

**Healthcare Preparedness Program (HPP)
Request for Application (RFA) for the**

***New Jersey Hospital Preparedness Program (HPP)
Cooperative Agreement***



Budget Period: July 1, 2022 – June 30, 2023

In a cooperative agreement, the state government is substantially involved in the program noted throughout the grant cycle in a manner beyond routine grant monitoring. During the project period, NJDOH will monitor and evaluate the defined activities within the agreement and recipient progress in meeting work plan priorities. The recipient must ensure reasonable access by NJDOH or their designees to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HPP funds under this agreement.

TABLE OF CONTENTS

	Page
I. Important Dates	01
II. Important Information	01
III. Eligibility	01
IV. AT A GLANCE:	01
A. Purpose	02
B. Foundation for Grant Activities	02
C. Planning Assumptions	04
D. Administrative Requirements	04
E. Programmatic Requirements	05
V. Terms of Compliance	07
VI. Duplication of Efforts	07
VII. Grant Deliverables	08
VIII. Funding Restrictions/Exclusions/Limitations	08
IX. Grant Reporting – Post Award	09
X. Budget Revision & Grant Amendment Requests	11
XI. Technical Assistance	11
XII. APPENDIX A: FY 2022-2023 Schedule of Work	12
XIII. APPENDIX B: Application Guidance	15
XIV. APPENDIX C: Related Documents	21

I. IMPORTANT DATES

Request for Application Announcement:	June 15, 2022
Application Open Date in SAGE:	June 15, 2022
Application Close Date in SAGE:	July 06, 2022
Budget Period Start Date:	July 1st, 2022
Budget Period End Date: All Work Completed and Funds Obligated (purchase orders issued)	June 30th, 2023
All Funds Expended by: (all items received, and payments made)	July 30th, 2023

The System for Administering Grants Electronically (SAGE) will open for applications on **WEDSDAY, JUNE 15th, 2022 at 12:00 am**. Applications must be received no later than **WEDSDAY, JULY 06th, 2022 at 11:59 pm, via the SAGE IntelliGrants System (www.sage.nj.gov)**. Any request received after this date and time will not be accepted. Funding is contingent upon the receipt of federal funds by the New Jersey Department of Health (NJDOH). Applications may be returned for revisions and/or additional information. If the applicant fails to complete this process, NJDOH reserves the right to deny funds to the applicant.

Note: Post-Award Progress and Expenditure Reporting Dates are listed on page 10.
Post-Award Budget Revision and Grant Amendment Dates are listed on page 11.

II. IMPORTANT INFORMATION

An APPLICATION GUIDANCE is included as **Appendix B** starting on page 15. **Please follow this guidance** to both expedite the time it takes to compile the application, as well as to minimize the amount of modification requests that may be required.

III. ELIGIBILITY

This is a non-competitive grant for Fiscal Year 2022-2023. The New Jersey Department of Health (NJDOH) will be providing continued funding to the to the New Jersey Hospital Association (NJHA), the previously awarded eligible organization, to serve as the third-party fiduciary agent (TPFA) that will manage and lead healthcare coalition (HCC) development in New Jersey.

IV. AT A GLANCE: PURPOSE and FUNDING OVERVIEW

The overarching goal of this New Jersey Hospital Preparedness Program (HPP) Cooperative Agreement is to fund an organization to build acute care medical surge capacity through the development, maintenance and growth of strong HCC(s).

This is YEAR FOUR of a five-year project period (2019-2024). This 2022-2023 grant year (FY22-23) will also be referred to as Budget Period 4 (BP4). Although future funding is not guaranteed,

NJDOH considers the TPFA and the HCC infrastructure to be a critical component of the State's emergency preparedness and response initiatives and will continue to seek all available funding sources to support the coalition concept. The TPFA will be required to complete a continuation grant annually.

a) PURPOSE

With guidance from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR), the purpose of the 2019-2024 Hospital Preparedness Program (HPP) Cooperative Agreement is to strengthen and enhance the acute care medical surge capacity through the maintenance and growth of strong Health Care Coalitions within each HPP-funded state, territory, freely associated state, and locality. The HPP Cooperative Agreement provides funds to build acute care medical surge capacity by ensuring that HPP recipients focus on objectives and activities that advance progress toward meeting the goals of the four capabilities detailed in the [2017-2022 Health Care Preparedness and Response Capabilities](#) and document progress in establishing or maintaining response-ready health care systems through strong HCCs.

With HPP funds, New Jersey Department of Health (NJDOH) is responsible for ensuring the state can build acute care medical surge through the creation, maintenance, and growth of strong and fiscally sound health care coalitions. HCC(s) incentivize and support diverse and often competitive health care organizations with differing priorities and objectives to work together to save lives during disasters and emergencies that exceed the day-to-day capacity and capability of individual health care and emergency response systems. This Cooperative Agreement describes NJDOH's expectations, priorities and lists performance measures for assessing progress toward building the capabilities.

The intent of this RFA is to sustain and support the continued development of New Jersey's HCCs through a third-party fiduciary agent (TPFA). This funding will ensure HCCs continue to thrive and align coalition readiness and response activities with all-hazards preparedness activities in New Jersey that enhance community resilience efforts while maintaining compliance with the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), and Centers for Disease Control and Prevention (CDC). As applicable, close coordination with other associations, NJDOH Sub-awardees, local health departments, other community partners, and the Public Health Emergency Preparedness (PHEP) cooperative agreement initiatives are vital to the success of this grant program.

b) FOUNDATION FOR GRANT ACTIVITIES

ASPR's Hospital Preparedness Program enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. HPP is the only source of federal funding for health care delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during

emergencies, and enable rapid recovery. The New Jersey Department of Health, with guidance from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR), is responsible for ensuring New Jersey can effectively prepare for and respond to emergencies that impact the public's health.

The **terms and conditions, allowable activities, allowable costs, and deliverables** of HPP as well as the four capabilities contained with the [2017-2022 Health Care Preparedness and Response Capabilities](#) document will continue to serve as the foundation for all grant activities. The capability functions and performance measures are the key indicators that will be used to demonstrate capacity. The goals of the four (4) health care preparedness and response capabilities are as follows:

Capability 1: Foundation for Health Care and Medical Readiness

The community's health care organizations and other stakeholders – coordinated through a sustainable HCC – have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Health care organizations, the HCC, their jurisdiction(s), and the state's/jurisdiction's ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the state's/jurisdiction's ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Health care organizations deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the State's/jurisdiction's ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

c) PLANNING ASUMPTIONS

1. NJDOH recognizes that all HPP activities must ultimately establish, strengthen, and/or enhance surge capabilities within and among acute care hospitals within the grant cycle.
2. NJDOH assumes that the TPFA has carefully read the ASPR Hospital Preparedness Program Cooperative Agreement (Funding Opportunity # EP-U3R-19-001) prior to application submission (Link is provided under APPENDIX C: Related Documents).
3. NJDOH assumes that the TPFA has carefully read and will adhere to the NJDOH Terms and Conditions for Administration of Grants (Link is provided under APPENIDIX C: Related Documents).
4. NJDOH assumes that the TPFA has consulted with County and Local stakeholders as well as other healthcare associations regarding *Implementation Requirements* prior to application submission.
5. NJDOH recognizes that County OEM/EMS Coordinators are integral in the coordination between mobile health care providers and acute care hospitals. The TPFA should coordinate with the New Jersey Emergency Medical Services Task Force Support Group.
6. NJDOH strongly suggests HCC(s) participate in trainings offered through the National Domestic Preparedness Consortium (NDPC).
7. NJDOH strongly suggests HCCs participate in the Health Care Coalition Response Leadership Course sponsored by the Center for Domestic Preparedness in Anniston, Alabama, if available.
8. NJDOH assumes that the TPFA will update all relevant plans and procedures with COVID-19 response lessons learned and best practices.

d) ADMINISTRATIVE REQUIREMENTS

1. The TPFA must hire outright, or otherwise contract with paid coalition staff to satisfy objectives of the funding that are outlined in the FY2022-2023 Schedule of Work.
2. The TPFA must have the ability to handle multiple funding sources, including potential funding from other state entities as it is the intent of NJDOH to utilize the established TPFA to support future HCC(s) initiatives/other funding opportunities.
3. The TPFA must utilize ASPR tools that are available through the Technical Resources, Assistance Center, and Information Exchange (TRACIE).
4. The TPFA must submit required programmatic and financial data by mandated deadlines. This includes but is not limited to:
 - a. HCC(s) budgets and work plans;

- b. Evidence-based benchmarks and objectives;
 - c. Performance measures data;
 - d. Homeland Security Exercise and Evaluation Program (HSEEP) consistent After-Action Reports (AARs)/Improvement Plans (IPs) from funded HPP exercises;
 - e. Coalition Assessment Tool (CAT) entries; and
 - f. HCC(s) accomplishments highlighting the impact and value of the HPP activities in their jurisdictions.
5. The TPFA, in coordination with the NJDOH HPP Team, must plan and participate in Federal HPP/PHEP joint site visits at least once every 12-24 months, as determined by CDC and ASPR.
 6. The TPFA must notify and invite NJDOH HPP Team, to attend or observe HPP HCC meetings, presentations, and other special events.
 7. With notice to NJDOH, the TPFA should invite ASPR HPP field project officer (FPO), when appropriate, to attend or observe HPP events.
 8. The TPFA must participate in the following meetings and should budget travel funds accordingly:
 - a. Annual Preparedness Summit sponsored by the National Association of County and City Health Officials (NACCHO);
 - b. National Health Care Coalition Preparedness Conference in Anaheim, CA, as specified by ASPR; and
 - c. Other mandatory NJDOH training sessions that may be conducted via webinar or other remote meeting venues
 9. The TPFA should include in application budget for HCC(s) representatives to attend the National Health Care Coalition Preparedness Conference, as specified by ASPR.

e) PROGRAMMATIC REQUIREMENTS

- The grantee will participate in and/or support activities related to the overall Hospital Preparedness Program (HPP) Cooperative Agreement, HPP/PHEP JOINT ACTIVITIES, and any state initiative related to State or Federal Preparedness. The HPP Cooperative Agreement can be found here - <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=63163>

- The grantee must continue to utilize an all-hazards capabilities-based approach to work on mandated grant activities as outlined in the RFA, FY22-23 Schedule of Work, Notice of Grant Award, and Attachment C and be HSEEP consistent.
- The grantee shall assist their constituents with NIMS implementation, to include incorporating NIMS into their EOP's. NIMS guidance is available at <https://www.fema.gov/national-incident-management-system>.
- Grantees using federal funds for emergency communications activities should comply with the SAFECOM Guidance for Emergency Communication Grants, including provisions on technical standards that ensure and enhance interoperable communications. The most recent version of the SAFECOM Guidance is available at: <https://www.cisa.gov/safecom/funding>.
- All expenditures/initiatives must address statewide needs and benefit coalition members as well as non-members.
- Grantee is responsible for all purchasing and fiscal accountability in accordance with the grant specifications and in accordance with the New Jersey Department of Health (NJDOH) Terms and Conditions for Administration of Grants AND within the parameters of their organization's fiscal policies and procedures.
- Grantee cannot submit the same expenses for reimbursement through any other channels including, but not limited to, other NJDOH grants and the Federal Emergency Management Agency (FEMA) reimbursement process.
- All procurement, including professional services, contracts, and agreements must be completed through your agency's internal procurement process. Non-contract vendors are chosen through the competitive bidding process, depending on your agency's established procurement thresholds 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 the Grant Attachment A.

- Grantee must maintain an INVENTORY LIST of HPP Funded assets and equipment purchased during the 2022-2023 grant year. Sage will autogenerate a sheet if items are listed in the equipment line. If the grantee is purchasing items to be distributed, please follow the terms and conditions of this funding.
- 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.
- Grantee agrees to provide qualified professionals to accomplish the work set forth within the positions mentioned in the Assistant Secretary for Preparedness and Response (ASPR) Funding Opportunity Announcement and the NJDOH Request for Application to support the coalition concept in New Jersey. 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 A - Personnel Costs.
- Grantee will provide a detailed MONTHLY PROGRESS REPORT of activities. NJDOH reserves the right to modify programmatic reporting requirements as it deems necessary. Monthly reports, including draft work products, will be uploaded into SAGE with the monthly progress report.

V. TERMS OF COMPLIANCE

The Grantee, if awarded funding, must comply with the following:

- The terms and conditions for the administration of grants issued by NJDOH;
- The general and specific compliance requirements (as described in Attachment C), which are incorporated in the grant agreements executed by NJDOH; and,
- Federal cost principles applicable to the Grantee's organization.
- The terms and conditions of HPP funds.

VI. DUPLICATION OF EFFORTS

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than

one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by NJDOH with the applicant and the Project Director prior to award.

Report Submission: If applicable, the applicant MUST upload a report in SAGE on the Attachments Form. The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

VII. GRANT DELIVERABLES

This award is based on the NJ Hospital Preparedness Program (HPP) Cooperative Agreement application submitted to, and as approved by, the NJDOH-PHILEP Office of Disaster Resilience and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The NJ Hospital Preparedness Program (HPP) Cooperative Agreement Request for Application
- b. U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Funding Opportunity Announcement (FOA).

The FY22-23 grant deliverables can be found in the "Schedule of Work" document (APPENDIX A). Please be advised, lessons learned and best practices established during the ongoing COVID-19 public health emergency may highlight the need to revise requirements as the Budget Period progresses. Deliverables and reporting requirements may be revised and/or waived accordingly.

VIII. FUNDING RESTRICTIONS/EXCLUSIONS/LIMITATIONS

- Awardees may *not* make purchases until the grant period has begun (July 1, 2022).
- Awardees may not make purchases until NJDOH approval is granted.
- Reimbursement of pre-award salaries is not permitted.
- ***NJDOH must review and approve all consultant service agreements BEFORE contracts are executed.*** 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 uploaded by the Grantee to the Shared Documents folder of the grant file in SAGE once available.

- Awardees may not use funds for research or clinical care.
- Awardees may not use funds to purchase furniture.
- Awardees may not purchase equipment without prior approval.
- Awardees may not use funds to purchase clothing for promotional purposes, such as, items with recipient, Health Care Coalition (HCC), and/or health care organization names/logos, as HPP funding is intended to address acute care patient surge. Clothing that can be used for personal protective equipment (PPE) and/or response purposes, and can be re-issued, may be purchased.
- Reimbursement of pre-award costs are not permitted.
- Awardees may not use funds for construction or major renovations.
- Awardees may supplement but not supplant existing state or federal funds for activities described in the budget.
- Awardees may not use funds on training courses, exercises, and planning resources when similar offerings are available at no cost.
- Release time for funded staff to attend professional/corporate trainings, drills, and exercises is allowed, however, the funding of salaries for any backfill of personnel is not allowed.
- NJDOH will not permit grantees to redirect personnel costs (salary and fringe) to other cost categories for positions which remain vacant beyond three months. Funds for positions vacated in excess of three months must be returned to NJDOH.
- Awardees cannot use funds to purchase or lease vehicles.
- Awardees cannot use funds to support individual health care organizations' trainings or exercises.
- Funding will not be permitted to support individual health care entities to meet the conditions of participation set out in "Medicare and Medicaid Programs;\\ Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers". (81 FR 63860, September 16, 2016).
- Awardees cannot use funds for entertainment costs, fundraising costs, goods and services for personal use, honoraria, independent research, land acquisition, legislative/lobbying activities, payment of bad debt or collection of improper payments, or interest on loans for acquisition and/or modernization of an existing building.

IX. GRANT REPORTING – POST AWARD

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 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. NJDOH PMO/GMO must approve the request in order for the extension to be valid.

Reporting documents (Expenditure and Progress Reports) must be submitted on or before the due dates listed below:

Grant Progress Report Periods	Report Number	Due Date
July 1, 2022 – September 30, 2022	1	October 17, 2022
October 1, 2022 – October 31, 2022	2	November 16, 2022
November 1, 2022 – November 30, 2022	3	December 14, 2022
December 1, 2022 – December 31, 2022	4	January 17, 2023
January 1, 2023 – January 31, 2023	5	February 14, 2023
February 1, 2023 – February 29, 2023	6	March 14, 2023
March 1, 2023 – March 31, 2023	7	April 17, 2023
April 1, 2023 – April 30, 2023	8	May 12, 2023
May 1, 2023 – May 31, 2023	9	June 14, 2023
June 1, 2023 – June 30, 2023	10 / (Final)	July 17, 2023/July 30, 2023

Grant Expenditure Report	Report Number	Due Date
July 1, 2022 – September 30, 2022	1	October 17, 2022
October 1, 2022 – December 31, 2022	2	January 17, 2023
January 1, 2023 – March 31, 2023	3	April 17, 2023
April 1, 2023 – June 30, 2023	4 (Final)	July 17, 2023/July 30, 2023

IMPORTANT:

Final Progress and Expenditure Reports *MUST* be submitted thirty (30) days after the grant has ended, no later than July 30, 2023. Please be advised that if a Final Expenditure Report is not received by July 30, 2023, the grant may be closed out based on the last Expenditure Report submitted.

Expenditure Reporting:

Supporting documentation requirements have been expanded with this FY22-23 grant year. Grantees must upload an attachment(s) to the Expenditure Report if requesting reimbursement for any positions that were listed as vacant in the grant application and have not been updated in the approved grant via a budget revision. The attachment should indicate the position, name of the individual hired, and effective date.

Program Reporting:

After the grant is awarded, the Grantee will be provided a progress report template for submitting the quarterly progress reports. The information requested to be reported on may be adjusted from quarter to quarter based upon priorities and will be communicated to the Grantee directly by the NJDOH PMO.

Please be advised, Expenditure Reports will only be approved after the Progress Report is submitted and any necessary requests for modification have been made.

X. BUDGET REVISION & GRANT AMENDMENT 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 & submitted within ten (10) business days, or as indicated by NJDOH. Applicants are permitted a maximum of TWO (2) Budget Revision Requests during the budget period.

- Last date to initiate a Budget Revision in SAGE is MARCH 1, 2023.
- Last date to initiate a Grant Amendment in SAGE is MARCH 1, 2023.

Please be advised, NJDOH may nullify the Grant Amendment/Budget Revision Request(s), if not submitted by the designated due date.

XI. TECHNICAL ASSISTANCE

To obtain general and technical assistance during the grant period, contact your Program Management Officer (PMO) or your Grant Management Officer (GMO):

PMOs	GMO
<p>Danielle H. Dazulma New Jersey Department of Health Danielle.Dazulma@doh.nj.gov</p>	<p>Marina Siefker New Jersey Department of Health marina.siefker@doh.nj.gov</p>

APPENDIX A: Draft FY 2022-23 Schedule of Work

NJHA as TPFA Grant FY 2022-2023				
<p>This award is based on the NJ Hospital Preparedness Program (HPP) Cooperative Agreement application submitted to, and as approved by, the NJDOH-PHILEP Office of Disaster Resilience and is subject to the terms and conditions incorporated either directly or by reference in the following:</p> <p>a. The NJ Hospital Preparedness Program (HPP) Cooperative Agreement Request for Application</p> <p>b. U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Funding Opportunity Announcement (FOA).</p>				
<p>The New Jersey Department of Health (NJDOH) with guidance from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) - Hospital Preparedness Program (HPP) Cooperative Agreement will require the Grantee to perform the following:</p>				
Item	HPP/PHEP Capability	POETE Element	NJHA as TPFA Grant FY 2022-2023	Schedule of Work
1	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	On behalf of each coalition, the Grantee will complete all Health Care Coalition (HCC) tasks associated with HPP Capabilities 1, 2, 3, and 4 for the 2022-2023 grant year as outlined in the HPP FOA Implementation Requirements, Implementation Guide, Benchmarks, Performance Measures, and Joint HPP/PHEP Activities .	Monthly Updates
2	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	Grantee must submit all requested HCC information into the COALITION ASSESSMENT TOOL (CAT). The following components must be completed: -All required fields in Capability Forms 1 - 4 -All required fields in the " exercise tool" section (note: some fields are disabled due to COVID-19 waivers and/or because it's not a requirement). -All required submissions in the "upload files" section.	Monthly Updates
3	HPP Cap. 1	Planning and Exercise	Grantee will develop corrective actions to address areas of improvement identified in the CAT's IMPROVEMENT PLANNING MATRIX during BP2 & BP3.	Monthly Updates
4	HPP Cap. 1	Planning	Grantee will ENSURE ENTITY TYPE ENGAGEMENT in HCCs.	Monthly Updates
5	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	Grantee must complete a HSEEP consistent AAR/IP for NJHA's COVID-19 RESPONSE EFFORTS during FY2019-2020, FY 2020-2021, and FY2021-2022. The AAR/IPs must also address the following and be uploaded in SAGE: - How did HPP funds contribute to preparedness, readiness and/or response? - Outline the lessons learned, best practices, and/or success stories that emerged during your response or exercises. - Identify gaps and areas for improvement.	September Report

6	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	Grantee must complete a HSEEP consistent AAR/IP for the <i>Health Care Coalitions'</i> COVID-19 RESPONSE EFFORTS during FY2019-2020, FY 2020-2021, and FY 2021-2022. The AAR/IPs must also address the following and be uploaded in SAGE: -How did HPP funds contribute to preparedness, readiness and/or response? -Outline the lessons learned, best practices, and/or success stories that emerged during your response or exercises. -Identify gaps and areas for improvement.	December Report
7	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	If requested by NJDOH, grantee and/or coalitions must participate in, and/or assist with the development of a HSEEP compliant AAR/IPs for REAL WORLD EVENTS and INCIDENTS. The AAR/IPs must also address the following and be uploaded in SAGE: -How did HPP funded activities contribute to preparedness, readiness and/or response? -Outline the lessons learned, best practices, and/or success stories that emerged during your response or exercises. -Identify gaps and areas for improvement.	As requested and assigned by NJDOH
8	HPP Cap. 1	Exercise	If requested by NJDOH, grantee and/or coalitions must participate in, and/or assist with the planning and implementation of EXERCISES. Any planning and exercise implementation must be consistent with the Homeland Security Exercise and Evaluation Program (HSEEP). When applicable, AAR/IPs will be uploaded in SAGE.	As requested and assigned by NJDOH
9	HPP Cap. 1,2,3,4	Planning and Organizing	Grantee must SURVEY CONSTITUENTS and/or COALITION MEMBERS at the request of the NJDOH and provide needed information in a timely manner. If applicable, the Preparedness Coordinator (FTE)/Director, NJDOH and other state funded healthcare associations, will convene and address gaps identified in surveys.	As requested and assigned by NJDOH
10	HPP Cap. 1,2,3,4	Planning	When applicable, grantee will facilitate the development of related SUB-WORKING GROUPS as needed for the coalitions.	Monthly Updates
11	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	Grantee must support the coalition members by providing RESOURCES as needed/requested. This includes, but is not limited to, tools to meet regulations such as crosswalks, etc.	Monthly Updates
12	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	Grantee must maintain relationships with FEDERAL PARTNERS and engage in conference calls, workgroups and meetings to ensure NJ healthcare facility efforts are recognized and concerns addressed. Information gleaned, responses to questions asked, and expert advice shall be shared with the NJDOH HPP Coordinator and constituents as appropriate.	Monthly Updates
13	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	If requested by NJDOH, grantee and/or HCCs must participate in, and/or assist with the completion and documentation of all HPP/PHEP JOINT ACTIVITIES.	As requested by NJDOH
14	HPP Cap. 1	Planning	Preparedness Coordinator (FTE)/Director must attend 100% of SCHEDULED MEETINGS held by NJDOH.	Monthly Updates

15	HPP Cap. 1,2,3,4	Planning, Organization, Equipment, Training, & Exercises	As applicable, the grantee and HCCs must demonstrate active engagement and collaboration with all NJDOH SUB-AWARDEES for coalition and/or emergency preparedness planning, training/exercising, and operational activities. This includes, but is not limited to, other state funded associations, the New Jersey Emergency Medical Services Task Force Support Group, and Local Information Network Communications System (LINCS) Agencies.	Monthly Updates
16	HPP Cap. 2	Organization	<p>Grantee must annually review and update as appropriate, NJHA'S CONTINUITY OF OPERATION PLAN (COOP). COOP plans, at a minimum, include the following elements:</p> <ul style="list-style-type: none"> -Activation and response functions -Multiple points of contact including the Association's Updated 3-Deep 24/7 Contact Information List. This list must include name, phone number, and internet-based secure email addresses of the identified individuals. -Orders of succession and delegations of authority for leadership continuity -Immediate actions and assessments to be performed in case of disruptions -Safety assessment and resource inventory to determine ongoing operations -Redundant, replacement, or supplemental resources, including communications systems -Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases. -List of essential records and forms, including locations of electronic and hard copies of each. <p>*The grantee must upload the amended document into SAGE as an attachment with the first quarterly progress report.</p>	September Report
17	HPP Cap. 3	Planning	In an effort to enhance disaster readiness for their member organizations, the grantee must identify action items from the SUPPLY CHAIN INTEGRITY SELF-ASSESSMENT findings for their sector to resolve. The document "Partnering with the Healthcare Supply Chain During Disasters" can be found here - https://files.asprtracie.hhs.gov/documents/aspr-tracie-partnering-with-the-healthcare-supply-chain-during-disasters.pdf .	December Report
18	HPP Cap. 2	Equipment	Grantee must maintain an INVENTORY LIST of HPP Funded assets and equipment purchased during the 2022-2023 grant year. Sage will autogenerate a sheet if items are listed in the equipment line. If the grantee is purchasing items to be distributed, please follow your internal policy for tracking.	FINAL REPORT

APPENDIX B: Application Guidance

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 timely review and approval of a budget request. A power point is also provided with FAQs and instructions to assist applicants specifically with navigating through SAGE.

Log into SAGE (www.sage.nj.gov) and search for the “**PHILEP HPP Coalition 2023**” application. Please review the details below for further instructions in each section.

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 of the data transfers over, ie: attachments, therefore you will need to review all of the forms for accuracy and completes, as well as RFA requirements for the new grant cycle.

ORGANIZATION PROFILE

***NEW FEDERAL ID REQUIREMENT FOR FEDERALLY FUNDED GRANT RECIPIENTS*
PLEASE ENSURE THE ORGANIZATION PROFILE HAS BEEN UPDATED WITH THE
UNIQUE ENTITY ID / SAM CASGE CODE INFORMATION.**

- Note item 3 in the instructions directs applicants to make any changes to this form via the Organization link. Click on “Details” under “Document Information” at the top of the page in order to expose the Organization.
- Ensure changes made under the Organization link populate correctly by re-saving the forms.
- Provide the most recent Officers and Directors list and revise the “Last Updated” date.
- Accounting Systems on Cash basis are challenged, so please double-check with your accounting staff if the current basis shows Cash.
- Upload your agency’s most current Annual Audit Report.
- IRS Determination and NJ Charities Registration Letters are required for not-for-profit 501(c)3 designated organizations only.
- Ensure the date on NJ Charities Registration Letter will not be expired at the time of application submission.
- 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. The expiration date must be updated to show the correct date for the current certificate and neither a Tax Clearance Certificate application nor an expired certificate is accepted. 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

GRANT PERIOD & PAYMENT

- Both the Project Period and Budget Period are “From: 07/01/2022 Through: 06/30/2023”, unless specified differently in the RFA.
- NJ Vendor ID Number field is the remittance address. If multiple locations are available, contact your organizations’ fiscal office for remittance address confirmation.
- 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

- This should be STATEWIDE.

NEEDS AND OBJECTIVES

- ASSESSMENT OF NEEDS:

The narrative section, must address the following *at a minimum*:

- A statement indicating the role of your association and its emergency preparedness and response responsibilities.
- Briefly describe your association’s unique role in achieving the current HPP Capabilities.
- Identify areas of need related to saving lives during COVID-19 response efforts that need to be addressed for coalitions.
- Identify areas of need related to preparedness and response for non-pandemic disasters that need to be addressed for coalitions.
- Identify areas your association would like to build out for coalitions.
- Please prioritize your areas of need and/or topics the coalitions would like to build out.
- Identify any challenges related to addressing the needs of at-risk individuals and inequalities in health outcomes within coalitions.
- Identify the factors that contributed to the coalitions’ capability and capacity to continue delivering care.
- If the coalitions have identified areas that are fully functional, please highlight them.
- As applicable, add a brief description of the resources and relevant documents that have been used to examine and/or further strengthen current capabilities. This can include, but is not limited to the following:
 - ✓ [The National Health Security Strategy](#)
 - ✓ [The National COVID-19 Preparedness Plan](#)
 - ✓ The New Jersey [COVID-19 Vaccination Plan](#) & [Executive Summary](#)
 - ✓ [Recommendations to Strengthen the Resilience of New Jersey’s Nursing Homes in the Wake of COVID-19](#)

- ✓ After Action Reports/Improvement Plans (exercise and/or real-world events),
- ✓ Capability self-assessments and/or Hazard Vulnerability Assessments.

▪ OBJECTIVES:

BASE FUNDING

- For the Activity Code, select “**HPP HCC – Health Care Coalition**” from the drop-down menu
- Enter “**To meet the deliverables listed in the NJHA as the TPFA FY22-23 Schedule of Work**” in the objective section.
- Estimated completion dates must not exceed the last day of the budget/project period of 6/30/23.

ENGLEWOOD GENERATOR PROJECT

- For the Activity Code, select “**EDX – ELC Expansion**” from the drop-down menu
- Enter “**To meet the deliverables listed in the NJHA as the TPFA FY22-23 Schedule of Work**” in the objective section.
- Estimated completion dates must not exceed the last day of the budget/project period of 6/30/23.

METHOD AND EVALUATION

▪ METHODS:

- Please provide brief language that indicates working towards the deliverables as included in the FY22-23 Schedules of Work and the requirements of the RFA including the methods in which the grantee will address the identified preparedness and response gaps. This section should also include projects within the HPP Capabilities, Objectives, and Activities and/or additional topics and projects your association would like to address this grant year and how your association will approach these items.

The HPP Capabilities, Objectives, and Activities can be found here -

<https://idph.iowa.gov/Portals/1/userfiles/61/HPP%20FOA%201920.pdf> (pg. 46)

▪ EVALUATION:

- This section should address how your association will approach tracking progression towards meeting this years’ grant goals. Evaluation must include, but is not limited to, quarterly progress reports submitted to NJDOH, completion and submission of NJDOH requested surveys and requests for information/deliverable products, and real-world and exercise after action reports/improvement plans (AARs/IPs) as applicable.

SCHEDULE A PART I – PERSONNEL COSTS

- Complete one 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: If required by program, this may include the dates for temporary employees.
- 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.

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, statements such as “see attached resume, on file, previously submitted” are not accepted.

SCHEDULE B – OTHER DIRECT COSTS

- Complete one Schedule B per Activity Code.
- Justification/Basis for Cost Estimate – Narrative justification is required for each line item.
- Supplies category is for items related to administrative functions of the agency, specifically associated with office use resulting from grant program objectives, generally ~\$250 per person. General office supplies may be shown by an estimated amount per month x number of months for grant-funded staff. All other 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 whom it has been assigned to. The list can be uploaded under the “Supporting Documents” column.
- Use the “If other, specify:” field to describe items which are specifically delineated by the RFA to be shown separately.
- The Training category is for grant-funded staff training only. Training of others (such as volunteers) is to be categorized as Other.
 - 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 trainings (ie:

CEUs, etc.). Lodging and meals are not an allowable cost for attending any in-State training events.

- Travel category must show basis of cost estimate. For each travel event, clearly indicate name of 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.
 - 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 regulation can be found at <https://nj.gov/infobank/circular/>
- Equipment – applicants may follow their organizations’ equipment policy. As per the Departments’ Terms and Conditions for Administration of Grants, *“non-profit 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 and should not be referred to as “equipment” in its justification.
- Facility costs – as applicable, upload lease/maintenance agreements under “Supporting Documents” column.
- Professional Services – Agreements must be reviewed and approved by NJDOH prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated. Upload agreements under “Supporting Documents” column.
- There is no cost sharing or match required. Do not enter anything in the cost sharing/matching column.

COST SUMMARY

- Verify direct costs have populated correctly by Activity Code and that Activity Code totals match the 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.”

- *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 in excess of \$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.*

DISCLOSURES AND CERTIFICATION

- Review and respond to each statement.

FFATA CERTIFICATION

- Both questions must be answered.
- Additional information can be found at 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.

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
- Subgrant Agreement – upload directly to Schedule B

SAVE AND SUBMIT YOUR APPLICATION!

APPENDIX C: *Related Documents*

- ASPR Hospital Preparedness Program Cooperative Agreement 2019
<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=63163>
- NJDOH Terms and Conditions for Administration of Grants (2022)
https://nj.gov/health/grants/documents/terms_conditions.pdf
- 2017-2022 Health Care Preparedness and Response Capabilities
<https://aspr.hhs.gov/HealthCareReadiness/HPP/Documents/2017-2022%20Health%20Care%20Preparedness%20and%20Response%20Capabilities.pdf>
- ASPR TRACIE
<https://asprtracie.hhs.gov/>