HONEY BADGER TRIBE

www.HBtribe.com

February 14, 2022

To the recipient of this packet,

You are receiving this packet because we hope that you will have the courage to bring this information to your audience and that Americans will finally be able to see certain factors that have been at play. This packet provides proof that every level and agency that received Covid-19 relief funding that passed through HHS, has been Federalized. These agencies are the exact key to directly controlling the population because they impact every citizen on a local level. State and local health departments, hospitals, healthcare providers, and especially the schools. Our research cannot find this verbiage in Covid relief funding prior to Biden taking office and appears to have started with the ARPA, although it was made retroactive to the previous funding such as CARES.

Day after day we listen to or watch you report on outrageous stories such as Loudon Co schools in VA openly defying the Governor or reporting that Gov Ducey in AZ is going to sue the US Treasury over funding threats. No one ever admits that these outrageous stories are because HHS bought the authority & power of the local agencies by using a version of "contract law" and completely bypassed legislatures everywhere. These emboldened school boards, local & state health departments, hospitals and more, know that they are now required to do the following because they took the money.

1. Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of Covid-19.

2. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

3. Provide to the CDC, copies of and/or access to Covid-19 data collected with these funds, including but not limited to data related to Covid-19 testing.

Please take a few minutes to review the included evidence for yourself. Please consider using your voice to inform your audience that the Federal government has put everything into place to turn the USA into the current state of Australia. Biden made a declaration (Jan 2021) to cover 100% of the cost for any governor to use their National Guard for Covid related activities, and the CDC has even published online what many refer to as "quarantine camps": https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html With these Agreements in place all over the country to schools, hospitals, health departments, etc., there is nothing to stop this currently. You are our last hope of informing the people of this country of how they have been sold out to the feds (illegal in NC, per NC GS 14-228) by their local officials, and to warn them of what has been put in place by many individuals that are simply appointed and not even elected. Thank you, and we hope we are not wrong in believing that you will do the right thing with this information.

Sincerely,

Members of the Honey Badger Tribe, located in North Carolina

MEMBERS OF THE HONEY BADGER TRIBE:

Mrs. Kelly Wiggen: (Rutherford County, NC) Mrs. Wiggen founded the official Honey Badger Tribe after working with a wonderful group of like-minded parents in North Carolina fighting back against the system that is attempting to destroy Parental Rights. She specializes in researching documents, performing audits, investigating details, and setting strategy plans to combat and expose the problem at the source. Mrs. Wiggen has been an outspoken advocate, including taking legal action, against the agenda driven use of Covid-19 as a "control measure" over We The People. Mrs. Wiggen is a wife, mom, small business owner, and coaches youth sports.

Mrs. Kelli Moore: (Catawba County, NC) is a Freedom loving Patriot, Wife & Mom of two children. She has worked as a Paralegal and in the court system for almost 30 years of her career. She is currently a part of the Leadership Team for Mama Bears of Catawba County. This local organization has been speaking out at local school board meetings (among others) where they are fighting back against tyranny of mandates, SEL/CRT in public schools along with bringing awareness to the community of pornography related materials in the school libraries. One of the group's successes so far this school year has been the county school district terminating a contract with Panorama Ed (an SEL company) in December of 2021.

Ms. Melissa Holland: (Polk County, NC) Ms. Holland, is a single mom to three active boys. Working full-time as a freelance contractor. Ms. Holland has become an outspoken Parent Advocate for Parental Rights in NC. She has worked tirelessly to highlight the problem of obscene books in the schools, fought against the SEL/CRT agenda, and against the use of Covid-19 as a tool for government overreach.

Mrs. Amber Hall: (Polk County, NC) Mrs. Hall is a full time working mom with two daughters and a beautiful granddaughter. She comes from a family of Veterans with a heart for Patriotic Service. Mrs. Hall is using her wide variety of skills ranging from customer service to law enforcement to continue the family tradition of fighting for freedom. She is committed to holding those in authority fully account able for their actions, or lack thereof, and is committed to seeking full transparency from every government agency. Mrs. Hall has been a leading advocate for homeschooling and has been instrumental in exposing the SEL/CRT agenda, obscene books in schools, and exposing hypocrisy boldly in her community.

Mrs. Jackie Camp: (Henderson County, NC) Mrs. Camp is has proven to be a fighter in all areas to stop tyranny at the local and state levels in NC. She is a dedicated wife, mother and grandmother that is willing to stand up and speak out against those that would take anyone's freedoms or sell-out to the highest bidder. Her specialty is researching and getting to the bottom of a situation in order to expose the truth no matter where, or to whom it may lead. Mrs. Camp can be counted on to help when & where it may be needed and is an asset to the Tribe.

Mrs. Polly Leonard: (Davidson County, NC) Mrs. Leonard is a wife and mother of two, that has been fighting corruption in Davidson County, NC at all levels, with a focus on the problems in the school system. She has been unafraid and relentless in her pursuit for justice and accountability. Mrs. Leonard has been putting a spotlight on the school's indoctrination through SEL/CRT, obscene books in the schools, targeting of kids with unlawful covid protocols, and highlighting the specific issues of the schools in Davidson County lacking food for children in school, while the local prisoners receive full hot meals.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000546-02-07

FAIN# NU50CK000546

Federal Award Date: 04/07/2021

Recipient Information

1. Recipient Name

Missouri Department of Health
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient

03

3. Payment System Identifier (ID)

[redacted]

4. Employer Identification Number (EIN)

[redacted]

5. Data Universal Numbering System (DUNS)

878092600

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mrs. Cheryl L Kerr
Public Health Program Supervisor
cheryl.kerr@health.mo.gov
5737516476

8. Authorized Official

Mrs. Marcia Mahaney
Director, Division of Admnistration
marcia.mahaney@health.mo.gov
573-751-6014

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Kim McDowell
Grant Management Specialist
qpx9@cdc.gov
404-498-4105

10.Program Official Contact Information

Angelica O'Connor
apw1@cdc.gov
404-639-7379

Federal Award Information

11. Award Number

6 NU50CK000546-02-07

12. Unique Federal Award Identification Number (FAIN)

NU50CK000546

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2020 **- End Date** 07/31/2021	
20. Total Amount of Federal Funds Obligated by this Action	$184,856,322.00
20a. Direct Cost Amount	$184,856,322.00
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$356,818,073.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$541,674,395.00
26. Project Period Start Date 08/01/2019 **- End Date** 07/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$690,850,473.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer – Signature

Freda Johnson

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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Recipient Information

Recipient Name

Missouri Department of Health
920 Wildwood Dr
Jefferson City, MO 65109-5796
[NO DATA]

Congressional District of Recipient
03

Payment Account Number and Type
[redacted]

Employer Identification Number (EIN) Data
[redacted]

Universal Numbering System (DUNS)
878092600

Recipient's Unique Entity Identifier
Not Available

31. Assistance Type
Cooperative Agreement

32. Type of Award
Demonstration

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$1,162,816.00
b. Fringe Benefits	$644,905.00
c. Total Personnel Costs	$1,807,721.00
d. Equipment	$231,400.00
e. Supplies	$322,989.00
f. Travel	$28,625.00
g. Construction	$0.00
h. Other	$538,219,192.00
i. Contractual	$697,011.00
j. TOTAL DIRECT COSTS	$541,306,938.00
k. INDIRECT COSTS	$367,457.00
l. TOTAL APPROVED BUDGET	$541,674,395.00
m. Federal Share	$541,674,395.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GY2	19NU50CK000546SCHLC6	CK	41 51	$184,856,322 00	75-X-0140

Direct Assistance

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

AWARD ATTACHMENTS

Missouri Department of Health 6 NU50CK000546-02-07

1. Revised Terms and Conditions - Supp Funding

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at https://www.cdc.gov/grants/federalregulationspolicies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CK19-1904, entitled Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Supplemental Component Funding: Additional funding in the amount $184,856,322 is approved for the Year 02 budget period, which is August 1, 2020 through July 31, 2021.

The approved component and funding level for this notice of award are:

NOFO Component	Amount
PROJECT E – Emerging Infections ELC Reopening Schools	$184,856,322

Recipients have until July 31, 2022 to expend all COVID-19 funds awarded herein.

Overtime: Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

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

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

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

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

Unallowable Costs:

- Research
- Clinical care
- Publicity and propaganda (lobbying):
    - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
        - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
        - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

- All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

Budget Revision Requirement: By June 1, 2021 the recipient must submit a revised budget with a narrative justification and streamlined workplan in accordance with the COVID-19 guidance. The streamlined workplan should be submitted in REDCap and must address all activities in the guidance.

The revised budget and narrative justification must be uploaded as an amendment in Grant Solutions with a SF424A.

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

REPORTING REQUIREMENTS

COVID-19 - Additional Reporting Requirements:

The following is a summary of the reporting requirements for the ELC Reopening Schools award.

1. Within five (5) business days of receipt of this Notice of Award, the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions.
2. Within ten (10) business days after receipt of the Notice of Award recipients shall provide the below via REDCap.
    a. Brief narrative that describes the methods used to provide support to schools;
    b. Budget estimates for providing up to the 85% of total award in support to schools;
    c. List of school districts and private/charter schools and estimated enrollment number for K-12 that are receiving support; and
    d. Frequency of testing.
3. Within fifteen (15) business days from issuance of the award and until the end of June 2021, recipients shall provide weekly reports on the below via REDCap. After June, reporting for the remainder of the project period will be adjusted, at the recipient level, based on the school calendar and school district progress.
    a. The number of tests conducted by school districts and private/charter schools;
    b. Test type; and
    c. Cases identified.
4. Weekly reporting, in REDCap, on the financial support to school districts and private/charter schools until end of June 2021.
5. Monthly fiscal reports, entered in REDCap with final report in GrantSolutions via Grant Note, beginning 30 days after NOAs are issued.
6. Performance measure data.
7. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

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

CDC, Office of Grants Services
Kim McDowell, Grants Management Specialist
Centers for Disease Control and
Prevention Branch 1
2939 Flowers Road, MS-TV2
Atlanta, GA 30341
Email: qpx9@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosure, Intake Coordinator
330 Independent Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

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

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

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

PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

Stewardship Information

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

FOR IMMEDIATE RELEASE
March 17, 2021

Contact: HHS Press Office
202-690-6343
media@hhs.gov (mailto:media@hhs.gov)

Biden Administration to Invest More Than $12 Billion to Expand COVID-19 Testing

$10 Billion in Funding for School Screenings to Help Reopening
$2.25 Billion in Screenings to Address Disparities and Advance Equity
New CDC Guidance to Provide Clarity on Screening Testing Approaches

Testing Ramp-Up Is Part of Biden's Overall Effort to Increase Testing Nationwide as Vaccinations Increase

As part of President Biden's National Strategy for the COVID-19 Response and Pandemic Preparedness - PDF (https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf), the U.S. Department of Health and Human Services (HHS) will invest $10 billion from the American Rescue Plan to ramp up screening testing to help schools reopen, $2.25 billion to scale up testing in underserved populations, and provide new guidance on asymptomatic screening testing in schools, workplaces, and congregate settings. These measures are part of President Biden's strategy to increase COVID-19 testing nationwide as vaccinations increase.

"COVID-19 testing is critical to saving lives and restoring economic activity," said HHS Acting Secretary Norris Cochran. "As part of the Biden Administration's National Strategy, HHS will continue to expand our capacity to get testing to the individuals and the places that need it most, so we can prevent transmission of the virus and defeat the pandemic."

Today's announcement includes funding or guidance to:

Support COVID-19 screening testing to help schools reopen: Consistent with the American Rescue Plan (P.L. 117-2), the Centers for Disease Control and Prevention (CDC) will provide $10 billion to states to support COVID-19 screening testing for teachers, staff and students to assist schools in reopening safely for in-person instruction. CDC's *Operational Strategy for K-12 Schools through Phased Mitigation*, released in February 2021, makes clear that screening testing is a tool schools can utilize to help reopen safely as part of a comprehensive COVID-19 mitigation approach. Using existing funding mechanisms,

this funding will be able to be deployed quickly as part of a strategy to help get schools open in the remaining months of this school year. In addition to ensuring diagnostic testing of symptomatic and exposed individuals, serial screening testing will help schools identify infected individuals without symptoms who may be contagious so that prompt action can be taken to prevent further transmission. With this ARP funding, states can support the critical testing and testing supports schools need to implement screening testing programs. Recognizing that establishing a testing program is new for many schools, CDC and state and local health departments will support technical assistance to assist states and schools in standing up and implementing these programs. Today, CDC is releasing the state-by-state allocation table with final awards to be made to health departments in early April. (The table is available below.)

Address disparities and promote equity in COVID-19 testing and mitigation: CDC will invest $2.25 billion to address COVID-19-related health disparities and advance health equity among high-risk and underserved populations, including racial and ethnic minority groups and people living in rural areas. This funding represents CDC's largest investment to date to support communities affected by COVID-19-related health disparities. Grants to public health departments will improve testing and contact tracing capabilities; develop innovative mitigation and prevention resources and services; and, improve data collection and reporting to advance health equity and address social determinants of health as they relate to COVID-19.

Provide clear guidance for implementation of testing, including screening testing: CDC is releasing updated testing guidance to provide recommendations for how to use screening testing to identify, track, and mitigate asymptomatic transmission of COVID-19. The guidance will provide information on the categories of tests used to detect COVID-19 and the intended strategies for use of those tests, including to diagnose infection, to screen in an effort to reduce asymptomatic or pre-symptomatic transmission, and to monitor trends in infection. This guidance also includes considerations for health equity in testing; choosing a test; and guidance for specific settings (e.g., non-healthcare workplaces, correctional facilities, shelters and other settings).

Support asymptomatic screening testing: This week, the Food and Drug Administration (FDA) provided new recommendations and information for test developers to streamline the path to emergency use authorization (EUA) for screening tests. The recommendations apply to test developers who seek an EUA from the FDA for screening tests with serial testing. FDA may authorize certain tests, including those currently authorized for diagnosing COVID-19, for screening with serial testing prior to test developers conducting certain performance evaluations with asymptomatic individuals. This may include authorizing point-of-care and at-home COVID-19 tests for over-the-counter use. FDA also has released a fact sheet to assist schools, workplaces, communities, and others looking to establish testing programs to screen asymptomatic individuals as they are selecting a test for screening. These actions are intended to expand the availability of tests authorized for screening asymptomatic individuals, help bolster existing and new testing programs, and increase consumer access to testing

Support COVID-19 screening testing in long-term care: The Departments of Health and Human Services and Defense have awarded a $255 million contract for the production and delivery of 50 million Abbott BinaxNOW rapid point-of-care antigen tests for COVID-19 to support continued screening testing in long-term care facilities.

Last month, HHS announced (https://www.hhs.gov/about/news/2021/02/17/biden-administration-announces-actions-expand-covid-19-testing.html) additional actions the Biden Administration is taking to expand COVID-19 testing capacity across the country as part of its national testing strategy. This includes:

- **Launching a pilot program to expand COVID-19 testing for schools and underserved populations through coordinating centers.** HHS, in partnership with the Department of Defense (DOD), is investing $650 million to expand testing opportunities for K-8 schools and underserved congregate settings, such as homeless shelters, directly through new regional coordinating centers. These coordinating centers will organize the distribution of COVID-19 testing supplies and partner with laboratories across the country, including universities and commercial labs, to collect specimens, perform tests, and report results to the relevant public health agencies. These coordinating centers will identify existing testing capacity, match it up to an area of need, and fund that testing.

- **Increasing domestic manufacturing of testing supplies and raw materials.** HHS and DOD are investing $815 million to increase domestic manufacturing of testing supplies and raw materials, including filter pipette tips, nitrocellulose used in antigen point-of-care tests, and specific injected molded plastics needed to house testing reagents. These investments will help create more domestic sources and expand existing facilities to increase production capacity.

- **Rapidly increasing genomic sequencing of the virus.** CDC is investing nearly $200 million to identify, track, and mitigate emerging strains of SARS-CoV-2 through genomic sequencing. This investment will expand genomic sequencing capabilities to increase sequencing three-fold per week. Increasing samples will improve the agency's ability to detect emerging variants and understand their spread with greater precision. Expanded testing is critical to support more genomic sequencing, because sequencing only occurs after a COVID-19 test comes up positive.

The American Rescue Plan, which was signed into law last week, will allow the Biden Administration to further ramp up testing actions to detect, diagnose, trace and monitor COVID-19 and prevent its spread.

CDC jurisdiction allocation table for testing funding:

Jurisdiction	Funding
Alabama	$147,681,528
Alaska	$22,033,777

Jurisdiction	Funding
American Samoa	$1,487,904
Arizona	$219,231,387
Arkansas	$90,894,777
California	$887,715,802
Colorado	$173,450,305
Connecticut	$107,384,696
Delaware	$29,329,294
District of Columbia	$21,256,814
Florida	$646,898,907
Georgia	$319,791,575
Guam	$5,075,137
Hawaii	$42,645,370
Idaho	$53,825,522
Illinois	$300,527,799
Indiana	$202,771,135
Iowa	$95,029,161
Kansas	$87,747,589
Kentucky	$134,564,120
Louisiana	$140,019,396
Maine	$40,487,006
Marshall Islands	$2,346,310
Maryland	$182,092,917

Jurisdiction	Funding
Massachusetts	$207,598,811
Michigan	$300,799,236
Micronesia	$3,084,238
Minnesota	$169,862,951
Mississippi	$89,640,149
Missouri	$184,856,322
Montana	$32,191,069
Nebraska	$58,263,420
Nevada	$92,772,788
New Hampshire	$40,953,829
New Jersey	$267,527,208
New Mexico	$63,155,461
New York	$334,830,878
North Carolina	$315,895,947
North Dakota	$22,952,934
Northern Marianas	$1,548,143
Ohio	$352,069,960
Oklahoma	$119,182,026
Oregon	$127,036,170
Palau	$653,593
Pennsylvania	$337,878,400
Puerto Rico	$96,192,497

Jurisdiction	Funding
Rhode Island	$31,907,434
South Carolina	$155,076,741
South Dakota	$26,645,495
Tennessee	$205,691,372
Texas	$803,456,353
Utah	$96,561,883
Vermont	$18,794,243
Virgin Islands	$3,198,692
Virginia	$257,085,647
Washington	$229,356,843
West Virginia	$53,978,589
Wisconsin	$175,368,857
Wyoming	$17,431,937
New York City	$251,100,840
Los Angeles County	$302,372,980
Chicago	$81,141,236
Houston	$69,885,365
Philadelphia	$47,711,231
Total	**$10,000,000,000.00**

###

Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news (/news) .

Like HHS on Facebook (https://www.facebook.com/pages/US-Health-and-Human-Services/573990992631231?ref=hl) , follow HHS on Twitter @HHSgov

(https://twitter.com/#!/HHSGov), and sign up for HHS Email Updates (https://cloud.connect.hhs.gov/subscriptioncenter).

Last revised: March 17, 2021

HHS Headquarters

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

CDC Crisis Response Cooperative Agreement:

COVID-19 Public Health Workforce Supplemental Funding Guidance

May 14, 2021

Summary

On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). The Act provides additional relief to address the continued impact of the Coronavirus Disease 2019 (COVID-19) pandemic on the economy; public health; state, tribal, local, and territorial (STLT) governments; individuals; and businesses. To support the governmental public health response to COVID-19, the Centers for Disease Control and Prevention (CDC) is activating CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response. CDC is awarding funding, totaling $2,000,000,000, to eligible jurisdictions on the approved but unfunded (ABU) list for CDC-RFA-TP18-1802 to establish, expand, and sustain a public health workforce. These funds are in addition to, and separate from, funds CDC previously awarded to select jurisdictions for COVID-19 response activities through CDC-RFA-TP18-1802 in the spring of 2020.

Availability of Funds

A total of $2,000,000,000 is available to the 65 current recipients of CDC's COVID-19 Crisis Response Cooperative Agreement. A funding table is available in Appendix 1.

Terms of Funding

Funds will be made available during the two-year budget period and period of performance to conduct activities necessary to expand, train, and sustain a response-ready public health workforce at STLT levels. Recipients will operate under a two-year budget and performance period. Efforts are underway, subject to availability of funds, to develop solutions that allow for a more sustained workforce. Details will be provided when available.

Period of Performance

The two-year period of performance for this funding is July 1, 2021, through June 30, 2023. With prior approval from CDC, reimbursement may be allowed for pre-award costs incurred on or after May 14, 2021, for certain expenses related to jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including public health workforce development needs and school-based health programs.

Terms and Conditions of COVID-19 Funds

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

- In addition, to the extent applicable, the recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting must be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient must provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, the recipient must apply these terms to any subaward, to the extent applicable to activities set out in such subaward.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, the recipient must distribute and administer vaccine without discriminating on non-public-health grounds within a prioritized group.
- Submission of this application assumes concurrence among the state health official and the jurisdiction's preparedness, epidemiology, and laboratory programs.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372. CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

Goal of the Funds

This funding is intended to establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. CDC expects public health agencies to use available funding to recruit, hire, and train personnel to address projected jurisdictional COVID-19 response needs over the performance period, including hiring personnel (see Allowable Costs section) to build capacity to address STLT public health priorities deriving from COVID-19. CDC recommends that recipients use CDC's Social Vulnerability Index data and tools to inform jurisdiction COVID-19 planning, response, and hiring strategies.

CDC expects that at least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel as outlined below. Of the remaining 75% (or less, depending on the amount invested in school nurses), CDC expects that at least 40% will support local hiring through local health departments or community-based organizations.

Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:

- Permanent full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period)
- Temporary or term-limited staff
- Fellows
- Interns
- Contractors or contracted employees

Allowable Costs

Following is a list of allowable and potential employment positions that may be considered, as well as supportive services that may be provided. This list is not exhaustive; CDC encourages recipients to think broadly and target hiring to meet their individual jurisdictional and local needs, as applicable.

1. The costs, including wages and benefits, related to recruiting, hiring, and training of individuals to serve as:

- Professional or clinical staff, including public health physicians and nurses (other than school-based staff); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators; or laboratory scientists or technicians;
- Disease investigation staff, including epidemiologists; case investigators; contact tracers; or disease intervention specialists;
- School nurses and school-based health services personnel, including hiring school-based nurses, converting current nurses from part-time to full-time work, increasing hours, increasing nursing salaries or otherwise supporting retention efforts;
- Program staff, including program managers; communications and policy staff; logisticians; planning and exercise specialists; program evaluators; pandemic preparedness and response coordinators to support the current pandemic response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams; data managers, including informaticians, data scientists, or data entry personnel; translation services; trainers or health educators; or other community health workers;
- Administrative staff, including human resources personnel; fiscal or grant managers; clerical staff; staff to track and report on hiring under this cooperative agreement; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple federal funding streams for the COVID-19 response; and
- Any other positions as may be required to prevent, prepare for, and respond to COVID–19.

These individuals may be employed by:

- STLT public health governments or their fiscal agents;
- Schools, school boards, school districts, or appropriate entities for providing school-based health care;
- Nonprofit private or public organizations or community-based organizations with demonstrated expertise in implementing public health programs and established relationships with STLT public health departments, particularly in medically underserved areas; or
- Employment agencies, contracted vendors, or other temporary staffing agencies.

2. Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).

3. Administrative support services necessary to implement activities funded under this section, including travel and training (to the extent these are not included in recipient indirect costs).

Allowable Activities

Following is a list of allowable activities that can be conducted to support the hiring, recruiting, and training of a public health workforce, as well as activities that can be completed by the public health workforce supported with this funding. This list is not exhaustive; CDC encourages recipients to meet their individual jurisdictional and local needs, as applicable.

- Using a variety of mechanisms to expand the public health workforce, including, but not limited to:
  - Using the General Services Administration (GSA) COVID-19 Related Support Services (CRSS) contract mechanism available at Acquisition Gateway to obtain contract staff or services;
  - Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines;
  - Establishing partnerships with schools of public health, technical and administrative schools, and social services and social science programs; and
  - Using temporary staffing or employment agencies.

- Using recent gap assessments to inform work plan activities and hiring goals. If a gap assessment is not readily available, funds can be used to conduct this activity.
- Using funds to conduct a workforce analysis to determine whether health departments were organized to maximum benefit for the COVID-19 response and how they may want to be reconstituted to prepare for future emergencies.
- Addressing community recovery and resilience needs to respond effectively to the COVID-19 pandemic and other biologic threats, including vaccine-related education.
- Making subawards or contracts to local schools or school districts to support school nurses and school-based health services.
- Awarding funds to schools of public health or private or public organizations with demonstrated expertise in implementing public health programs in medically underserved communities.
- Training and education for new and existing staff on topics such as incident management training, especially from a public health perspective and integration with emergency management; health equity issues and working with underserved populations; cultural competency; disease investigations; informatics or data management; or other needs identified by the jurisdiction.
    - This can also include training on incident management or emergency management roles for existing staff in other program areas who may be called upon to support the response.
- Developing, training, and equipping response-ready "strike force" teams capable of deploying rapidly to meet emergent needs, including through the Emergency Management Assistance Compact.
- Ensuring a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse work force across all levels who are representative of, and have language competence for, the local communities they serve. CDC's Social Vulnerability Index should be used to inform jurisdictional activities, strategies, and hiring.
- Ensuring the systematic collection of information about the activities, characteristics, and outcomes of programs, including COVID-19 pandemic response efforts, to inform current program decisions, improve program effectiveness, and make decisions about future program development.

Deliverables

- Work Plan: Within 60 days of the start of the performance period, recipients must submit work plans that describe their two-year approach for addressing the allowable activities, including procuring sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic, prioritizing hard-to-reach communities, focusing efforts on diversity, equity, and inclusion in hiring and recruiting workers from the local communities they serve. Recipients do not have to submit a needs assessment but must describe their approach to identifying workforce needs and the necessary skillsets at the state and local levels. CDC will provide a suggested work plan template. Recipients are not required to use the CDC template but will be required to submit all information included in the CDC work plan template. The work plan page limit is 10 pages, not including attachments that may be needed.
- Two-year Hiring Goals: As part of their work plans, recipients must project their hiring goals and priorities, including those of subrecipients, for the two-year performance period. The summary of hiring goals should include mitigation plans to address challenges in meeting these goals. Recipients should identify the community-based organizations they or their subrecipients will fund and the specific community(ies) those partners primarily support. This may be an attachment to the work plan and is not included in the page limit. A template will be available using the Research Electronic Data Capture (REDCap) system.
- Budget: Within 60 days of the start of the performance period, recipients must submit a two-year budget. This award will operate on a two-year budget and performance period. CDC will provide a suggested budget template. Recipients are not required to use the CDC template but must submit all information included in the CDC budget template.
- Progress and Fiscal Reports: Recipients must submit progress updates and fiscal reports every six months. Progress reports must include status in meeting hiring goals at recipient and subrecipient levels. Fiscal reports must summarize progress in obligating and spending the allotted funds. Reporting templates will be available using the REDCap system.

Measures and Metrics

- Progress toward meeting hiring goals including types of staff hired and the general roles they hold. Recipients must report these data for all staff, including those hired by subrecipients. CDC will provide a template for hiring projections and reporting via REDCap.
- Recipients should develop approximate goals and metrics regarding diversity of staff hired and equity and inclusion activities, and report on their progress against those measures.

Appendix 1: Available Funding

COVID-19 Crisis Response Cooperative Agreement Workforce Development Supplemental Funding	
Recipient	**Total Award Amount**
Alabama	$29,676,838
Alaska	$5,278,525
American Samoa	$472,791
Arizona	$43,570,409
Arkansas	$18,649,972
California	$173,376,888
Cherokee Nation	$1,256,722
Chicago	$16,756,027
Colorado	$34,680,626
Connecticut	$21,851,989
Delaware	$6,695,170
Florida	$126,615,000
Georgia	$63,097,212
Guam	$1,137,100
Hawaii	$ 9,280,889
Houston	$14,570,353
Idaho	$11,451,854
Illinois	$59,356,567
Indiana	$40,374,153
Iowa	$19,452,788
Kansas	$18,038,850
Kentucky	$27,129,696
Los Angeles County	$59,714,865
Louisiana	$ 28,189,003
Maine	$8,861,778
Marshall Islands	$496,179
Maryland	$36,358,851
Massachusetts	$41,311,592
Michigan	$59,409,275

Recipient	Total Award Amount
Micronesia	$815,660
Minnesota	$33,984,032
Mississippi	$18,406,348
Missouri	$36,895,449
Montana	$7,250,870
N. Mariana Islands	$486,640
Nebraska	$12,313,606
Nevada	$19,014,644
New Hampshire	$8,952,425
New Jersey	$52,948,504
New Mexico	$13,263,544
New York	$66,017,548
New York City	$49,758,827
North Carolina	$ 62,340,758
North Dakota	$5,457,007
Ohio	$69,365,038
Oklahoma	$23,036,076
Oregon	$25,667,917
Palau	$255,826
Pennsylvania	$66,609,317
Philadelphia	$ 10,264,579
Puerto Rico	$19,678,685
Rhode Island	$7,195,794
South Carolina	$31,112,843
South Dakota	$6,174,029
Tennessee	$40,941,205
Texas	$157,015,371
Utah	$19,750,412
Vermont	$4,649,471
Virgin Islands (U.S.)	$760,742
Virginia	$50,920,959
Washington	$45,536,572
Washington, D.C.	$5,127,654
West Virginia	$11,481,577
Wisconsin	$35,053,171
Wyoming	$4,384,938
Total	**$2,000,000,000**

Federal Resources Supporting School COVID-19 Screening Testing

Information for State Health and Education Agencies

These resources are available to state and local health and education agencies, and can be engaged in complementary ways as part o school screening programs.

Operation Expanded Testing (ET)

Operation ET, funded by the Department of Health and Human Services (HHS) and Department of Defense (DoD), expands national COVID-19 testing capacity and offers testing for K-8 schools and vulnerable populations.

- **Total Funding**: $650 million
- **Eligibility**: K-8 schools and vulnerable populations
- **Program Duration**: May 26, 2021-November 25, 2021
- **Program Summary:** Three federally funded regional contractors will provide testing materials and supplies, staff, and results reporting at no cost to recipients.

West Hub: PerkinElmer
John Hicks, Arvind Kothandaraman - together@perkinelmer.com

Midwest Hub: Battelle
Beverly Roberts - robertsbd@battelle.org

Northeast and South Hubs: Eurofins
Sean Plotner – seanplotner@eurofinsus.com

CDC Epidemiology and Laboratory Capacity (ELC) Reopening Schools Award

The CDC-funded ELC Reopening Schools award increases resources for COVID-19 screening testing to help schools provide safe, in person learning.

- **Total Funding**: $10 Billion
- **Eligibility**: K-12 Schools in current ELC jurisdictions
- **Program Duration**: April 2021-July 2022
- **Program Summary:** Federal funding for school testing provided to 64 current ELC recipients.

For questions, please email elc@cdc.gov. More information is available here.

Increasing Community Access to Testing (ICATT)

ICATT, funded by HHS, provides COVID-19 testing resources and support to underserved school districts.

- **Total Funding**: $255 million
- **Eligibility**: Underserved K-12 schools and school districts as determined by the Social Vulnerability Index, Pandemic Vulnerability Index, and US Census School District Child Poverty
- **Program Duration**: May 2021-September 2021
- **Program Summary:** Federally funded contractors will provide testing materials, supplies and services including sample delivery, results reporting, and public health consultation at no cost.

For questions, contact ICATT@hhs.gov. More information is available here.

Division of Public Health
Agreement Addendum
FY 21-22

Henderson County Department of Public Health **Local Health Department Legal Name**	Women's & Children's Health/Children & Youth **DPH Section / Branch Name**
362 ELC Testing – School Health Staffing **Activity Number and Description**	Ann Nichols, 919-707-5667 ann.nichols@dhhs.nc.gov **DPH Program Contact** (name, phone number, and email)
07/01/2021 – 05/31/2022 **Service Period**	**DPH Program Signature** **Date** (only required for a negotiable agreement addendum)
08/01/2021 – 06/30/2022 **Payment Period**	

☒ **Original Agreement Addendum**
☐ **Agreement Addendum Revision #** ___

I. Background:

In support of safe, in-person instruction in kindergarten through grade 12 (K-12) schools, screening testing can provide an additional layer of prevention to protect students, teachers, and staff and slow the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). While it is critical for schools to remain open for academic, social, and emotional benefits, it is equally important to do so safely (see: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html) To enable schools to establish and expand COVID-19 screening testing programs to support and maintain in-person learning, the federal government is providing financial resources through the Centers for Disease Control and Prevention (CDC) under the ELC Reopening Schools award.

Public health and education are necessary partners for safe and healthy schools. Successful testing programs with the appropriate response to test results are enhanced by close collaborative working relationships between schools and local health authorities. Efforts should be taken to foster, grow and maintain the tie between public health and education to support COVID testing and response programs and other activities that improve population and individual health for students and school staff. Funding from the ELC award will support staff positions that encourage continuity of existing COVID-related activities, maintain the health department's integral role in screening testing, build upon the work already begun, and ensure a holistic assessment and monitoring of disease burden within any given community.

II. Purpose:

This Agreement Addendum provides temporary funding for the Local Health Department to hire:

Health Director Signature (use blue ink) — Date: 12/1/2021

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: Phone number with area code: Email address:	Crystal O'Dell (828) 694-6035 CODell@hendersoncountync.gov

Signature on this page signifies you have read and accepted all pages of this document. Template rev. July 2020

Registered Nurse (RN) school nurses and related clinical school nurse support staff [Licensed Practical Nurses (LPN) and Unlicensed Assistive Personnel (UAP)] to work in Local Education Agency (LEA) schools that **opt in** to testing programs for the 2021-2022 school year to:

1. Support K-12 COVID-19 testing program activities.
2. Provide COVID-19 support and response in schools.
3. Provide and support other school health program activities that foster healthy students, in school and ready to learn.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

1. Employ, or ensure employment of, Registered Nurse (RN) school nurses and/or related clinical school nurse support staff [Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP)] by the start of the school year to work in LEAs that **opt in** to COVID-19 testing programs for the 2021-2022 school year:
   a. Registered Nurse (RN) positions shall be prioritized for LEA schools needing to improve district nurse to school assignment numbers. School nurses may serve more than one school. Job descriptions for these positions may be consistent with the job description currently used for school nursing positions in the Local Health Department and/or those provided for the School Nurse Funding Initiative (SNFI) and should address COVID-19 testing and related efforts as posted on the DHHS/DPH School Nursing Support webpage. https://publichealth.nc.gov/wch/cy/schoolnurses/healthcareteams.htm
   b. Licensed Practical Nurse (LPN) and/or Unlicensed Assistive Personnel (UAP) positions may be hired as nurse extenders to supplement nursing services when RN positions are in place to provide supervision and direction. No LPN or UAP may be hired in the absence of access to a full-time RN. Job descriptions for these positions may be consistent with the job description currently used for similar positions that work in the school setting and should address COVID-19 testing and related efforts as posted on the DHHS/DPH School Nursing Support webpage. https://publichealth.nc.gov/wch/cy/schoolnurses/healthcareteams.htm

      Positions are assigned to funded LEAs in table below:

LEA Assignment for Positions	Amount of Funding Allocated
Henderson County Public Schools	$1,494,884.00
Total	$1,494,884.00

   c. Ensure that the activities of these positions are provided in and for K-12 public schools.
   d. Ensure that these positions do not supplant RN school nurse positions currently in place.

2. Ensure funds are used according to priority requirements and allowable uses.
   a. Enter proposed budget at https://survey.alchemer.com/s3/6477536/ELC-ROC-Testing-Staff-Anticipated-Budget
   b. Priority Requirements:
      Hiring of temporary RNs and/or other LPN or UAP staff as indicated with a registered school nurse being the priority for Local Education Agencies who have school nurses assigned to 3 or more schools. Positions shall:
      1. Support K-12 COVID-19 testing program activities not covered by a State-contracted vendor.

2. Provide COVID-19 support and response in K-12 public schools.
3. Provide school health program activities that support access to education in K-12 public schools.

c. Allowable Uses:

1. Salaries and Fringe Benefits.
2. Expenses associated with hiring of temporary nursing and clinical staff to work in K-12 public schools.
3. Supplementation of current part-time nursing staff salaries to bring to full-time status to work in K-12 public schools.
4. Provision of hardware and software necessary for nursing staff use in reporting, communication, and response for testing and related activities in K-12 public schools.
5. Training and staff development for these newly hired staff positions.
6. Other minor costs associated with K-12 testing not otherwise covered.
7. Travel expenses.

IV. Performance Measures/Reporting Requirements:

1. Performance Measures

Employ, or assure employment of nursing and clinical staff as described in Section III. Paragraph 1., to work in K-12 public schools related to K-12 testing programs, COVID response activities, and school health program activities during the 2021-22 school year.

2. Reporting Requirements

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard, which can be accessed at https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb.

The LHD shall:

a. Complete the **COVID-19 Response Plan** in the Smartsheet Dashboard. This response plan is to provide information related to the LHD's broader goals and partnerships for COVID-19 preparedness and response. The Smartsheet dashboard will present a series of questions to be answered in a short-answer format, with topics including aspects of testing, contact tracing, vaccination, equity, and preparedness in general.

The LHD will be providing responses for a single COVID-19 Response Plan and this plan will meet the reporting requirements described under the FY22 Agreement Addenda for this Activity 361 as well as other Activities. (The specific Activities to be included for this COVID-19 Response Plan continue to evolve; the complete list of Activities can be found on the Smartsheet dashboard.)

The COVID-19 Response Plan will receive DPH oversight from the DPH Branch staff members representing each relevant aspect. Any question the LHD has about the COVID-19 Response Plan should be directed to the DPH Division Director's Office at lhdhealthserviceta@dhhs.nc.gov

b. Complete a **Quarterly Progress Report** each quarter via the Smartsheet dashboard. These periodic progress reports will report about the prior period's progress on implementing the Agreement Addendum's required hiring of positions:

1. Number of positions hired
2. Types of positions hired
3. Locations of positions hired

4. The due dates are posted on the Smartsheet dashboard. The first progress report is to report for July – September 2021 and is due by October 22, 2021. This first progress report must include an estimated timeline for completion of 21/22 program deliverables. The quarterly periods for these progress reports are defined as:

   July – September 2021
   October – December 2021
   January – March 2022

   Activities provided by these positions shall be reported by the designated school nurses, lead school nurses, or other personnel designated by the school nurse employer on the 2021-22 North Carolina Annual School Health and Charter School Health Surveys in December 2021 and June 2022. The link to this report will be provided by the Regional School Health Nurse Consultant (RSHNC).

c. Complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the exception of the first months' reports, consistent with the due dates posted on the Smartsheet dashboard. The financial reports for June 2021, July 2021, August 2021, and September 2021 are due by October 22, 2021.

   Maintain all receipts and invoices for drawdowns that support the allowable use expenses which include salary and fringe benefits, staff development and training, IT hardware and software, supplies (including cell phones and office supplies), and travel.

   Seek prior approval from DPH program staff for any expenditure that is not consistent with allowable uses listed in Section III., Paragraph 2.c.

V. **Performance Monitoring and Quality Assurance:**

1. This Activity will be monitored by the Children & Youth Branch according to the following plan:

   a. The Regional School Health Nurse Consultant (RSHNC) will review the Financial Reports each month to ensure that funds are spent only on allowable uses.

   b. The RSHNC will review the Progress Reports each quarter to monitor vacancies, recruitment, and hiring, and will maintain regular contact (email, phone, and on-site) with the LHD to monitor progress on Agreement Addendum deliverables. If reports indicate failure to adhere to deliverables in this Agreement Addendum, the RSHNC will work with the Local Health Director or designee to develop a corrective action plan.

   c. Deliverables, as outlined in this Agreement Addendum, will be monitored via reported data provided through the 2021-22 North Carolina Annual School Health and Charter School Health Surveys in December 2021 and June 2022.

2. An annual monitoring report will be completed by the DPH program staff (RSHNC) at the end of the year (May 2022), and a copy of the report will be made available to the Local Health Director.

~~2.~~3. The LHD shall adhere to the following service quality measures for this Agreement Addendum:

   a. Services are provided in accordance with standards established by the North Carolina Nurse Practice Act and the North Carolina Board of Nursing. The North Carolina School Health Program Manual, latest edition, shall be consulted as a resource, as well as the Scope and Standards of School Nursing developed by American Nurses Association and National Association of School Nurses.

   b. Services are provided in a culturally sensitive manner.

   c. Services are provided with adherence to federal law in relation to privacy of student records, following both HIPAA (Health Insurance Portability and Accountability Act) and FERPA

(Family Educational Rights and Privacy Act), as applicable. Where HIPAA and FERPA may appear to be in conflict, FERPA shall be followed regarding records that become part of the student's educational record; US Department of Education and North Carolina Department of Public Instruction guidelines are resources.

VI. **Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with *2 CFR §200.331 – Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
   a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
   b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

2. As the LHD is a subrecipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] the LHD agrees as applicable to the award, to:
   a. comply with existing and/or future directives and guidance from the HHS Secretary regarding control of the spread of COVID-19;
   b. in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation);
   c. assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS– CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.
   d. consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the subrecipient is expected to provide to CDC, through NC DHHS, copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing.
   e. this award is contingent upon agreement by the subrecipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition,

recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

3. In addition to their local procurement rules/policies, the LHD shall comply with the following rules, applying the most restrictive standard where there is a difference between any of the standards:
   a. Federal Uniform Administrative Requirements for Procurement, 45 CFR Part 75 §75.327-335, https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#se45.1.75_1326
   b. Appendix II to Part 75—*Contract Provisions for Non-Federal Entity Contracts Under Federal Awards* may be found here for incorporation into procurement contracts: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#ap45.1.75_1521.ii

4. Unallowable costs:
   a. Research
   b. Clinical Care
   c. Publicity and propaganda (lobbying):
      1. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
         a. publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
         b. the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
      2. See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.
   d. All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

5. Allowable uses are listed in Section III, Paragraph 2.c.

FY22 Activity: 362 ELC-Testig School Health Staffing **Supplement 1**

Supplement reason: ☒ In AA+BE or AA+BE Rev –OR– ☐ –

CFDA #: 93.323	Fed awd date: 04/08/21	Is award R&D? no	FAIN: NU50CK000530	Total amount of fed awd: $ 113539687

CFDA name: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

Fed award project description: CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control Emerging Infectious Diseases (ELC)

Fed awarding agency: DHHS, Centers for Disease Control and Prevention

Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fed funds for This **Supplement**	Total of All Fed Funds for This **Activity**
Alamance	965194483	=	=
Albemarle	130537822	=	=
Alexander	030495105	=	=
Anson	847163029	=	=
Appalachian	780131541	=	=
Beaufort	091567776	=	=
Bladen	084171628	=	=
Brunswick	091571349	=	=
Buncombe	879203560	=	=
Burke	883321205	=	=
Cabarrus	143408289	4,451,440	4,451,440
Caldwell	948113402	=	=
Carteret	058735804	=	=
Caswell	077846053	=	=
Catawba	083677138	=	=
Chatham	131356607	=	=
Cherokee	130705072	=	=
Clay	145058231	=	=
Cleveland	879924850	1,563,354	1,563,354
Columbus	040040016	=	=
Craven	091564294	=	=
Cumberland	123914376	=	=
Dare	082358631	=	=
Davidson	077839744	=	=
Davie	076526651	=	=
Duplin	095124798	=	=
Durham	088564075	=	=
Edgecombe	093125375	=	=
Foothills	782359004	=	=
Forsyth	105316439	6,065,055	6,065,055
Franklin	084168632	=	=
Gaston	071062186	=	=
Graham	020952383	=	=
Granville-Vance	063347626	=	=
Greene	091564591	=	=
Guilford	071563613	7,941,292	7,941,292
Halifax	014305957	=	=
Harnett	091565986	=	=
Haywood	070620232	=	=
Henderson	085021470	1,494,884	1,494,884
Hoke	091563643	=	=
Hyde	832526243	=	=
Iredell	074504507	=	=

Subrecipient	Subrecipient DUNS	Fed funds for This **Supplement**	Total of All Fed Funds for This **Activity**
Jackson	019728518	=	=
Johnston	097599104	=	=
Jones	095116935	=	=
Lee	067439703	=	=
Lenoir	042789748	=	=
Lincoln	086869336	=	=
Macon	070626825	497,974	497,974
Madison	831052873	=	=
MTW	087204173	=	=
Mecklenburg	074498353	=	=
Montgomery	025384603	=	=
Moore	050988146	=	=
Nash	050425677	=	=
New Hanover	040029563	=	=
Northampton	097594477	=	=
Onslow	172663270	=	=
Orange	139209659	=	=
Pamlico	097600456	=	=
Pender	100955413	=	=
Person	091563718	=	=
Pitt	080889694	=	=
Polk	079067930	=	=
Randolph	027873132	=	=
Richmond	070621339	=	=
Robeson	082367871	=	=
Rockingham	077847143	=	=
Rowan	074494014	=	=
Sampson	825573975	=	=
Scotland	091564146	=	=
Stanly	131060829	=	=
Stokes	085442705	=	=
Surry	077821858	=	=
Swain	146437553	=	=
Toe River	113345201	=	=
Transylvania	030494215	=	=
Union	079051637	=	=
Wake	019625961	=	=
Warren	030239953	=	=
Wayne	040036170	=	=
Wilkes	067439950	=	=
Wilson	075585695	=	=
Yadkin	089910624	=	=

DPH-Aid-To-Counties For Fiscal Year: 21/22 Budgetary Estimate Number : 0

Activity 362 Service Period Payment Period		AA	1332 892A L5 07/01-05/31 08/01-06/30	Proposed Total	New Total
01 Alamance			0	0	0
D1 Albemarle			0	0	0
02 Alexander			0	0	0
04 Anson			0	0	0
D2 Appalachian			0	0	0
07 Beaufort			0	0	0
09 Bladen			0	0	0
10 Brunswick			0	0	0
11 Buncombe			0	0	0
12 Burke			0	0	0
13 Cabarrus	*	0	4,451,440	4,451,440	4,451,440
14 Caldwell			0	0	0
16 Carteret			0	0	0
17 Caswell			0	0	0
18 Catawba			0	0	0
19 Chatham			0	0	0
20 Cherokee			0	0	0
22 Clay			0	0	0
23 Cleveland	*	0	1,563,354	1,563,354	1,563,354
24 Columbus			0	0	0
25 Craven			0	0	0
26 Cumberland			0	0	0
28 Dare			0	0	0
29 Davidson			0	0	0
30 Davie			0	0	0
31 Duplin			0	0	0
32 Durham			0	0	0
33 Edgecombe			0	0	0
D7 Foothills			0	0	0
34 Forsyth	*	0	6,065,055	6,065,055	6,065,055
35 Franklin			0	0	0
36 Gaston			0	0	0
38 Graham			0	0	0
D3 Gran-Vance			0	0	0
40 Greene			0	0	0
41 Guilford	*	0	7,941,292	7,941,292	7,941,292
42 Halifax			0	0	0
43 Harnett			0	0	0
44 Haywood			0	0	0
45 Henderson	*	0	1,494,884	1,494,884	1,494,884
47 Hoke			0	0	0
48 Hyde			0	0	0
49 Iredell			0	0	0
50 Jackson			0	0	0

51 Johnston			0	0	0
52 Jones			0	0	0
53 Lee			0	0	0
54 Lenoir			0	0	0
55 Lincoln			0	0	0
56 Macon	*	0	497,974	497,974	497,974
57 Madison			0	0	0
D4 M-T-W			0	0	0
60 Mecklenburg			0	0	0
62 Montgomery			0	0	0
63 Moore			0	0	0
64 Nash			0	0	0
65 New Hanover			0	0	0
66 Northampton			0	0	0
67 Onslow			0	0	0
68 Orange			0	0	0
69 Pamlico			0	0	0
71 Pender			0	0	0
73 Person			0	0	0
74 Pitt			0	0	0
75 Polk			0	0	0
76 Randolph			0	0	0
77 Richmond			0	0	0
78 Robeson			0	0	0
79 Rockingham			0	0	0
80 Rowan			0	0	0
82 Sampson			0	0	0
83 Scotland			0	0	0
84 Stanly			0	0	0
85 Stokes			0	0	0
86 Surry			0	0	0
87 Swain			0	0	0
D6 Toe River			0	0	0
88 Transylvania			0	0	0
90 Union			0	0	0
92 Wake			0	0	0
93 Warren			0	0	0
96 Wayne			0	0	0
97 Wilkes			0	0	0
98 Wilson			0	0	0
99 Yadkin			0	0	0
Totals			22,013,999	22,013,999	22,013,999

Sign and Date - DPH Program Administrator Carol Tyson, Acting Branch Head 8/23/21	Sign and Date - DPH Section Chief Sarah B Dozier 08/23/21
Sign and Date - DPH Contracts Office Gremeko Stuart 8/24/2021	Sign and Date - DPH Budget Officer S Gray 08/24/2021

Arkansas	$2,513,996	$354,673,202
California	$10,406,285	$3,159,407,257
Chicago, IL	$2,206,179	$439,767,991
Colorado	$6,022,658	$683,368,045
Commonwealth of Northern Mariana Islands	$1,348,475	$10,167,815
Connecticut	$3,519,939	$508,907,710
Delaware	$1,779,045	$161,153,773
District of Columbia	$2,564,102	$155,591,409
Federated States of Micronesia	$216,665	$15,207,721
Florida	$6,365,179	$2,352,473,772
Georgia	$4,427,697	$1,221,330,268
Guam	$3,849,939	$22,363,892
Hawaii	$3,297,631	$184,451,226
Houston, TX	$2,697,022	$275,750,301
Idaho	$1,578,749	$221,394,646
Illinois	$4,304,384	$1,189,969,961
Indiana	$3,483,728	$792,380,229
Iowa	$3,752,691	$389,925,640
Kansas	$2,619,389	$348,478,436
Kentucky	$3,371,323	$503,515,713
Los Angeles County, CA	$4,873,434	$1,200,976,875
Louisiana	$2,594,140	$613,364,920
Maine	$2,631,866	$179,240,968
Maryland	$5,378,313	$754,883,611
Massachusetts	$6,032,616	$1,000,061,655
Michigan	$6,557,202	$1,217,471,343
Minnesota	$9,288,467	$646,246,740
Mississippi	$2,110,093	$363,242,336
Missouri	$2,016,161	$691,494,014
Montana	$1,919,473	$152,141,001
Nebraska	$3,305,412	$250,681,953
Nevada	$2,939,527	$372,555,497
New Hampshire	$2,729,758	$189,391,624
New Jersey	$3,513,962	$1,417,986,228
New Mexico	$3,233,913	$272,748,493
New York	$10,328,731	$1,708,086,701
New York City, NY	$8,355,609	$1,567,028,330
North Carolina	$4,204,577	$1,134,011,795
North Dakota	$1,651,350	$127,774,773
Ohio	$4,530,634	$1,291,607,507
Oklahoma	$2,078,703	$447,641,956
Oregon	$3,912,941	$470,651,162
Pennsylvania	$4,785,075	$1,315,026,345
Philadelphia, PA	$1,796,063	$238,278,482
Puerto Rico	$1,453,865	$359,404,338
Republic of the Marshall Islands	$499,085	$12,430,730
Republic of Palau	$511,662	$7,110,032
Rhode Island	$2,396,464	$188,438,183
South Carolina	$3,449,783	$586,401,711
South Dakota	$1,388,902	$143,889,491
Tennessee	$8,449,310	$773,991,025

Funding Awarded to 64 Domestic Health Departments

The focus of the 2019-2024 ELC Cooperative Agreement (CoAg) is to strengthen core public health program growth while providing crucial flexibility needed to address emerging infectious disease issues.

Since 1995, the ELC program has been critical to U.S. health departments' ability to combat infectious diseases.

Through ELC's CoAg, all 50 states, several large metro areas, and U.S. territories and affiliates receive direct financial support to detect, respond to, control, and prevent infectious diseases.

www.cdc.gov/ELC