Indirect costs are capped at 10%.**

If a current indirect cost agreement does not exist, applicants may request a flat de minimis rate of 10% of Modified Total Direct Costs (MTDC). MTDC comprises all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward more than \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

(2 C.F.R. §200.68)

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

**XIV. GRANT REPORTING**

Awardees will be required to submit quarterly progress and expenditure reports in SAGE. Reporting documents (Expenditure and Progress Reports) must be submitted on or before the due dates listed below.

**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. Failure to submit timely reports will delay payments to the grantee. In addition, late reporting may result in an overall 5% reduction of the grant. If necessary, reporting extensions must be submitted with a justification, via email, to the NJDOH PMO/GMO. The NJDOH PMO/GMO must approve the request for the extension to be valid.**

**Expenditure Report Schedule**

Grant Expenditure Reporting Periods	Report Number	Due Date
July 1, 2023 - September 30, 2023	1	October 16, 2023
October 1, 2023 - December 31, 2023	2	January 15, 2024
January 1, 2024 - March 31, 2024	3	April 15, 2024
April 1, 2024 - June 30, 2024	*4/Final	July 30, 2024

\*The 4<sup>th</sup> Quarter/Final Expenditure Report must be submitted on or before **July 30, 2024**. On the 4<sup>th</sup> Quarter/Final Report, be sure to check the "Final Report" box in SAGE.

**Note: Final Expenditure Reports MUST be submitted no later than JULY 30, 2024. If a Final Expenditure Report is not received by JULY 30, 2024, the grant may be closed out based on the last Expenditure Report submitted.**

**Expenditure Reporting**

- Expenditure Reports will only be approved after the Progress Reports are approved.
- Supporting documentation (receipts and invoices) is always required for reimbursement of grant expenditures.
- Supporting documentation requirements for expenditures are as follows:
  - Only costs as approved in the grant can be requested for reimbursement. Email/phone approvals for changes are not allowed for reimbursement purposes. A formal budget revision must be completed **prior to** requesting the reimbursement for those costs on an expenditure report.
  - Payroll records must be attached and must be broken out by funding activity (4 separate files attached) clearly labeled as LHOC, IDPG, OP, and ACC.
  - Supporting documentation for any Overtime/Comp Time costs must be attached and broken out by funding activity: four (4) separate files attached clearly labeled as LHOC, IDPG, OP, and ACC. Overtime/Comp Time is only allowed if approved in the grant budget or approved budget revision.
  - Summary documents broken out by funding activity (4 separate files attached) clearly labeled as LHOC, IDPG, OP, and ACC outlining the items/expenses (Schedule Bs) for which reimbursement is being requested must be uploaded as attachments to each quarterly Expenditure Report. All corresponding invoices (not purchase orders) **MUST** be attached. NJDOH may request additional documentation or clarification.

## Progress Report Schedule

Progress Report Reporting Periods	Report Number	Due Date
July 1, 2023 - September 30, 2023	1	October 16, 2023
October 1, 2023 - December 31, 2023	2	January 15, 2024
January 1, 2024 - March 31, 2024	3	April 15, 2024
April 1, 2024 - June 30, 2024	4/Final	July 30, 2024

### Progress Reporting:

- After the grant is awarded, the Grantee will be provided with a Progress Report Template (Excel) for submitting the quarterly progress reports.
- Progress reports must address all items and metrics as listed in the applicant's grant application.
- Grantees are to fill out the Template and upload it as an *Excel file* to Progress Report Attachments in SAGE on or before the due date.
- Grantees must comply with the due dates as communicated during the grant year.
- The information to be reported on the Template may be adjusted by NJDOH based on priorities and any emerging public health situations. Changes regarding progress reporting will be communicated to the Grantee directly by the NJDOH PMO.
- Late progress reports and non-responsiveness to requested progress report modifications are considered noncompliance and will negatively contribute to the grantee's Risk Rating.
- Note: Expenditure Reports will only be approved after the Progress Report is submitted and any necessary requests for modifications have been made.

## XV. BUDGET REVISION & GRANT AMENDMENT REQUESTS

### Grant Amendment & Budget Revision Requests

Budget Revisions/Grant Amendments must be *submitted* (Step 1) within ten (10) business days of being *initiated* in SAGE. Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1) in SAGE, a revised grant budget (Step 2) must also be completed and submitted within ten (10) business days, or as indicated by NJDOH.

**Last date to initiate a Grant Amendment in SAGE is April 1, 2024\*.**

**Last date to initiate a Budget Revision in SAGE is April 1, 2024\*.**

**\*Unless otherwise directed by NJDOH.**

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

**XVI. TECHNICAL ASSISTANCE**

- To obtain general and technical assistance during the grant period, send an email to [OLPHgrants@njlincs.net](mailto:OLPHgrants@njlincs.net) and copy your Program Management Officer (PMO) and/or Grant Management Officer (GMO):
- Include your **Grant Number (OLPH24PHC\_ \_ \_)** in the Subject Line of the email.

<b>Program Management Officers (PMOs) - PMO Mailbox - <a href="mailto:OLPHgrants@njlincs.net">OLPHgrants@njlincs.net</a></b>		
<p><b>Kathy C. Brown</b>                  New Jersey Department of Health                  Office of Local Public Health                  PO Box 360                  Trenton, NJ 08625-0360                  609-376-8773  <a href="mailto:Kathy.C.Brown@doh.nj.gov">Kathy.C.Brown@doh.nj.gov</a></p>	<p><b>Nataliya Najmi</b>                  New Jersey Department of Health                  Office of Local Public Health                  PO Box 360                  Trenton, NJ 08625-0360                  609-376-8710  <a href="mailto:Nataliya.Najmi@doh.nj.gov">Nataliya.Najmi@doh.nj.gov</a></p>	<p><b>Paula Van Clef</b>                  New Jersey Department of Health                  Office of Local Public Health                  PO Box 360                  Trenton, NJ 08625-0360                  609-376-8699  <a href="mailto:Paula.VanClef@doh.nj.gov">Paula.VanClef@doh.nj.gov</a></p>
<b>Grants Management Officers (GMOs)</b>		
<p><b>Jorge Lozano</b>                  New Jersey Department of Health                  Office of Local Public Health                  PO Box 360                  Trenton, NJ 08625-0360                  609-376-8730  <a href="mailto:Jorge.LozanoCartagena@doh.nj.gov">Jorge.LozanoCartagena@doh.nj.gov</a></p>	<p><b>Anya Bouchouar</b>                  New Jersey Department of Health                  Office of Local Public Health                  PO Box 360                  Trenton, NJ 08625-0360                  609-376-8764  <a href="mailto:Anya.Bouchouar@doh.nj.gov">Anya.Bouchouar@doh.nj.gov</a></p>	

**APPENDIX 1 - PATHWAY A - \*DRAFT - Grant Deliverables – Schedule of Work**

Item	Responsible	Deliverable	Schedule of Work
1	Local Health Officer or Designee	<p><b>COVID-19/Other Infectious Disease Eligible Expenses</b>                      During this grant year, the approved budget in SAGE will be in effect. Expenses in the grant’s approved budget do not require pre-approval however there are a few expenses that require grantee follow-up:  <b>a) New Expenses</b>                      -New expenses that are <u>not</u> included in the approved budget or budget revision are not allowed.                      -All new expenses <u>must</u> be submitted in a Budget Revision in SAGE.                      -New expenses are allowed <u>after</u> the budget revision is approved in SAGE.                      -Back-dated new expenses incurred prior to the date of an approved budget revision are <u>not</u> allowed.                      -Pre-approvals will <u>not</u> be issued by the PMO/GMO for new expenses by phone/email.                      -Grantees are <u>responsible</u> for new expenses incurred before there is an approved budget revision in SAGE.</p>	Quarterly
		<p><b>b) New Grant Staff - Grantee must immediately notify their PMO/GMO about new grant staff. Additionally, a budget revision is required to add new staff to the grant.</b>  <b>Note:</b> If a budget revision is not successfully completed by the grantee when the new staff member is hired, staffing expenses related to the new staff will not be reimbursed. Back-dated hours worked by the new staff member will not be reimbursed by the grant and will be the full responsibility of the grantee.</p>	Quarterly
		<p><b>c) Professional Service Agreements (PSAs) - Grantee must immediately notify their PMO/GMO of new PSAs and newly signed PSAs.</b>                      All PSAs must be fully executed (include a description of services, dates of services, and be signed and dated by all parties) and be uploaded into SAGE <u>before</u> the start of vendor services to be eligible for reimbursement.  <b>Note:</b> Reimbursement is only allowed <u>on</u> and <u>after</u> the date on which PSA is signed. Back-dating of vendor services (prior to the date of the signed PSA) is <u>not</u> allowed and back-dated services will <u>not</u> be reimbursed by the grant and will be the full responsibility of the grantee.</p>	Quarterly
		<p><b>d) Training - Grantee must submit the OLPH Training Request Form 60 days in advance for any grant-funded training in the approved grant budget and training that has not yet been added to the grant through a budget revision.</b>                      OLPH will review all training requests for eligibility within the scope of the grant and will notify the grantee of the results of its review upon completion.  <b>Note:</b> Approvals for back-dated training will not be issued by the grant program, and expenses related to back-dated training will be the full responsibility of the grantee.  <b>Note:</b> The approved OLPH Training Request Form is not a pre-approval of training-related expenses incurred prior to submitting a budget revision. The grantee is fully responsible for any expenses related to training that are pre-paid before there is an approved OLPH Training Request and a successfully completed budget revision in SAGE.</p>	Quarterly
		<p><b>e) Backordered Materials:</b> Some products are affected by delivery delays/backorders. It is strongly recommended to make all purchases by the end of the 3rd quarter, as it may take up to 9 months to receive some materials.</p>	Quarterly



**APPENDIX 1 - PATHWAY A - \*DRAFT - Grant Deliverables - Schedule of Work**

Item	Responsible	Deliverable	Schedule of Work
2	Local Health Officer or Designee	The Grantee shall hire/appoint a full-time equivalent <b>Local Health Outreach Coordinator (LHOC)</b> to assess, mitigate and respond to the social and health impacts of COVID-19/Other Infectious Diseases on disproportionately affected populations through targeted outreach by supporting linkages to testing, vaccination access, and support services. <b>This is the same position as the full-time Vulnerable Populations Outreach Coordinator (VPOC) from the 2022 grant cycle, however with updated position grant terminology.</b>	Within 30 days of NOGA
3	Local Health Officer or Designee	The Grantee shall hire/appoint a full-time equivalent <b>Infectious Disease Preparedness Generalist (IDPG)</b> to assist with outreach to populations disproportionately affected by COVID-19 and Other Infectious Diseases by supporting linkages to testing, vaccination access, and support services, resolving laboratory reporting issues within the jurisdiction, and other COVID-19 and Other Infectious Disease-related activities. <b>This is the same position as the full-time equivalent COVID-19 Generalist (CVG) from the 2022 grant cycle, however with updated position grant terminology.</b>	Within 30 days of NOGA
4	Local Health Outreach Coordinator (LHOC)  Infectious Disease Preparedness Generalist (IDPG)	<p>Rapid Public Health Assessment [<b>formerly known as the Vulnerable Population Assessment</b>]</p> <p>OLPH is to provide Technical Assistance on the Rapid Public Health Assessment via the Strengthening Grantee monthly webinar.</p> <p><b>a)</b> The Grantee shall engage its community partners in conducting/updating the rapid public health assessment to identify and describe the health and social services needs of populations disproportionately affected by COVID-19 and Other Infectious Diseases in the grantee’s community.</p> <p><b>Note:</b> All Rapid Public Health Assessments are to include COVID-19 and the Other Infectious Disease(s) selected by the grantee.</p> <p><b>Note:</b> Prior grantees are required to update the Assessment with current data, new grant terminology, and the Other Infectious Disease(s) selected by the grantee.</p> <p><b>Note:</b> Rapid Public Health Assessments must include the four (4) required elements described in the Rapid Public Health Assessment Tool (OLPH will provide the updated Rapid Public Health Assessment Tool at the start of the grant).</p> <p><b>b)</b> Grantee shall present results of the rapid public health assessment/or rapid public health assessment update, related to populations disproportionately affected by COVID-19/Other Infectious Diseases in the grantee’s community, to the LHD Health Officer and governing body; and</p> <p><b>c)</b> Grantee shall oversee the development/update of a plan for outreach, prevention, partnerships with community stakeholders, testing, containment, quarantine, and support services for populations disproportionately affected by COVID-19 and Other Infectious Diseases.</p>	<p>First Quarter</p> <p>First Quarter</p> <p>First Quarter</p>

**APPENDIX 1 - PATHWAY A - \*DRAFT - Grant Deliverables - Schedule of Work**

Item	Responsible	Deliverable	Schedule of Work
5	Local Health Outreach Coordinator (LHOC)  Infectious Disease Preparedness Generalist (IDPG)	The Grantee shall report to NJDOH (through the Quarterly Progress Report) and the County LINCS Health Officer the findings of the Rapid Public Health Assessment and plan for testing and vaccination access within the jurisdiction.	First Quarter
6	Local Health Outreach Coordinator (LHOC)	<b>a)</b> The Grantee shall develop/update/maintain a resource list to help connect populations disproportionately impacted by COVID-19/Other Infectious Diseases to testing, vaccination access, primary care, and social supports within the local jurisdiction.	Quarterly
7	Local Health Outreach Coordinator	The Grantee shall build/update/maintain an email distribution list that enables the LHD to disseminate information rapidly to community partners that support populations disproportionately affected by COVID-19 and Other Infectious Diseases.	Weekly
8	Local Health Outreach Coordinator (LHOC)	The Grantee shall help connect populations exposed/positive for COVID-19 and Other Infectious Diseases to testing, vaccination access, primary care, and social supports within the local jurisdiction.	Weekly
9	Local Health Outreach Coordinator (LHOC)	<b>a)</b> Grantee shall distribute prevention, testing, vaccination access, primary care, and social support messaging to populations identified as disproportionately affected by COVID-19 and Other Infectious Diseases within local jurisdiction and community partners who support these populations.	Weekly
		<b>b)</b> Grantee shall maintain evidence of messaging and make it available to NJDOH upon request.	Weekly
10	Local Health Outreach Coordinator (LHOC)	<b>a)</b> The Grantee shall convene and/or participate in monthly meetings with local stakeholders (including but not limited to FQHCs, non-governmental organizations, faith-based organizations, and community advocates) who support populations identified as disproportionately affected by COVID-19 and Other Infectious Diseases.	Monthly
	Infectious Disease Preparedness Generalist (IDPG)	<b>b)</b> Grantee shall maintain meeting records: agendas/attendee records in their files and will make available to NJDOH upon request.	Monthly
11	Local Health Outreach Coordinator (LHOC)  Infectious Disease Preparedness Generalist (IDPG)	The Grantee shall participate in monthly NJDOH Strengthening Grantee technical assistance webinars, conducted in partnership with Rutgers University School of Public Health, to receive training on assisting populations identified as disproportionately affected by COVID-19 and Other Infectious Diseases, share progress and best practices, and find pathways to align initiatives.  <b>Note:</b> If grant staff are unable to attend the webinars due to a scheduling conflict, they must listen to the webinar recording(s).	Monthly

**APPENDIX 1 - PATHWAY A - \*DRAFT - Grant Deliverables - Schedule of Work**

Item	Responsible	Deliverable	Schedule of Work
12	Local Health Outreach Coordinator (LHOC)	The Grantee shall provide data regarding free public testing and vaccination access within the jurisdiction <i>upon request by the LINCS agency and/or NJDOH.</i>	Upon request by the LINCS Agency and/or NJDOH
13	Local Health Outreach Coordinator (LHOC)	The Grantee shall provide outreach assistance to populations disproportionately affected by COVID-19 and Other Infectious Diseases including information about testing, vaccination access, primary care, and social supports available within the community, including but not limited to FQHCs, non-governmental organizations, faith-based organizations, and other community organizations.	Weekly
14	Infectious Disease Preparedness Generalist (IDPG)	Grantee shall meet monthly (or more frequently) with the Health Officer/LHD Staff to identify COVID-19 and Other Infectious Diseases-related work assignments. Work assignments may include, but are not limited to, outreach to populations disproportionately affected by COVID-19 and Other Infectious Diseases, supporting linkages to testing, vaccination access, and support services, resolving lab report issues, and other related COVID-19/other infectious disease activities.	Monthly
15	Infectious Disease Preparedness Generalist (IDPG)	Grantee shall assist with COVID-19 and Other Infectious Disease work assignments including, but not limited to, outreach to populations disproportionately affected by COVID-19 and Other Infectious Diseases, supporting linkages to testing, vaccination access, and support services, resolving laboratory reporting issues within the jurisdiction, and other COVID-19/other infectious disease-related activities at the LHD and sites in the community (including but not limited to, testing centers, vaccination clinics/sites, community centers, houses of worship, and other community locations).	Weekly
16	Infectious Disease Preparedness Generalist (IDPG)	a) Grantee shall prepare a monthly report describing work accomplished on COVID-19/other infectious disease work assignments including, but not limited to, outreach to populations disproportionately affected by COVID-19 and Other Infectious Diseases, supporting linkages to testing, vaccination access, and support services, and resolving laboratory reporting issues within the jurisdiction, and other COVID-19/other infectious disease-related activities.	Monthly
		b) Grantee shall maintain monthly accomplishments reports in their files.	Monthly
17	Health Officer or Designee  Local Health Outreach Coordinator (LHOC)  Infectious Disease Preparedness Generalist (IDPG)	Grantee shall complete a 2024 Strengthening Grant Evaluation. (Evaluation Template to be provided to Grantees by OLPH).	Annually  Due with Q4 Progress Report

\*These are *DRAFT* Grant Deliverables and may be modified by OLPH. Final deliverables are to be included in Attachment C.

## APPENDIX 2.A. - PATHWAY B - DRAFT - ACCREDITATION (ACC) Grant Deliverables Schedule of Work - Attachment C

Accreditation Grantees are to upload to SAGE Attachments a letter stating when the LHD will be eligible for accreditation, and when its Accreditation Application is due.

Note: Grantees are to work on a least one (1) activity within any of ten (10) domains during each grant quarter. This is the quarterly reporting template, and there will be no additional reporting required.

<b>Accreditation Grantees</b>	<b>Deliverable Frequency</b>
Accreditation Grantees are to upload to SAGE Attachments a letter stating when the LHD will be eligible for accreditation, and when its Accreditation Application is due.	<b>Due in Application</b>
Accreditation Grantees are to participate in an accreditation resource collaborative led by NJDOH as needed.	<b>As needed</b>
Grantees are to work on a least one (1) activity within any of the ten (10) domains below during each grant quarter. <b>This is the SAMPLE quarterly reporting template below, and there will be no additional reporting required.</b>	<b>Quarterly</b>
<b>PHAB Initial Accreditation Standards &amp; Measures v2022</b>	<b>Quarter 1 Reported Progress Check All that Apply (X)</b>
<b>Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets.</b>	
1.1.1 A: Develop a <b>community health assessment</b> .	<input type="checkbox"/>
1.1.2 A: Ensure the community health assessment is available and accessible to organizations and the public.	<input type="checkbox"/>
1.2.1 A: Collect nonsurveillance population health data.	<input type="checkbox"/>
1.2.2 T/L: Participate in data sharing with other entities.	<input type="checkbox"/>
1.2.2 S: Engage in data sharing and data exchange with other entities.	<input type="checkbox"/>
1.2.3 S: Facilitate use of statewide data systems.	<input type="checkbox"/>
1.3.1 A: Analyze data and draw public health conclusions.	<input type="checkbox"/>
1.3.2 A: Share and review public health findings with stakeholders and the public.	<input type="checkbox"/>
1.3.3 A: Use data to recommend and inform public health actions.	<input type="checkbox"/>
<b>Domain 2: Investigate, diagnose, and address health problems and hazards affecting the population.</b>	
2.1.1 A: Maintain surveillance protocols.	<input type="checkbox"/>
2.1.2 A: Communicate with surveillance sites.	<input type="checkbox"/>
2.1.3 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards.	<input type="checkbox"/>
2.1.4 A: Maintain protocols for investigation of public health issues.	<input type="checkbox"/>
2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.	<input type="checkbox"/>
2.1.6 A: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.	<input type="checkbox"/>
2.1.7 A: Use surveillance data to guide improvements.	<input type="checkbox"/>
2.1.8 S: Communicate about and support investigations at the Tribal or local level.	<input type="checkbox"/>
2.2.1 A: Maintain a public health emergency operations plan (EOP).	<input type="checkbox"/>
2.2.2 A: Ensure continuity of operations during response.	<input type="checkbox"/>
2.2.3 A: Maintain and expedite access to personnel and infrastructure for surge capacity.	<input type="checkbox"/>

**APPENDIX 2.A. - PATHWAY B - DRAFT - ACCREDITATION (ACC) Grant Deliverables  
Schedule of Work - Attachment C**

<b>Accreditation Grantees</b>	<b>Deliverable Frequency</b>
2.2.4 A: Ensure training for personnel engaged in response.	<input type="checkbox"/>
2.2.5 A: Maintain and implement a risk communication plan for communicating with the public during a public health crisis or emergency.	<input type="checkbox"/>
2.2.6 A: Maintain and implement a process for urgent 24/7 communications with response partners.	<input type="checkbox"/>
2.2.7 A: Conduct exercises and use After Action Reports (AARs) to improve preparedness and response.	<input type="checkbox"/>
2.2.8 S: Provide communications and other support to Tribal and local health departments related to response efforts.	<input type="checkbox"/>
<b>Domain 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.</b>	
3.1.1 A: Maintain procedures to provide ongoing, non-emergency communication outside the health department.	<input type="checkbox"/>
3.1.2 A: Establish and implement a departmentwide brand strategy.	<input type="checkbox"/>
3.1.3 A: Communicate what public health is, what the health department does, and why it matters.	<input type="checkbox"/>
3.1.4 A: Use a variety of methods to make information available to the public and assess communication strategies.	<input type="checkbox"/>
3.2.1 A: Design communication strategies to encourage actions to promote health.	<input type="checkbox"/>
3.2.2 A: Implement health communication strategies to encourage actions to promote health.	<input type="checkbox"/>
<b>Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.</b>	
4.1.1 A: Engage in active and ongoing strategic partnerships.	<input type="checkbox"/>
4.1.2 A: Participate actively in community health coalition(s).	<input type="checkbox"/>
4.1.3 A: Engage with community members to address public health issues and promote health.	<input type="checkbox"/>
<b>Domain 5: Create, champion, and implement policies, plans, and laws that impact health.</b>	
5.1.1 A: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.	<input type="checkbox"/>
5.1.2 A: Examine and contribute to improving policies and laws.	<input type="checkbox"/>
5.2.1 A: Engage partners and members of the community in a community health improvement process.	<input type="checkbox"/>
5.2.2 A: Adopt a <b>community health improvement plan</b> .	<input type="checkbox"/>
5.2.3 A: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.	<input type="checkbox"/>
5.2.4 A: Address factors that contribute to specific populations’ higher health risks and poorer health outcomes.	<input type="checkbox"/>
<b>Domain 6: Utilize legal and regulatory actions designed to improve and protect the public’s health.</b>	
6.1.1 A: Maintain knowledge of laws to promote and protect the public’s health.	<input type="checkbox"/>
6.1.2 A: Investigate complaints pertaining to public health regulations.	<input type="checkbox"/>
6.1.3 A: Conduct and monitor inspection activities of regulated entities according to a schedule.	<input type="checkbox"/>
6.1.4 A: Conduct enforcement actions.	<input type="checkbox"/>
6.1.5 A: Coordinate notification of enforcement actions among appropriate agencies.	<input type="checkbox"/>
6.1.6 A: Inform the public about enforcement activities.	<input type="checkbox"/>
6.1.7 A: Identify and implement improvement opportunities to increase compliance.	<input type="checkbox"/>
<b>Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.</b>	
7.1.1 A: Engage with health care delivery system partners to assess access to health care services.	<input type="checkbox"/>
7.1.2 A: Implement and evaluate strategies to improve access to health care services.	<input type="checkbox"/>
7.1.3 S: Establish or improve systems to facilitate availability of high-quality health care.	<input type="checkbox"/>
7.2.1 A: Collaborate with other sectors to improve access to social services.	<input type="checkbox"/>

**APPENDIX 2.A. - PATHWAY B - DRAFT - ACCREDITATION (ACC) Grant Deliverables  
Schedule of Work - Attachment C**

<b>Accreditation Grantees</b>	<b>Deliverable Frequency</b>
7.2.2 A: Collaborate with other sectors to ensure access to care during service disruptions.	<input type="checkbox"/>
<b>Domain 8: Build and support a diverse and skilled public health workforce.</b>	
8.1.1 S: Build relationships with educational programs that promote the development of future public health workers.	<input type="checkbox"/>
8.1.1 T/L: Collaborate to promote the development of future public health workers.	<input type="checkbox"/>
8.1.2 A: Recruit a qualified and diverse health department workforce.	<input type="checkbox"/>
8.2.1 A: Develop a <b>workforce development plan</b> that assesses workforce capacity and includes strategies for improvement.	<input type="checkbox"/>
8.2.2 A: Provide professional and career development opportunities for all staff.	<input type="checkbox"/>
8.2.3 A: Build a supportive work environment.	<input type="checkbox"/>
8.2.4 S: Advance Tribal and local health department workforce development efforts.	<input type="checkbox"/>
<b>Domain 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.</b>	
9.1.1 A: Establish a performance management system.	<input type="checkbox"/>
9.1.2 A: Implement the performance management system.	<input type="checkbox"/>
9.1.3 A: Implement a systematic process for assessing customer satisfaction with health department services.	<input type="checkbox"/>
9.1.4 A: Establish a process that guides health department quality improvement efforts across the department - <b>(quality improvement plan)</b> .	<input type="checkbox"/>
9.1.5 A: Implement quality improvement projects.	<input type="checkbox"/>
9.1.6 A: Promote a culture of quality by engaging staff at all organizational levels in performance management and quality improvement.	<input type="checkbox"/>
9.1.7 S: Advance Tribal and local health department performance management systems or quality improvement.	<input type="checkbox"/>
9.2.1 A: Identify and use applicable research and practice-based information for program development and implementation.	<input type="checkbox"/>
9.2.2 A: Evaluate programs, processes, or interventions.	<input type="checkbox"/>
9.2.3 A: Communicate research findings, including public health implications.	<input type="checkbox"/>
9.2.4 A: Foster innovation.	<input type="checkbox"/>
9.2.5 T/S: Foster research.	<input type="checkbox"/>
9.2.6 S: Provide support to Tribal and local health departments in applying relevant research results or evidence-/practice-based learnings	<input type="checkbox"/>
<b>Domain 10: Build and maintain a strong organizational infrastructure for public health.</b>	
10.1.1 A: Conduct a department-wide strategic planning process.	<input type="checkbox"/>
10.1.2 A: Adopt a <b>department-wide strategic plan</b> .	<input type="checkbox"/>
10.1.3 A: Monitor implementation of the department-wide strategic plan.	<input type="checkbox"/>
10.2.1 A: Manage operational policies including those related to equity.	<input type="checkbox"/>
10.2.2 A: Maintain a human resource function.	<input type="checkbox"/>
10.2.3 A: Support programs and operations through an information management infrastructure.	<input type="checkbox"/>
10.2.4 A: Protect information and data systems through security and confidentiality policies.	<input type="checkbox"/>
10.2.5 A: Ensure clean, safe, accessible, and secure facilities.	<input type="checkbox"/>
10.2.6 A: Oversee grants and contracts.	<input type="checkbox"/>
10.2.7 A: Manage financial systems.	<input type="checkbox"/>
10.2.8 A: Evaluate finances and seek needed resources to support ongoing and emergent needs.	<input type="checkbox"/>
10.3.1 A: Deliberate and resolve ethical issues.	<input type="checkbox"/>

**APPENDIX 2.A. - PATHWAY B - DRAFT - ACCREDITATION (ACC) Grant Deliverables  
Schedule of Work - Attachment C**

<b>Accreditation Grantees</b>	<b>Deliverable Frequency</b>
10.3.2 A: Provide orientation to the governing entity and advisory board.	<input type="checkbox"/>
10.3.3 A: Communicate with governance routinely and on an as-needed basis.	<input type="checkbox"/>
10.3.4 A: Access and use legal services in planning, implementing, and enforcing public health initiatives.	<input type="checkbox"/>

Sources: <https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf>  
<https://phaboard.org/wp-content/uploads/High-Level-Initial-Accreditation-Crosswalk-between-v2022-and-v1.5.pdf>

**These are DRAFT Grant Deliverables and may be modified by OLPH. Final deliverables are to be included in Attachment C.**

**APPENDIX 2.B. - PATHWAY B - DRAFT - REACCREDITATION (ACC) Grant Deliverables Schedule of Work - Attachment C**

Re-Accreditation Grantees are to upload to SAGE Attachments a letter stating when the LHD will be eligible for reaccreditation, and when its Reaccreditation Application is due.

Note: Reaccreditation Grantees are to participate in an accreditation resource collaborative with monthly meetings led by NJDOH

Note: Grantees are to work on a least one (1) activity within any of ten (10) domains during each grant quarter. This is the quarterly reporting template, and there will be no additional reporting required.

Reaccreditation Grantees	Deliverable Frequency
Re-Accreditation Grantees are to upload to SAGE Attachments a letter stating when the LHD will be eligible for reaccreditation, and when its Reaccreditation Application is due.	Due in Application
Reaccreditation Grantees are to participate in an accreditation resource collaborative with monthly meetings led by NJDOH	Monthly
Grantees are to work on a least one (1) activity within any of the ten (10) domains below during each grant quarter. <b>This is the SAMPLE quarterly reporting template below, and there will be no additional reporting required.</b>	Quarterly
<b>PHAB Initial Accreditation Standards &amp; Measures v2022</b>	Quarter 1 Reported Progress Check All that Apply (X)
<b>Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets.</b>	
1.1.1 A: Develop a <b>community health assessment</b> .	<input type="checkbox"/>
1.1.2 A: Collaborate on and use the community health assessment process.	<input type="checkbox"/>
1.2.1 A: Collect nonsurveillance population health data.	<input type="checkbox"/>
1.2.2 T/L: Participate in data sharing with other entities.	<input type="checkbox"/>
1.2.2 S: Engage in data sharing and data exchange with other entities.	<input type="checkbox"/>
1.2.3 S: Aid local and Tribal health departments regarding statewide data systems, data collection, and use.	<input type="checkbox"/>
1.3.1 A: Analyze data and draw public health conclusions.	<input type="checkbox"/>
1.3.2 A: Use data to recommend and inform public health actions.	<input type="checkbox"/>
<b>Domain 2: Investigate, diagnose, and address health problems and hazards affecting the population.</b>	
2.1.1 A: Maintain and improve surveillance systems.	<input type="checkbox"/>
2.1.2 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards.	<input type="checkbox"/>
2.1.3 A: Improve and collaboratively implement practices for investigation, containment, and mitigation of health problems and environmental hazards.	<input type="checkbox"/>
2.1.4 S: Communicate about and support investigations at the Tribal or local level.	<input type="checkbox"/>
2.2.1 A: Maintain a public health emergency operations plan (EOP).	<input type="checkbox"/>
2.2.2 A: Ensure continuity of operations during response.	<input type="checkbox"/>
2.2.3 A: Maintain and expedite access to personnel and infrastructure for surge capacity.	<input type="checkbox"/>
2.2.4 A: Ensure training for personnel engaged in response.	<input type="checkbox"/>
2.2.5 A: Maintain a risk communication plan and a process for urgent 24/7 communications with response partners.	<input type="checkbox"/>
2.2.6 A: Assess potential hazards, vulnerabilities, and resources in the jurisdiction.	<input type="checkbox"/>



**APPENDIX 2.B. - PATHWAY B - DRAFT - REACCREDITATION (ACC) Grant Deliverables Schedule of Work - Attachment C**

2.2.7 A: Conduct exercises and use After Action Reports (AARs) to improve preparedness and response.	<input type="checkbox"/>
2.2.8 S: Provide communications and other support to Tribal and local health departments related to response efforts.	<input type="checkbox"/>
<b>Domain 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.</b>	
3.1.1 A: Maintain procedures to provide ongoing, non-emergency communication outside the health department.	<input type="checkbox"/>
3.1.2 A: Inform the public about public health’s role, functions, and build a positive reputation of the health department in the community.	<input type="checkbox"/>
3.1.3 A: Use a variety of methods to make information available to the public and assess communication strategies.	<input type="checkbox"/>
3.2.1 A: Design and assess communication strategies to encourage actions to promote health.	<input type="checkbox"/>
3.2.2 A: Implement health communication strategies to encourage actions to promote health.	<input type="checkbox"/>
<b>Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health.</b>	
4.1.1 A: Foster cross sector collaboration to advance equity.	<input type="checkbox"/>
4.1.2 A: Participate actively in community health coalition to promote health equity.	<input type="checkbox"/>
4.1.3 A: Engage with community members to address public health issues and promote health.	<input type="checkbox"/>
<b>Domain 5: Create, champion, and implement policies, plans, and laws that impact health.</b>	
5.1.1 A: Examine and contribute to improving policies and laws.	<input type="checkbox"/>
5.2.1 A: Adopt a <b>community health improvement plan</b> .	<input type="checkbox"/>
5.2.2 A: Encourage and participate in collaborative implementation and revision of the community health improvement plan.	<input type="checkbox"/>
5.2.3 A: Address factors that contribute to specific populations’ higher health risks and poorer health outcomes.	<input type="checkbox"/>
<b>Domain 6: Utilize legal and regulatory actions designed to improve and protect the public’s health.</b>	
6.1.1 A: Monitor and improve inspection activities.	<input type="checkbox"/>
6.1.2 A: Monitor and improve enforcement activities to assure accordance with protocols.	<input type="checkbox"/>
6.1.3 A: Identify and implement improvement opportunities to increase compliance.	<input type="checkbox"/>
6.1.4 A: Ensure investigation or enforcement activities are carried out collaboratively and equitably	<input type="checkbox"/>
<b>Domain 7: Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.</b>	
7.1.1 A: Engage with health care delivery system partners to assess access to health care services.	<input type="checkbox"/>
7.1.2 T/L: Implement and evaluate strategies to improve access to health care services.	<input type="checkbox"/>
7.1.2 S: Establish or improve systems to facilitate availability of high-quality health care.	<input type="checkbox"/>
7.2.1 A: Collaborate with other sectors to improve access to social services.	<input type="checkbox"/>
7.2.2 A: Collaborate with other sectors to ensure access to care during service disruptions.	<input type="checkbox"/>
<b>Domain 8: Build and support a diverse and skilled public health workforce.</b>	
8.1.1 A: Recruit and promote the development of a qualified and diverse public health workforce.	<input type="checkbox"/>
8.2.1 A: Develop and implement a <b>workforce development plan</b> and strategies.	<input type="checkbox"/>
8.2.2 A: Build a supportive work environment.	<input type="checkbox"/>
8.2.3 S: Support efforts of Tribal and local health departments to strengthen the public health workforce.	<input type="checkbox"/>
<b>Domain 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.</b>	
9.1.1 A: Implement the performance management system.	<input type="checkbox"/>
9.1.2 A: Establish a process that guides health department quality improvement efforts across the department -	<input type="checkbox"/>

**APPENDIX 2.B. - PATHWAY B - DRAFT - REACCREDITATION (ACC) Grant Deliverables Schedule of Work - Attachment C**

(quality improvement plan).	
9.1.3 A: Implement quality improvement projects.	<input type="checkbox"/>
9.1.4 A: Nurture a culture of quality across the health department.	<input type="checkbox"/>
9.2.1 A: Base programs and interventions on the best available evidence.	<input type="checkbox"/>
9.2.2 A: Foster innovation.	<input type="checkbox"/>
9.2.3 T/S: Foster research.	<input type="checkbox"/>
9.2.4 S: Provide support to Tribal and local health departments in applying relevant research results or evidence- /practice-based learnings.	<input type="checkbox"/>
<b>Domain 10: Build and maintain a strong organizational infrastructure for public health.</b>	
10.1.1 A: Adopt a <b>department-wide strategic plan</b> .	<input type="checkbox"/>
10.1.2 A: Monitor implementation of the department-wide strategic plan.	<input type="checkbox"/>
10.2.1 A: Manage operational policies including those related to equity.	<input type="checkbox"/>
10.2.2 A: Maintain a secure information management infrastructure to support strategic goals.	<input type="checkbox"/>
10.2.3 A: Ensure facilities are accessible.	<input type="checkbox"/>
10.2.4 A: Oversee financial systems.	<input type="checkbox"/>
10.2.5 A: Evaluate finances and seek needed resources to support ongoing and emergent needs.	<input type="checkbox"/>
10.3.1 A: Deliberate and resolve ethical issues.	<input type="checkbox"/>
10.3.2 A: Communicate with governance routinely and on an as-needed basis.	<input type="checkbox"/>
10.3.3 A: Access and use legal services in planning, implementing, and enforcing public health initiatives.	<input type="checkbox"/>

Sources: <https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf>  
<https://phaboard.org/wp-content/uploads/High-Level-Reaccreditation-Crosswalk-between-Version-2022-and-Version-2016.pdf>

**These are DRAFT Grant Deliverables and may be modified by OLPH. Final deliverables are to be included in Attachment C.**

## APPENDIX 3 - PATHWAY A - Eligible Expenses

### Strengthening Local Public Health Capacity 2024 COVID-19/Other Infectious Disease Capacity-Building Eligible Expenses

#### GRANT EXPENSES

*The following requirements are in effect for 2024 Strengthening Local Public Health Capacity Grants.*

#### New Expenses

- \*New expenses that are not included in the approved budget or budget revision are not allowed. \*
- \*All new expenses must be submitted in a Budget Revision in SAGE. \*
- \*New expenses are only allowed after the grantee's budget revision is approved in SAGE. \*
- \*Back-dated new expenses incurred prior to the date of an approved budget revision are not allowed. \*
- \*Pre-approvals will not be issued by the PMO/GMO for new expenses by phone or email. \*
- \*Grantees are responsible for new expenses incurred before there is an approved budget revision in SAGE. \*

#### Purchase of items or expenses in the approved Grant Budget

During this grant year, the approved budget in SAGE will be in effect. Expenses in the grant's approved budget do not require pre-approval however there are a *few expenses that require grantee follow-up*:

- **New Grant Staff** - *Grantee must immediately notify their PMO/GMO about new grant staff.* Additionally, a budget revision is required to add **new staff** to the grant.  
**Note:** If a budget revision is not successfully completed by the grantee when the new staff member is hired, staffing expenses related to the new staff will not be reimbursed. Back-dated hours worked by the new staff member will not be reimbursed by the grant and will be the full responsibility of the grantee.
- **Professional Service Agreements (PSAs)** - *Grantee must immediately notify their PMO/GMO of new PSAs and newly signed PSAs.*  
All PSAs must be fully executed (include a description of services, dates of services, and be signed/dated by all parties) and are to be uploaded to SAGE before the start of vendor services to be eligible for reimbursement. Consultants used for the sole purpose of auditing compliance with the grant/expenditures funded by the grant are exempt from this restriction.  
**Note:** Reimbursement is only allowed on and after the date on which PSA is signed. Back-dating of vendor services (prior to the date of the signed PSA) is not allowed and back-dated services will not be reimbursed by the grant and will be the full responsibility of the grantee.
- **Training** - *Grantee must submit the OLPH Training Request Form 60 days in advance for any grant-funded training in the approved grant budget and training that has not yet been added to the grant through a budget revision.*  
OLPH will review all training requests for eligibility within the scope of the grant and will notify the grantee of the results of its review upon completion.  
**Note:** Approvals for back-dated training will not be issued by the grant program, and expenses related to back-dated training will be the full responsibility of the grantee.  
**Note:** The approved OLPH Training Request Form is not a pre-approval of training-related expenses incurred prior to submitting a budget revision. *The grantee is fully responsible for any expenses related to training that are pre-paid before there is an approved OLPH Training Request and a successfully completed budget revision in SAGE.*
- **Backordered Materials:**  
Some products are affected by **significant delivery delays/backorders**. It is strongly recommended to make all grant purchases as soon as possible, **by the end of the 3<sup>rd</sup> quarter**, as it may take up to 9 months to receive some materials.

## APPENDIX 3 - PATHWAY A - Eligible Expenses

### Salary Related Eligible Expenses

**Note:** Only **Schedule A -Salary Related Costs** and **Schedule B-Professional Service Agreements (PSAs)** are allowed on **Local Health Outreach Coordination (LHOC)** and **Infectious Disease Preparedness Generalist (IDPG)**.

**Note:** Reimbursement of clinical care (nurses giving shots and post-vaccination observation) is **not** allowed under the Strengthening Local Public Health Capacity ELC Local Health Outreach Coordinator (LHOC), or Infectious Disease Preparedness Generalist (IDPG) as determined by the US Department of Health and Human Services.

**All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of 15 hours per Week on the Strengthening Grant Program regardless of whether the LHD applies for IDPG/LHOC/OP; IDPG/LHOC/OP/ACC; or ACC only on this grant program. Each staff's hours should add up to 15 hours across all activity codes.**

**Note:** For reimbursement of wages/Overtime/Comp Time, the work location of these LHD staff can be at the Vaccination Clinic, POD, or other Vaccination locations, however, nurses giving shots and post-vaccination observation are **not** allowed under the LHOC or IDPG portions of the grant.

**Note:** Reimbursement of Wages/Overtime/Comp Time/Fringe Benefits is allowed for vaccination support (**Note: nurses giving shots and post-vaccination observation is allowed under OP Only**), case investigation, biosurveillance, data management, emergency management coordination, COVID-19, and other infectious diseases Call Center Support, data entry into the New Jersey Immunization Information System (NJIS), CDC Vaccine Administration Management System (VAMS), and NJ Vaccine Scheduling System (NJSS), and other information management systems as related to assisting populations disproportionately affected by COVID-19 and other infectious diseases.

**All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of 15 hours per Week on the Strengthening Grant Program regardless of whether the LHD applies for IDPG/LHOC/OP; IDPG/LHOC/OP/ACC; or ACC only on this grant program. Each staff's hours should add up to 15 hours across all activity codes.**

**NOTE:** Staff resumes are **not** required this year.

#### • Wages

- Hours worked by part-time staff above pre-COVID-19 levels.
- Hours worked by part-time or full-time staff hired specifically for COVID-19/other infectious diseases.
- Expanded salary of existing LHD staff during COVID-19 (i.e., existing LHD staff went from part-time to full-time during COVID-19). The extra hours worked, including Overtime during COVID-19 beyond the staff's pre-COVID part-time hours, are allowable.
- Hiring REHS, CHES, or other LHD staff, to do community outreach for COVID-19/other infectious diseases.
- Health Officer Salary (**maximum of 10% of the Health Officer's total annual salary**) is allowable *across all activity codes*.
  - The combined total of Health Officer Salary/Overtime/Comp Time/Stipend is not to exceed **10% of the Health Officer's total annual salary** and must be listed on Schedule A with the Health Officer's name and Annual Salary to be eligible for reimbursement. **Note:** Stipend is only allowable for the LHD's licensed Health Officer only in situations when reimbursement of salary, overtime, and comp time are not possible. **Note:** Supporting documentation will need to be attached to the expenditure reports.
- Release time for funded staff to attend professional development, training, and exercises is allowed, however, the funding of salaries for any backfill of personnel is not allowed.

#### • Overtime/Comp Time

- Staff Overtime/Comp Time (not covered by any other grant/source) is allowable for case investigation, biosurveillance, vaccination, data management, and emergency management coordination.
- Stipends, bonuses, or on-call expenses are **not** allowable for grant staff (this is not an all-inclusive list).
- Reimbursement of Overtime/Comp Time is allowed at a maximum of **10%** of the LHD staff's total annual salary/wages excluding fringe *across all Strengthening Grant activity codes*. Overtime/Comp Time must be listed on Schedule A with the staff names and Annual Salary to be eligible for reimbursement. **Note:** Supporting documentation will need to be attached to the expenditure reports.
- Grantees are to follow their local Human Resources Policy regarding Overtime/Comp Time.

#### • Fringe Benefits

- Fringe benefits are reimbursable; however, you must provide Proof of Fringe Rate for the jurisdiction. It needs to be an official document indicating the fringe rate, which you can get from your town/county/business administration office.

## APPENDIX 3 - PATHWAY A - Eligible Expenses

### Other COVID-19/Other Infectious Diseases Eligible Expenses – Allowed under OP

*Note: These expenses are allowable under the OP activity code.*

*Note: COVID-19/Other Infectious Disease Expenses are not allowed under LHOC and IDPG (allowed under OP - State Funds).*

- **Advertising**
  - Website, radio, television, print, and social media advertising to disseminate COVID-19/other infectious disease information and support testing and vaccination efforts
- **Chief Financial Officer (CFO) Salary - 10% of Annual Salary max. allowed**
- **\*\*\*Copy Machine/Printer (includes maintenance) - \$5,000 max** allowable for the entire grant cycle
- **\*\*\*Copier/Printer Toner: The maximum allowed for toner for printers and copiers combined is \$1,000 total for the entire grant cycle.**
- **\*\*\*Data Management/Information Technology**
  - Electronic Medical Records System & Server
  - Electronic Vaccine Scheduling System
  - Hardware for Laptops/PCs Schedule A staff
  - IT Setup/configuration of network/ software/ hardware
  - Laptops/Tablets/PCs for LHD staff, local health department data management-\$2,000 max per computer/laptop
  - Memory Upgrade for Computers/Servers
  - MiFi wireless internet devices
  - Mobile phones and accessories
  - Printer/Copy Machine (includes maintenance) - \$5,000 max allowable for the entire grant cycle, printer toner
    - **Note: The maximum allowed for toner for printers and copiers combined is \$1,000 total for the entire grant cycle.**
  - Software (1-year allowable max.)
  - Rolling laptop cases/backpacks
  - Secure/encrypted messaging capability (i.e., Zix messages, etc.)
  - USB Storage Drives/Data Sticks for LHD Staff only
  - Video Conference System for Training/Meetings
  - Wi-Fi system - Equipment/Installation
- **\*\*\*Electronic Smart Board**
- **Generator (backup power)**
  - Generator or Battery Backup System to provide emergency backup power to Vaccine Refrigerator/Freezer.
- **Grants Manager**
  - To make the decision easier to participate in this year's grant program, **up to \$20,000 is allowable** to appoint/hire a Grants Manager or Vendor through a Professional Services Agreement (PSA), effective 7/1/2023 to 6/30/2024. A Grants Management vendor resource list can be obtained by reaching out to the New Jersey Association of City and County Health Officials (NJACCHO).
- **Kiosk - \$4,000 maximum for the entire grant year** - must be ADA compliant/accessible to all persons including those with mobility (can use while sitting in wheelchair), hearing (can raise volume), and visual accommodations.
- **Language Line**
  - Language line services to support LHD's communication with New Jersey's diverse populations and provide Culturally Linguistic Appropriate Services (CLAS) during COVID-19 and for response to other infectious diseases.
- **Other Infectious Disease supportive supplies**

## APPENDIX 3 - PATHWAY A - Eligible Expenses

- **Personal Protective Equipment (PPE)/Other Supplies**  
**(Must provide a single quote containing all requested PPE items)**
  - Aprons
  - Face Shields
  - Gloves
  - Goggles
  - Gowns
  - Hand Sanitizer
  - Masks-Cloth
  - Masks-N95
- **Printed materials and printed signage (other infectious diseases)** - (i.e., Tick brochures) - **\$5,000 max for the entire grant**
- **Promotional Items/Incentives/Outreach Materials - \$2,000 maximum allowed for the entire grant**
  - Stickers
  - Pencils
  - Pens
  - Hand Sanitizer
  - Magnets
  - Mini flashlights
  - Stress balls
  - Similar items of *low dollar value*
- **Signage Equipment - Electronic**
  - LED Sign to disseminate information, alerts, warnings, and notifications about risks and self-protective measures to the public, particularly to populations disproportionately affected by COVID-19/other infectious diseases.
- **Storage Cabinets, Shelves, and Bins** - to store PPE and Other Equipment
- **Thermometers (no-touch)**
- **Training/Travel to National Conferences**
  - LHDs requesting training must submit an OLPH Training Request Form **60 days in advance** of the training for pre-approval. Hotel stays in New Jersey are **not** allowed as part of training.  
**Note:** Meals, Food, and Room/Hall Rental for Training/Travel/After Action Conferences are **not** allowed on this grant.
- **Vaccination Support**
  - Bandages (i.e., Band-aids)
  - COVID-19 Vaccine only (**Note:** Other vaccines are **not** covered under this funding opportunity)
  - Epinephrine (Epi-Pens)
  - Laptops with Internet Capability to track the administration of vaccines through NJIS and the CDC Vaccine Administration Management System (VAMS)
  - Medical Director Services (to be provided by the LHD) to sign the CDC Vaccination Agreement
  - Medical Waste Removal/Disposal - Sharps Containers
  - Pens for everyone receiving a vaccination (for individual use only)
  - Personal Protective Equipment
    - Aprons
    - Face Shields
    - Gloves
    - Goggles
    - Gowns
    - Hand Sanitizer
    - Masks-Cloth
    - Masks-N95
  - Portable Toilet Rental
  - Rolling Nursing Carts
  - Salary - Salary Related Costs related to Clinical Care (i.e., putting shots in arms and post-vaccination observation) are allowed
  - Sharps containers
  - Signage for Vaccination Site (i.e., A-Frames/Banners)
  - Stickers/Magnets (i.e., *Got my shot*)
  - Syringes/Needles - *Adult & Pediatric*
  - Table and Chairs Rental for clinics or vaccination outreach events
  - Traffic Cones- You may purchase cones for the site as part of your clinic supplies.
  - Vaccinator Services - **NOTE: A Professional Service Agreement (PSA) approved by OLPH for the services of vaccination providers is not a substitution for the Federal and State approval processes for vaccination providers. The Licensed Health Officer is responsible to confirm that a vaccination vendor is a Federal/State approved vaccination provider before signing any Professional Service Agreement (PSA) under the 2024 Strengthening Grant.**
  - Vaccine Refrigerators/Vaccine Cooling for vaccine-specific cold chain management
  - Vests to be worn for identification purposes during exercises or responses may be allowed.
  - Other Items to support mass vaccination
- **Other COVID-19/Other Infectious Disease Expenses**
  - May be submitted for consideration

**\*\*\*IMPORTANT NOTE: Pathway A grantees that also applied for Pathway B may not duplicate Pathway A Schedule B expenses on their Pathway B budget.**

## APPENDIX 4 - PATHWAY A & B - Funding Exclusions

### Strengthening Local Public Health Capacity 2024

#### FUNDING EXCLUSIONS

##### LHOC, IDPG, OP, ACC

**Note:** *These expenses are not allowable under the LHOC, IDPG, OP, and ACC activity codes.*

- Air Purifiers/Filters
  - Air Purifiers (portable)
  - Air Purifier Filters
  - HVAC/Air Conditioner Filters
- Background checks
- Bad Debt Payment
- Blood Testing - Metabolic Screening (Glucose, Lipids, etc.)
- Blood Test Machines & Test Kits & Testing Supplies
- Bus Stop Shelters
- Cleaning/Disinfection Services (Professional) at public facilities
- Clothing - Purchase of vests to be worn for identification purposes during exercises or responses may be allowed
- Collection of Improper Payments
- Construction or major renovations
- Cooking/Dishwashing thermometers
- COVID-19 Test Kits
- Dehumidifiers
- Disinfectant Sprayers-Electric/Foggers
- Drones
- Educational materials for general health
- Entertainment Costs/Items - Bouncy House, Inflatables, Disk Jockey (DJ)
- Extermination/Pest Control
- Food of any kind
- Fuel
- Fundraising Costs
- Furniture purchase/rental - Chairs, Office Furniture, File Cabinets, Cubicles, Office Chairs
- Gift Cards/Store Vouchers/Store Coupons - not allowed (may use a vendor to provide the service)
- Goods and Services for Personal Use
- HVAC/Ventilation Systems, HVAC vendor maintenance expenses for HVAC equipment/HVAC system
- Hoarding-Related Assistance/Training
- Honoraria
- Hotel Lodging /Housing Expenses/Sheltering for Isolation and Quarantine Support
- Interest on loans for the acquisition and/or modernization of an existing building
- Land acquisition
- Lobbying/Legislative activities
- Membership Dues
- Office Supplies
- Payroll Expenses/Fees
- Photography/Videography
- Plexiglass Dividers
- Police cost/salaries are not permitted under this grant-only Local Health Department salaries are permitted
- Printing >\$5,000 reviewed on a case-by-case basis
- Professional Certifications/Licenses (i.e., CHES, RN, REHS, HO); CEUs/Training for Certification/Licensure
- Professional Service Agreements (PSA) Independent Contractor Staff Expenses/Training/Travel
  - **Note:** We are not allowed to purchase any equipment or cover the training and travel expenses of Schedule B PSA vendors/independent contractors.
- Rental Assistance
- Research
- Reusable Gloves
- Stipends/Overtime/Comp Time/ Staff/Health Officer Salary-There is a limit of 10% cap max. of Staff/Health Officer Annual Salary for Overtime/Comp Time/Stipends for this grant

## APPENDIX 4 - PATHWAY A & B - Funding Exclusions

- Mobile infrared thermal imaging machine/temperature sensing equipment installed at LHD and/or municipal bldg.
- Testing kits for HIV
- Testing Site Support - facility maintenance, electronic signage maintenance, testing site tents, and portable toilet rental
- Training, exercises, and planning resources when similar offerings are available for *free*
- Transportation
- Typewriters
- Vehicle Leasing or Purchasing
- Water coolers/dispensers

### LHOC, IDPG, ACC

- Reimbursement of clinical care is **not** allowed under LHOC, IDPG, and ACC as determined by the US Department of Health and Human Services.
- Salary Related Costs related to Clinical Care (i.e., putting shots in arms and post-vaccination observation) are not allowed under LHOC, IDPG, and ACC.

### LHOC and IDPG

- COVID-19/Other Infectious Disease Expenses are **not allowed** under LHOC and IDPG (**allowed under OP - State Funds**)  
**Note:** Only Salary Related Costs and Schedule B Professional Service Agreements for LHOC/IDPG staffing **are allowed** on LHOC and IDPG.



## APPENDIX 5 - PATHWAY B - ACCREDITATION - Eligible Expenses

### Strengthening Local Public Health Capacity 2024

#### Accreditation Eligible Expenses

#### GRANT EXPENSES

*The following requirements are in effect for 2024 Strengthening Local Public Health Capacity Grants.*

#### New Expenses

- \*New expenses that are not included in the approved budget or budget revision are not allowed. \*
- \*All new expenses must be submitted in a Budget Revision in SAGE. \*
- \*New expenses are only allowed after the grantee's budget revision is approved in SAGE. \*
- \*Back-dated new expenses incurred prior to the date of an approved budget revision are not allowed. \*
- \*Pre-approvals will not be issued by the PMO/GMO for new expenses by phone or email. \*
- \*Grantees are responsible for new expenses incurred before there is an approved budget revision in SAGE. \*

#### Purchases of items or expenses in the approved Grant Budget

During this grant year, the approved budget in SAGE will be in effect. Expenses in the grant's approved budget do not require pre-approval however there are a *few expenses that require grantee follow-up*:

- **New Grant Staff** - *Grantee must immediately notify their PMO/GMO about new grant staff.* Additionally, a budget revision is required to add **new staff** to the grant.  
**Note:** If a budget revision is not successfully completed by the grantee when the new staff member is hired, staffing expenses related to the new staff will not be reimbursed. Back-dated hours worked by the new staff member will not be reimbursed by the grant and will be the full responsibility of the grantee.
- **Professional Service Agreements (PSAs)** - *Grantee must immediately notify their PMO/GMO of new PSAs and newly signed PSAs.*  
All PSAs must be fully executed (include a description of services, dates of services, and be signed and dated by all parties) and be uploaded into SAGE *before the start of vendor services* to be eligible for reimbursement.  
**Note:** Reimbursement is only allowed on and after the date on which the PSA is signed. Back-dating of vendor services (prior to the date of the signed PSA) is not allowed and back-dated services will not be reimbursed by the grant and will be the full responsibility of the grantee.
- **Training**- *Grantee must submit the OLPH Training Request Form 60 days in advance for any grant-funded training in the approved grant budget and training that has not yet been added to the grant through a budget revision.*  
OLPH will review all training requests for eligibility within the scope of the grant and will notify the grantee of the results of its review upon completion.  
**Note:** Approvals for back-dated training will not be issued by the grant program, and expenses related to back-dated training will be the full responsibility of the grantee.  
**Note:** The approved OLPH Training Request Form is not a pre-approval of training-related expenses incurred prior to submitting a budget revision. *The grantee is fully responsible for any expenses related to training that are pre-paid before there is an approved OLPH Training Request and a successfully completed budget revision in SAGE.*
- **Backordered Materials:**  
Some products are affected by **significant delivery delays/backorders**. It is strongly recommended to make all grant purchases as soon as possible, **by the end of the 3<sup>rd</sup> quarter**, as it may take up to 9 months to receive some materials.

## APPENDIX 5 - PATHWAY B - ACCREDITATION - Eligible Expenses

### Salary Related Eligible Expenses

**Note:** Reimbursement of clinical care is **not** allowed under the Accreditation (ACC) as determined by the US Department of Health and Human Services.

All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of **15 hours per Week** on the grant. All grant staff (excluding Health Officer, Grant Manager/Supervisor, and CFO) must work a minimum of **15 hours per Week** on the Strengthening Grant Program regardless of whether the LHD applies for IDPG/LHOC/OP; IDPG/LHOC/OP/ACC; or ACC only on this grant program. Each staff's hours should add up to **15 hours** across **all** activity codes.

**NOTE:** Staff resumes are **not** required this year.

### Wages

- Staff appointed/hired (not covered by any other grant/source) to work specifically on ACC deliverables either part-time or full-time. **Note: Staff hours must equal 15 hours per week across all Strengthening Grant activity codes.**
- Health Officer Salary (**maximum of 10% of the Health Officer's total annual salary**) is allowable under the Strengthening Grant) across all activity codes (IDPG, LHOC, OP, ACC).
- Local Health Departments that are **Pathway B Only Grantees (ACC)** are also eligible to include **10% of the Health Officer's total annual salary** and **10% of the Chief Financial Officer's (CFO) annual salary** on Schedule A of their grant's budget.
- Health Officer Salary/OT/Comp Time/Stipend must be listed on **Schedule A** with the Health Officer name and Annual Salary to be eligible for reimbursement. Health Officer Salary (**maximum of 10% of the Health Officer's total annual salary**) is allowable *across all activity codes*.
  - The combined total of Health Officer Salary/Overtime/Comp Time/Stipend is not to exceed **10% of the Health Officer's total annual salary** and must be listed on Schedule A with the Health Officer's name and Annual Salary to be eligible for reimbursement. **Note:** Stipend is only allowable for the LHD's licensed Health Officer only in situations when reimbursement of salary, overtime, and comp time are not possible. **Note:** Supporting documentation will need to be attached to the expenditure reports.
- Release time for funded staff to attend professional development, training, and exercises is allowed, however, the funding of salaries for any backfill of personnel is not allowed.

### Overtime/Comp Time

- Staff Overtime/Comp Time (not covered by any other grant/source) is allowable for work specifically on ACC deliverables.
- Stipends, bonuses, or on-call expenses are not allowable for grant staff (this is not an all-inclusive list).
- Reimbursement of Overtime/Comp Time is allowed at a maximum of **10%** of the LHD staff's total annual salary/wages excluding fringe *across all Strengthening Grant activity codes*. Overtime/Comp Time must be listed on Schedule A with the staff names and Annual Salary to be eligible for reimbursement. **Note:** Supporting documentation will need to be attached to the expenditure reports.
- Grantees are to follow their local Human Resources Policy regarding Overtime/Comp Time.

### Fringe Benefits

- Fringe benefits are reimbursable; however, you must provide Proof of Fringe Rate for the jurisdiction. It needs to be an official document indicating the fringe rate, which you can get from your town/county/business administration office.

## APPENDIX 5 - PATHWAY B - ACCREDITATION - Eligible Expenses

### Other [Accreditation](#) Eligible Expenses

**Note: These expenses are allowable under the [ACC](#) activity code.**

- **Accreditation Coordinator**
- **Accreditation/Reaccreditation Fees** - Public Health Accreditation Board (PHAB)
- **Consultant to Support Accreditation**
  - Conduct accreditation feasibility/evaluation study
  - Assistance with PHAB Accreditation/Re-Accreditation Process
- **\*\*\*Copy Machine/Printer (includes maintenance)** - **\$5,000 max** allowable for the entire grant cycle across all grant activity codes.
- **\*\*\*Copier/Printer Toner: The maximum allowed for toner for printers and copiers combined is \$1,000 total for the entire grant cycle (across all grant activity codes) for use by ACC Schedule A staff working on the grant 15 hours per week.**
- **\*\*\*Data Management/Information Technology**
  - Data Storage/USB Drives/Data Sticks- under ACC for use by ACC Schedule A staff on the grant **15 hours per week**.
  - Electronic Medical Records System & Server
  - Hardware for Laptops/PCs- under ACC for use by ACC Schedule A staff working on the grant **15 hours per week**.
  - IT Setup/configuration of network/software/ hardware
  - Laptops/Tablets for ACC Grant Staff listed on Schedule A-**\$2,000 max** per computer/laptop - under ACC for use by ACC Schedule A staff working on the grant **15 hours per week. Note: Only one (1) device is allowed per eligible grant staff (PC or Laptop or Tablet)**
  - Memory Upgrade for LHD Computers/Servers
  - MiFi wireless internet devices- under ACC for use by ACC Schedule A staff working on the grant **15 hours per week**.
  - Mobile phones- under ACC for use by ACC Schedule A staff working on the grant **15 hours per week**.
  - Performance Management System
  - Printer/Copy Machine (includes maintenance) - **\$5,000 max** allowable for the entire grant cycle for use by ACC Schedule A staff working on the grant **15 hours per week**.
  - Printer/Copier Toner - **Note: The maximum allowed for toner for printers and copiers combined is \$1,000 total for the entire grant cycle** (across all activity codes) for use by ACC Schedule A staff working on the grant **15 hours per week**.
  - Rolling laptop cases/backpacks
  - Secure/encrypted messaging capability (i.e., Zix, etc.)
  - Software (1-year allowable max.)- (i.e., Project Tracking).
  - Wi-Fi system - Equipment/Installation
- **\*\*\*Electronic Smart Board**
- **\*\*\*Video Conference System for Training/Meetings**
- **Training/Travel to National Conferences Supporting PHAB Accreditation**
  - LHDs requesting training must submit an OLPH Training Request Form **60 days in advance** of the training for pre-approval. Hotel stays in New Jersey are **not** allowed as part of training.
  - **Note:** Meals, Food, and Room/Hall Rental for Training/Travel/After Action Conferences are **not** allowed on this grant.

**\*\*\*IMPORTANT NOTE: Pathway B grantees that also applied for Pathway A may not duplicate these Pathway B – Schedule B expenses on their Pathway A budget.**

## APPENDIX 6 - JOB DESCRIPTION - Local Health Outreach Coordinator

### Local Health Outreach Coordinator (LHOC)

#### Job Description

The LHOC will increase local public health capacity to investigate, contain, mitigate, and prevent COVID-19/Other Infectious Diseases through targeted outreach to disproportionately affected populations. LHOC will work to ensure disproportionately affected persons in their communities have access to support services such as housing, insurance coverage, and unemployment compensation to allow them to isolate or quarantine effectively. LHOC will assess disproportionately affected populations in their jurisdiction and develop a strategic plan to test, contain, mitigate, and prevent COVID-19/Other Infectious Diseases in these populations. The LHOC will work with the LHD leadership and governing body to oversee the implementation of the strategic plan to ensure timely testing and containment of COVID-19/Other Infectious Diseases.

This position is full-time and supported through a grant awarded by the New Jersey Department of Health (DOH). The jurisdictional LHD will provide direct supervision of this position. Work location and full-time work hours may be flexible, as determined by LHD.

#### Specific Duties:

- Conduct a rapid public health assessment to identify and describe disproportionately affected populations in the grantee's community, such as high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities); congregate living settings (e.g., prisons, youth homes, shelters); employment settings (e.g., seasonal/migrant farm workers, meat processing facilities, food service workers); colleges, university, and boarding school settings; undocumented persons; and other disproportionately affected persons.
- Present the assessment to the LHD and governing body and oversee the development of a plan addressing mandatory steps in outreach/messaging to disproportionately affected populations, partnerships with key stakeholders, testing, case investigation, containment, quarantine facilities, support services, and long-term prevention for COVID-19 and other infectious diseases, both routine and emergent, in these disproportionately affected populations.
- Work with LHD staff and County LINCS agency, in alignment with State testing and containment strategies, to prioritize COVID-19/Other Infectious Disease response initiatives targeted to disproportionately affected populations, including testing, vaccination access, and social supports.
- Identify gaps in needs amongst COVID-19/Other Infectious Disease positive and exposed persons, especially those in populations disproportionately affected, and search for local solutions. This could include, but is not limited to, food banks, mental health services, visiting nurses, telehealth solutions, and other community programs that can address the needs of COVID-19/Other Infectious Disease positive and exposed persons.
- Develop and maintain a list of available resources to assist COVID-19/Other Infectious Disease positive and exposed persons within LHD jurisdiction and communicate this list and updates to the County LINCS agency.
- Ensure appropriate linkages/referrals to social supports are made.
- Regularly monitor COVID-19/Other Infectious Disease related data received through testing and outbreak investigations within LHD jurisdiction and utilize it to reprioritize outreach to existing and newly disproportionately affected populations.
- When needed, utilize standard operating procedure (SOP) developed by the LINCS agency for use for persons in need of isolation or quarantine services.
- LHOC will also work with other LHD LHOCs in the county/region to identify collaborative opportunities, align strategies, maximize resources, and reinforce priorities to ensure consistent and complete coverage to disproportionately affected populations across the state.
- Other COVID-19/Other Infectious Disease duties as assigned.

#### Education/Experience:

- Bachelor's degree preferred in public health, public administration, social work, or a related field
- One year of full-time professional experience in program/project coordination and/or community outreach, preferably in a public health-related or social service agency.

## **APPENDIX 6 - JOB DESCRIPTION - Local Health Outreach Coordinator**

### **Other Qualifications:**

- Experienced team leader and/or project manager of a goal-based program.
- Experience working on grant-funded programs, including writing grant reports, monitoring grant budgets, and communicating with grant officers.
- Participated in a task force or other diverse working group.
- Ability to work with diverse professional partners from various community sectors.
- Knowledge of public health and/or community wellness resources and social services in New Jersey, preferably in the community where the candidate is applying.
- Experience working with and/or supporting disproportionately affected populations, such as communities who have experienced systemic oppression and bias (e.g., people of color, LGBTQ+ people, immigrants, justice involved persons, etc.)
- Excellent interpersonal skills and ability to interact professionally with people from diverse cultural, racial, ethnic, gender, and socioeconomic backgrounds during a time of crisis and distress.
- Ability to rapidly learn, access, and navigate various databases and software programs following training.
- Strong organizational and time management skills, and the ability to manage multiple projects simultaneously.
- Ability to handle confidential information with discretion and professionalism.
- Excellent written and verbal communication skills, and attention to detail.

## APPENDIX 7 - JOB DESCRIPTION - Accreditation Coordinator

# Considerations for Selecting an Accreditation Coordinator

March, 2012

Health department directors can use this information to aid in the selection of their Accreditation Coordinator.

Health departments pursuing PHAB accreditation are required to appoint one person as an Accreditation Coordinator (AC). The AC is an assigned staff member who will lead the health department's accreditation efforts toward continuous quality and performance improvement of services provided. The AC cannot be the health department director. The AC is responsible for coordinating the accreditation process within the health department and is the single communication contact between the health department and PHAB throughout the entire accreditation process.

The AC role is critical to the health department's success in seeking accreditation; selection of the right person is essential.

### Resources

The AC will have access to all of PHAB's preparation and process materials on the PHAB website [www.PHAB.org](http://www.PHAB.org), including the Online Orientation; will receive PHAB in-person training; and will be provided an AC Handbook.

### Time Requirement

The AC should be prepared to spend a substantial percentage of their time on accreditation related duties, and 100% of their time during certain phases of the process, for example, the site visit.

### e-PHAB

The AC will work with PHAB's electronic information system, e-PHAB, in all phases of the accreditation process. e-PHAB has been designed specifically for PHAB and tracks all transactions in the accreditation process. ACs will receive hands-on training on e-PHAB.



### Accreditation Coordinator responsibilities include:

- Conduct assessments of the health department's readiness to seek accreditation;
- Complete the PHAB Online Orientation, Statement of Intent (SOI), and Application;
- Coordinate the development and implementation of the health department's internal plan to engage staff in the accreditation process;
- Engage partner organizations and community partners in the accreditation process;
- Develop and facilitate the health department's Accreditation Team;
- Manage the selection process for documentation for the PHAB measures;
- Maintain a documents management process;
- Manage the site visit and the review of the site visit report; and
- Manage the development and submission of required reports and fees to PHAB.

### Accreditation Coordinator skills should include:

- Leadership skills to select and lead an Accreditation Team;
- Analytic skills to work with the Accreditation Team to gather and select the most appropriate documentation for PHAB measures;
- Time management and organizational skills to use project management tools to keep the process moving forward in a timely and systematic method;
- Communication skills to convey the importance and process of public health accreditation to staff, governing entity, department leadership, partners, and the community through presentations and other communication vehicles;
- Writing skills to provide clarification and support for documentation and to submit annual reports to PHAB that describe progress made towards addressing areas of improvement;
- Team building skills to motivate an Accreditation Team, prioritize actions, delegate responsibilities, clearly define tasks, and keep moral high through celebrating successes; and
- Computer skills to train an Accreditation Team in using e-PHAB and manage an internal data base of proposed and selected documentation.

### Successful Accreditation Coordinators will:

- Be detail oriented in order to keep the accreditation process on track;
- Be able to motivate others through the 5 year accreditation cycle;
- Be able to facilitate meetings, discussions, and consensus processes;
- Have an overall understanding of the operations of the health department and the 10 Essential Public Health Services;
- Have access to the director of the health department;
- Have the authority required to make assignments to co-workers and set deadlines; and
- Have strong organizational and project management skills to manage tasks that will be conducted concurrently by various staff.

Source: <https://phaboard.org/wp-content/uploads/2018/11/Considerations-for-Assigning-an-Accreditation-Coordinator-Tip-Sheet-March-2012.pdf>

## APPENDIX 8 - LOCAL HEALTH DEPARTMENTS (LHDs) IN NEW JERSEY

### Non-LINCS Agency LHDs

1. Atlantic City Department of Health & Human Services
2. Bayonne City Health Department
3. Bernards Township Health Department
4. Bloomfield Department of Health & Human Services
5. Branchburg Health Department
6. Clark Health Department
7. Clifton Health Department
8. Colts Neck Township Health Department
9. Dover Town Health Department
10. East Hanover Health Department
11. East Orange Department of Health
12. East Windsor Health Department
13. Edison Department of Health & Human Services
14. Elizabeth City, Department of Health & Human Services
15. Englewood Health Department
16. Essex Regional Health Commission
17. Ewing Health Department
18. Fair Lawn Health Department
19. Fort Lee Health Department
20. Freehold Health Department
21. Guttenberg Health Department
22. Hackensack Department of Health
23. Hamilton Township Division of Health
24. Harrison Health Department
25. Hillsborough Township Health Department
26. Hillside Health Department
27. Hoboken Health Department
28. Hopewell Township Health Department
29. Irvington Health Department
30. Jersey City Department of Health & Human Services
31. Kearny Department of Health
32. Lawrence Township Health Department
33. Lincoln Park Health Department
34. Linden Board of Health
35. Livingston Health Department / Millburn Health Department
36. Long Beach Island Health Department
37. Long Branch Department of Health
38. Maplewood Health Department
39. Mid-Bergen Regional Health Commission
40. Middle-Brook Regional Health Commission
41. Monmouth County Regional Health Commission # 1
42. Montclair Health Department
43. Montgomery Township Health Department
44. Montville Township Health Department
45. Morris Township Health Department
46. Morristown Division of Health
47. Mount Olive Township Health Department
48. North Bergen Health Department
49. Northwest Bergen Regional Health Commission
50. Orange City Township
51. Palisades Park Health Department
52. Paramus Health Department
53. Passaic City Division of Health

54. Paterson City, Division of Health
55. Pequannock Township Health Department
56. Plainfield City Health Department
57. Princeton Health Department
58. Rahway Health Department
59. Randolph Township Health Department
60. Ridgewood Village Health Department
61. Ringwood Health Department
62. Rockaway Township Health Department
63. Secaucus Health Department
64. South Brunswick Health Department
65. South Orange Township
66. Teaneck Department of Health & Human Services
67. Trenton City, Department of Health & Human Services
68. Union City Health Department
69. Union Township Health Department
70. Vineland City
71. Washington Township Health Department
72. Wayne Health Department
73. Weehawken Health Department
74. West Caldwell Health Department
75. West Milford Township Department of Health
76. West New York Health Department
77. West Orange Health Department
78. West Windsor Health Department
79. Westfield Regional Health Department
80. Woodbridge Township Health & Human Services

### LINCS Agency LHDs

1. Atlantic County Division of Public Health
2. Bergen County Department of Health Services
3. Burlington County Health Department
4. Camden County Department of Health & Human Services
5. Cape May County Health Department
6. Cumberland County Department of Health
7. Essex County Department of Health
8. Gloucester County Department of Health & Senior Services
9. Hudson Regional Health Commission
10. Hunterdon County Department of Health
11. Mercer County Division of Public Health
12. Middlesex County Office of Health Services
13. Monmouth County Board of Health
14. Morris County Division of Public Health
15. Newark Department of Health & Community Wellness
16. Ocean County Health Department
17. Passaic County Department of Health
18. Salem County Department of Health
19. Somerset County Department of Health
20. Sussex County Dept. of Health & Human Svcs., Div. of Health
21. Union County Office of Health Management
22. Warren County Health Department

**TOTAL LOCAL HEALTH DEPARTMENTS = 102**

Source: *OLPH 2-1-2023 Redbook Directory of Local Health Departments in New Jersey*

## APPENDIX 9 - 2024 STRENGTHENING - LETTER OF INTENT/FUNDING PATHWAY SURVEY FIGURES

LHD Type	Submitted LOI	Pathway A	Pathway B	Pathway A & B	Pathway A Only	Pathway B Only
LINCS Agencies	9	N/A	9	N/A	N/A	9
Non-LINCS	56	54	24	22	32	2
<b>TOTALS</b>	<b>65</b>	<b>54</b>	<b>33</b>	<b>22</b>	<b>32</b>	<b>11</b>

LOCAL HEALTH DEPARTMENT	Applying for Pathway A	Applying for Pathway B
Atlantic City Dept. of Health & Human Svcs.	YES	YES
Bernards Township Health Department	YES	YES
Bloomfield Dept. of Health & Human Svcs.	YES	YES
Clifton Health Department	YES	NO
Dover (Town of) Health Department	YES	YES
East Orange Department of Health	YES	NO
East Windsor Health Department	YES	NO
Edison Dept. of Health & Human Services	YES	YES
Elizabeth City Dept. Health & Human Svcs.	YES	NO
Englewood Health Department	YES	NO
Essex Regional Health Commission	YES	NO
Ewing Health Department	YES	NO
Fair Lawn Health Department	YES	YES
Freehold Health Department	YES	NO
Gloucester Co. Dept. of Hlth. & Senior Svcs.	N/A	YES
Hamilton Township Division of Health	YES	YES
Hillsborough Township Health Department	YES	NO
Hillside Health Department	YES	NO
Hopewell Township Health Department	YES	NO
Irvington Health Department	YES	YES
Jersey City Dept. Health & Human Services	YES	NO
Kearny Department of Health	YES	NO
Linden Board of Health	YES	NO
Long Beach Island Health Department	YES	NO
Maplewood Health Department	YES	NO
Mercer County Division of Public Health	N/A	YES
Mid-Bergen Regional Health Commission	YES	YES
Middle-Brook Regional Health Commission	YES	YES
Middlesex County Office of Health Services	N/A	YES
Monmouth Co. Reg. Health Commission # 1	YES	YES
Montclair Health Department	YES	NO
Montgomery Township Health Department	YES	YES
Montville Township Health Department	NO	YES

LOCAL HEALTH DEPARTMENT	Applying for Pathway A	Applying for Pathway B
Mount Olive Township Health Department	YES	YES
North Bergen Health Department	YES	YES
Northwest Bergen Reg. Health Commission	YES	YES
Ocean County Health Department	N/A	YES
Orange Township Health Department	YES	NO
Passaic County Department of Health	N/A	YES
Passaic City Division of Health	YES	NO
Paterson City, Division of Health	YES	NO
Plainfield Health Department	YES	NO
Princeton Health Department	YES	NO
Rahway Health Department	YES	NO
Randolph Township Health Department	NO	YES
Ridgewood Health Department	YES	NO
Rockaway Township Health Department	YES	YES
Somerset County Department of Health	N/A	YES
South Brunswick Health Department	YES	YES
Sussex Co. Dept. Hlth. & Human Svcs.- Div. Hlth	N/A	YES
Trenton Dept. of Health & Human Svcs.	YES	NO
Union City Health Department	YES	NO
Union Township Health Department	YES	YES
Vineland Health Department	YES	YES
Wayne Health Department	YES	YES
Weehawken Health Department	YES	NO
West Caldwell Health Department	YES	YES
West Milford Department of Health	YES	NO
West New York Health Department	YES	NO
West Orange Health Department	YES	NO
West Windsor Health Department	YES	NO
Westfield Regional Health Department	YES	YES
Woodbridge Health Department	YES	NO
Warren County Health Department	N/A	YES
Union County Office of Health Management	N/A	YES

Source: Results of LOIs Received and May 3, 2023 Non-LINCS LHD Funding Pathway Survey



## APPENDIX 10 - APPLICATION GUIDANCE

### STRENGTHENING LOCAL PUBLIC HEALTH CAPACITY 2024 - APPLICATION GUIDANCE

Preparing a budget and working with SAGE (System for Administering Grants Electronically) can be one of the most confusing aspects of applying for a grant. All forms within the grant application should be completed as per the instructions on each page and saved. This document provides guidance and additional information for some of the forms. Adherence to this guidance will facilitate the timely review and approval of a grant application. A PowerPoint is also provided with **FAQs** and instructions to assist applicants specifically with navigating through SAGE.

*NOTE: If you are completing an application for the same grant program(s) for the subsequent year, you may select the option to copy the information from your current grant over to the new grant year, when initiating, and updating the appropriate forms, as necessary. Please be advised that not all the data transfers over, i.e.: attachments, therefore you will need to review all the forms for accuracy and completeness, as well as RFA requirements for the new grant cycle.*

**NOTE:** All applicants are required to read the **2024 Strengthening Local Public Health Capacity Grant Program Request for Application (RFA)** in its entirety. The intent of the RFA is to set up the LHD to submit a successful grant application. It contains an overview of the funding opportunity, allowable expenses by funding category, eligible expenses, funding exclusions, and important application information. Failure to **read the entire RFA** will cause your application to be **Rejected as Incomplete** for not following the RFA instructions. Applications that are Rejected as Incomplete will not be reviewed until they follow the important guidance contained in the RFA along with the Application Guidance contained in this document below.

#### **APPLICATION TEMPLATE & CHECKLIST**

- The Application Template & Checklist (Word document) will be emailed to Health Officers and the SAGE Grant Contact listed in the submitted Letter of Intent on the Application Opening Date. It includes the **Grant Application Narrative, Budget, and Application Checklist**. The Application Template & Checklist must be filled out completely and **uploaded to SAGE Attachments** in PDF format when complete.

**NOTE:** Applications received in SAGE without the **Application Template** attached with **not be reviewed** and will be returned to the applicant as **INCOMPLETE**.

- **Application Template** is to be filled out completely and uploaded in **PDF** format to SAGE Attachments.
- **Application Template-Budget section**
  - You must **read the RFA, and the Eligible Expenses and Funding Exclusions** Attachments in the RFA before you budget a line item as *there have been changes from last year*.
  - When developing the Budget in the Application Template Budget you **must** use the **exact amounts allowed** for each activity code (LHOC, IDPG, OP, and **optional** ACC).
  - The sum of the activity codes needs to **match** the total allowed amounts in the RFA.
  - **Note:** Funds **cannot** be moved across activity codes (IDPG, LHOC, OP, ACC) as each code has a different funding source.
  - The Local Health Outreach Coordinator (**LHOC**) and Infectious Disease Preparedness Generalist (**IDPG**) funds cover **salary only** this year. You may budget for Salary/Fringe on **Schedule A** for required full-time equivalent LHOC and IDPG staff, or you may establish a Professional Service Agreement (PSA) on **Schedule B** to secure the required full-time LHOC and IDPG staffing for this grant program.  
**Note:** Schedule B expenses, other than a PSA for LHOC and IDPG Staffing, are **not** allowed under LHOC and IDPG.
- **Schedule A Salary Expense**
  - LHOC, IDPG, OP, and ACC - Schedule A Salary Expense is allowed and includes Salary and Fringe.
    - Fringe Rate document must be attached to each Schedule A Salary Expense form in SAGE. *You will want to locate this document while preparing the Application Template Budget.*

## APPENDIX 10 - APPLICATION GUIDANCE

- **Schedule B Other Direct Costs**
  - **LHOC, IDPG**- Professional Service Agreement (PSA) is allowed under Schedule B to secure the required full-time LHOC and IDPG staffing for this grant program. Expenses other than a PSA are not allowed.
  - **OP** - Schedule B COVID-19/Other Infectious Disease eligible expenses are allowed.
  - **ACC** - Schedule B Accreditation eligible expenses and PSAs are allowed.
  - **Each** Schedule B Other Direct Cost expense **requires** a **separate PDF quote** for **each line item in SAGE**. *You will want to save these individual PDF quotes as you are preparing the Application Template Budget.*
  - **Note:** The separate PDF quote uploaded to each line item must equal the exact amount of the budget line item.

### **SAGE INSTRUCTIONS**

All submissions to the Department (including expenditure reports, payment voucher certifications, amendment/revision requests, etc.) require an *electronic signature*, so each user account should be specific to a single user (each user needs their own SAGE username and password- **no exceptions**). Otherwise, they will be attaching someone else's signature to their submissions. Please ensure that staff has the appropriate access to SAGE.

#### SAGE Access

Please visit the **SAGE- Department of Health FAQ For Applicants** link below for information on SAGE user access at [https://njsage.intelligrants.com/documentation/NJSAGE/FAQ\\_for\\_NJDOH\\_Applicants.pdf](https://njsage.intelligrants.com/documentation/NJSAGE/FAQ_for_NJDOH_Applicants.pdf) under **Q1, Q2, Q3, and Q4**. The **Authorized Official** (i.e., usually a town official, business administrator, or finance department) provides **Agency Administrator** access to the local health department. **Agency Administrators** have privileges to add other users, initiate new grant applications, complete grant applications, and submit grant applications to NJDOH. Please note that **Agency Staff** have privileges to complete grant application forms, however, *cannot* add new users, *cannot* initiate new grant applications, and *cannot* submit grant applications.

#### ORGANIZATION PROFILE

**\*\*\*FEDERAL ID REQUIREMENT FOR FEDERALLY FUNDED GRANT RECIPIENTS - ENSURE THE ORGANIZATION PROFILE HAS BEEN UPDATED WITH THE UNIQUE ENTITY ID #\*\*\***

**Q6** in the **SAGE- Department of Health FAQ for Applicants** directs applicants how to make any changes to this form via the SAGE *Organization* link. [https://njsage.intelligrants.com/documentation/NJSAGE/FAQ\\_for\\_NJDOH\\_Applicants.pdf](https://njsage.intelligrants.com/documentation/NJSAGE/FAQ_for_NJDOH_Applicants.pdf).

- Click on "**Organization Details**" link at the top of the page to display the Organization. This includes **Name of Organization, Federal Tax ID Number, Unique Entity ID; Address; City; State; Zip; and Website**.
- *Ensure changes made under the Organization link populate correctly by re-saving the forms by clicking the **SAVE** button at the top of the form.*
- Provide the **Name of Chief Executive Officer** and **Name of Chief Financial Officer**.
- Provide the most recent **Officers and Directors (Current List with Addresses)** and revise the "**Last Updated**" date.
- Provide the **Fiscal Year End** month and day (mm/dd).
- **Accounting Systems** on a Cash basis are challenged, so please *double-check with your accounting staff* if the current basis shows Cash.
- Upload the **most current Annual Audit Report**.
- Indicate the **Organization Type**.
- **IRS Determination Letter** and **NJ Charities Registration Letters** are required for not-for-profit 501(c)3 designated organizations only. Enter N/A if it does not apply to your agency.
- Ensure the date on **NJ Charities Registration Letter** will not be expired at the time of application submission.

## APPENDIX 10 - APPLICATION GUIDANCE

- A current **Tax Clearance Certificate** is required for **all** entities, including any government entity. A current certificate may be obtained at <https://www.nj.gov/treasury/taxation/busasst.shtml>. The valid Tax Clearance Certificate *must be shown on the Organization Profile page* and is not accepted as an upload on the Attachment and/or Shared Documents pages. Update the **expiration date** to show the correct date for the current certificate. **Note:** Tax Clearance Certificate Applications and Expired Tax Clearance Certificates are not acceptable. The filing fee for government entities is waived; if you are a government entity, complete the application <https://www.state.nj.us/treasury/taxation/pdf/busasstTaxClear.pdf> and email directly to the following email box for processing: [BusinessAssistanceTC.Taxation@treas.nj.gov](mailto:BusinessAssistanceTC.Taxation@treas.nj.gov).
- Indicate whether the agency is a **Minority-Managed Organization**.
- Include **Minority Population Served** and category.
- Provide the **Languages in Which Services Are Provided**.
- Check the **certification box** for the **Organizational Profile** information.

### GRANT PERIOD & PAYMENT

- Provide the **Project Period** and **Budget Period** - refer to RFA.
- List the **NJ Vendor ID Number** field is the grant payment remittance address. *If multiple locations are available, contact your organization's fiscal office for remittance address confirmation.*
- Include the **Payee Name**.
- Indicate the **Payee Address**.
- Select the **Payment Method**. Cost Reimbursement is the preferred payment method. Requests for Advance Payment for non-profits **only** require strong justification and supporting documentation showing the need for advanced funding. Government entities, institutions of higher learning, and hospitals are **not** eligible for Advance Payment.

### SERVICE AREA

- Select **Local** impact of the project.
- List the **County** and applicable **Municipalities**.

### GRANT PROPOSAL INSTRUCTIONS

- Log into SAGE ([www.sage.nj.gov](http://www.sage.nj.gov)) and search for the "***Strengthening Local Public Health Capacity Program 2024***" application and complete as directed.

Please type the following into the corresponding **SAGE** sections ***exactly*** as shown below:

**Note:** ***Applications that are not completed exactly as shown below will be sent back to the Applicant.***

- **Assessment of Need(s):**

<i>See Attached Grant Proposal PDF</i>
--
- **Objective(s) of Project, Method, and Evaluation** - Refer to the RFA for programmatic requirements when completing these forms. Estimated completion date is the last day of the budget/project period of **6/30/2024**.
- Please complete the **Objective(s) of Project** section in SAGE ***exactly*** as shown below depending on whether you are applying for Strengthening (**IDPG, LHOC, OP**); Strengthening and Accreditation (**IDPG, LHOC, OP, ACC**); or Accreditation Only (**ACC**).

## APPENDIX 10 - APPLICATION GUIDANCE

**Applications that are not completed exactly as shown below will be sent back to the Applicant.**

### Strengthening Only (Pathway A only) Non-LINCS LHDs Only

**Objective(s) of Project**  
List objectives that are specific, measurable, realistic, and attainable to meet the goals of this project.  
(To generate additional lines, click SAVE above.)

Activity	No.	Objective	Estimated Completion Date
24PHC IDPG - Infectious Disease Preparedness Generalist	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024
24PHC LHOC - Local Health Outreach Coordinator	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024
24PHC OP - Outbreak Preparedness	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024

### Strengthening and Accreditation (Pathway A and Pathway B) Non-LINCS LHDs Only

**Objective(s) of Project**  
List objectives that are specific, measurable, realistic, and attainable to meet the goals of this project.  
(To generate additional lines, click SAVE above.)

Activity	No.	Objective	Estimated Completion Date
24PHC IDPG - Infectious Disease Preparedness Generalist	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024
24PHC LHOC - Local Health Outreach Coordinator	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024
24PHC OP - Outbreak Preparedness	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024
24PHC ACC - Accreditation	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024

### Accreditation Only (Pathway B only) LINCS and LHDs not applying for Pathway A

**Objective(s) of Project**  
List objectives that are specific, measurable, realistic, and attainable to meet the goals of this project.  
(To generate additional lines, click SAVE above.)

Activity	No.	Objective	Estimated Completion Date
24PHC ACC - Accreditation	1	To meet the deliverables listed in Strengthening Local Public Health Capacity 2024 Schedule of Work	06/30/2024

- **Method(s):** See Attached Grant Proposal PDF
- **Evaluation:** See Attached Grant Proposal PDF

## APPENDIX 10 - APPLICATION GUIDANCE

- **IMPORTANT UPLOAD REQUIRED:** Upload the completed *OLPH Strengthening Local Public Health Capacity Application Template/Checklist PDF #1 or #2* to the *Attachments section of SAGE*. The OLPH Strengthening Local Public Health Capacity Application Template/Checklists (Word documents) are being emailed to all Health Officers on the Application Open Date of **Wednesday, May 10, 2023 at 9:00 AM (EDT)**. Please contact the Health Officer to obtain a copy of these documents on the Application Open Date.

**Note: Applications submitted without the OLPH Strengthening Local Public Health Capacity Application Template/Checklist PDF will be considered incomplete and will not be reviewed.**

- **APPLICATION #1 and APPLICATION #2** - To accommodate Funding **Pathway A** (LHOC, IDPG, and OP) and Funding **Pathway B** (ACC), OLPH has prepared **two (2) different OLPH Strengthening Local Public Health Capacity Application Template/Checklists** to be completed **depending on which** Funding Pathways (Application #1) **A only** or **A and B**, or (Application #2) **B only** are selected by the LHD.

### 3. APPLICATION TEMPLATE/CHECKLIST 1: Pathway A/Optional Pathway B Application - Non-LINCS Agency LHDs Only

Pathway A - LHOC, IDPG, & OP Funding

or

Pathway A (LHOC, IDPG, & OP) & **Optional Pathway B** (ACC) Funding for:  
 PHAB Accreditation or  PHAB Re-Accreditation

### 4. APPLICATION TEMPLATE/CHECKLIST 2: Pathway B Only Application - LINCS and LHDs not applying for Pathway A

Pathway B (ACC) Funding for:  PHAB Accreditation or  PHAB Re-Accreditation

**Applicants must provide information for all applicable sections aligned to the Pathway to which they are applying. All questions and bullets must be answered in each application section and sub-section.**

**Note: Incomplete applications will not be processed and will be returned to the applicant.**

### SCHEDULE A PART I – PERSONNEL COSTS - allowable for LHOC, IDPG, OP, and *optional* ACC

- Complete one (1) Schedule A per Activity Code.
- If the same position is repeated on another Schedule A, the Position Title should be consistent.
- Legal First Name, Legal Last Name – The Department gathers statistics from these fields, so they must be shown correctly and consistently across all Activities. Typos will be returned for correction.
- **Annual Salary/Wages:** Enter the total amount to be paid to the employee by the organization for work performed during the budget period; for temporary employees, this is the total amount that will be paid for the actual period, within the annual budget period, that work is performed.
- **% Of Time on Project:** Enter the percentage of the employee’s total work time, as defined above, that will be devoted to this project. An individual’s time commitment **should not exceed 100% across all Activities and should not be duplicated on other grant programs.**
- **Position Title:** Effective dates for resignations, terminations, replacements, and hire dates must be included in the position title column. Review RFA for details.
- **Fringe Benefit Rate** – upload your agency’s fringe benefit breakdown. If there are different rates for individuals, please include a justification with the uploaded fringe breakdown.
- There is no cost sharing or match required. Do not enter anything in the cost sharing/matching column.
- **Note: Staff resumes are not required to be uploaded to SAGE this year!**

## APPENDIX 10 - APPLICATION GUIDANCE

### SCHEDULE A PART II – PERSONNEL JUSTIFICATION

- Ensure Position Titles have populated correctly from Schedule A Part I.
- Weeks on Project: Enter the number of weeks over which work will be performed by the employee on the project.
- Weekly Work Hours: Enter the average number of hours that are devoted each week to the project.
- Role & Responsibilities – State the role and responsibilities of the position, not the incumbent.
- Minimum Qualifications – State the minimum qualifications of the position, not the incumbent. Briefly stated education/degree, years’ experience, license/certification, etc. fulfills the requirement of this field.
- Names, personal qualifications, and statements such as “see attached resume, on file, previously submitted” are not accepted.

### SCHEDULE B – OTHER DIRECT COSTS- *see specific notes below regarding allowable expenses for each cost category*

- Complete one Schedule B per Activity Code (as applicable) per the guidance below.
- Justification/Basis for Cost Estimate – Narrative justification is required for each line item.
- **Allowable Expenses by Cost Category**
  - **LHOC, IDPG** - A Professional Service Agreement (PSA) is allowed under Schedule B to secure the required full-time LHOC and IDPG staffing for this grant program. Expenses other than a PSA are **not** allowed.
  - **OP** - Schedule B COVID-19/Other Infectious Disease eligible expenses are allowed.
  - **ACC** - Schedule B Accreditation eligible expenses are allowed.

#### Schedule B Guidance specific to OP and ACC

- See the RFA [APPENDIX 3 - PATHWAY A - Eligible Expenses](#) - *Other COVID-19/Other Infectious Diseases Eligible Expenses* under **OP** for this year’s grant.
- See the RFA [APPENDIX 5 - PATHWAY B - Eligible Expenses](#) under **ACC** for this year’s grant.
- Supplies, materials, or services must be itemized.
- **Other category** is for costs associated directly with program activities or outcomes, including materials, services, communication devices/services, or supplies specifically needed to deliver grant program objectives. For communication costs, an itemized list must be provided to include the device and to which staff it has been assigned. The list can be uploaded under the “Supporting Documents” column.
- Use the “If other, specify:” field to describe items, such as IT, communications, fees, etc.
- **Training category is for grant-funded staff training only.**
  - Grantee must submit the OLPH Training Request Form 60 days in advance for any grant-funded training in the approved grant budget and training that has not yet been added to the grant through a budget revision. OLPH will review all training requests for eligibility within the scope of the grant and will notify the grantee of the results of its review upon completion. Approvals for back-dated training will not be issued by the grant program, and expenses related to back-dated training will be the full responsibility of the grantee. The approved OLPH Training Request Form is not a pre-approval of training-related expenses incurred prior to submitting a budget revision. The grantee is fully responsible for any expenses related to training that are pre-paid before there is an approved OLPH Training Request and a successfully completed budget revision in SAGE.
  - For any in-State conferences, seminars, etc. that include training opportunities, the only allowable expenses are registration fees and any specific costs related to the training. Lodging and meals are not allowable costs for attending any in-State training events.
- **Travel category** must show basis of cost estimate. For each travel event, clearly indicate the name of the conference/event, dates/location, attendee(s), and estimated itemized costs. For mileage, indicate the estimated number of trips planned, by whom, number of miles, and cost per mile.

## APPENDIX 10 - APPLICATION GUIDANCE

- As per State of New Jersey, Department of Treasury, Office of Management and Budget, Circular NO.:20-04-OMB, Subject Travel Regulation
  - Out-of-State Travel: – “For all official business travel, allowable per diem reimbursement for lodging and meals will be actual reasonable costs, not to exceed the federal per diem rates as established in the Federal Register for the current year. If an employee’s destination is somewhere other than the locations listed in the Federal Register, then the maximum per diem allowance is \$55 for meal/incidental expenses and \$96 for lodging.” The federal per diem rates can be found at <http://www.gsa.gov>
  - In-State-Travel: ‘No allowance for lodging or meals is permitted for in-State travel.’
- Additional information regarding the State’s travel regulations can be found at <https://nj.gov/infobank/circular/>
- **Equipment category**- refer to RFA for equipment “capitalization limit.” As per the Departments’ **Terms and Conditions for Administration of Grants, SUBPART A – GENERAL, 1.2 Definitions**, “Capitalization limit” means the minimum acquisition cost of equipment when recording a long-term asset. Nonprofit organizations, excluding governments and hospitals, that do not have a written policy shall capitalize equipment with a per-unit acquisition cost that equals or exceeds \$500, unless otherwise approved by the Department. Other grantees shall use a limit that equals the lesser of the capitalization level established for financial statement purposes or \$5,000 and **SUBPART N – REAL PROPERTY, EQUIPMENT, SUPPLIES AND COPYRIGHTS, 14.5 Equipment** - (a) Grantees are expected to have a written policy on capital expenditures that identifies the base acquisition cost for capitalizing long term assets. Nonprofit organizations, excluding governments and hospitals, that do not have a written policy shall capitalize equipment with an acquisition cost of \$500 and a life expectancy of 1 year or greater. Grantees may use a different acquisition threshold provided it is in a written policy, is customary and reasonable for the organization type, is agency wide, and complies with Generally Accepted Accounting Principles and the applicable Federal cost principles. Any exception requires prior approval by the awarding division. Items that do not meet the equipment criteria per must be classified as Supplies or Other. Applicants that elect to use their own policy shall provide a copy of the organization’s equipment/capital policy. Additional information related to equipment can be found in the **Terms and Conditions for Administration of Grants**, which can be accessed via the document link available under the **Disclosures and Certifications** form.
- **Professional Service Agreement category** - must be reviewed and approved by NJDOH prior to its execution, except for auditing. Basis for cost estimate must be clearly stated. Upload agreements under the “Supporting Documents” column.
- **Cost Sharing/Match** - There is no cost sharing or match required for this RFA. Do not enter anything in the cost sharing/matching column.

### COST SUMMARY

- Verify that direct costs have been populated correctly by the Activity Code and that the Activity Code totals match the exact allocation amounts in the RFA for your agency.
- **Indirect Costs**
  - If requesting indirect costs, upload current agreement. Indirect cost rate may not exceed the approved/negotiated rate.
  - For 10% de minimis rate - as per updated **PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS, Subpart E – Cost Principles, §200.414 Indirect (F&A) costs**, “any non-Federal entity that does not have a current negotiated (including provisional) rate, except for those non-Federal entities described in appendix VII to this part, paragraph D.1.b, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. No documentation is required to justify the 10% de minimis indirect cost rate. As described in §200.403, costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

## APPENDIX 10 - APPLICATION GUIDANCE

- *MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward more than \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.*

### **FFATA CERTIFICATION**

- Both questions must be answered.
- Additional information can be found at [www.fsrs.gov](http://www.fsrs.gov)

### **ATTACHMENTS**

Any required attachments referenced in the RFA for the Needs/Objectives, Methods/Evaluation, and for those that may not fall under Schedules A/B, those attachments may be uploaded under the Attachments section of SAGE.

- **Note: Staff resumes are not required to be uploaded to SAGE this year!**

See attachment examples below that can be directly uploaded to Schedules A and/or B:

- Fringe benefit breakdown – upload directly under Schedule A, Part I – Personnel Costs
- List of communication devices/assignees – upload directly to Schedule B
- Equipment Quote – upload directly to Schedule B
- Lease/Maintenance Agreements – upload directly to Schedule B
- Professional Services Agreement – upload directly to Schedule B