**New Jersey Association of County and City
Health Officials (NJACCHO)
with guidance from the
New Jersey Department of Health (NJDOH)**

**Enhancing Local Public Health Infrastructure
Local Health Department Grant Award**

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

**Year 1 Budget Period:
October 1, 2022 – June 30, 2023**

TABLE OF CONTENTS

I. IMPORTANT DATES

Application Open Date on NJACCHO website:	**December 12, 2022**
Application Close Date on NJACCHO website:	**January 13, 2023**
Budget / Project Period Start Date:	**October 1, 2022**
Budget Period End Date for Year One	**June 30, 2023**
All Funds Expended by: (all items received, and payments made)	**July 8, 2024**

The online grant application system, available at njaccho.org, will open for applications on **December 12, 2022.** Applications must be received no later than **January 13, 2023,** via the online application system. Requests received after this date and time will not be accepted. Funding awards are based on the allotted dollar amounts indicated in **Appendix A** starting on page 10. Applications will be reviewed on a rolling basis in the order they are received and may be returned for revisions and/or additional information. If the applicant fails to complete this process, NJACCHO reserves the right to deny funds to the applicant.

Applicants are encouraged to plan and budget for the full allotted award in their Year 1 budgets. Any funds that are not included in the initial application will NOT be available for applicants in this program period. Eligible LHDs are strongly urged to apply for Year 1 funding, as this is an unprescidented amount of funding available for LHDs to build local public health infrastructure capacity to better prepare to respond to emerging infectious diseases. The project period is currently expected to include a Year 2 funding award, but the amounts are not yet known. All local health departments will be eligible to apply for Year two funding.

NOTE: Post-Award Progress and Expenditure Reporting Dates are listed on page 8.
        Post-Award Budget Revision and Grant Amendment Dates are listed on page 9.

II. IMPORTANT INFORMATION

APPLICATION GUIDANCE is included in **Appendix D** starting on page 19. ***Please follow this guidance*** to expedite the time it takes to compile the application and minimize the number of modification requests that may be required.

III. ELIGIBILITY

The New Jersey Association of County and City Health Officials (NJACCHO) has been granted a financial award from the New Jersey Department of Health (NJDOH) to support sub awards to Local Health Departments in New Jersey. Eligible Local Health Departments are identified in the Local Health Directory, dated September 16, 2022.

Award amounts are available in Appendix A, starting on page 10.

IV. AT A GLANCE: PURPOSE and FUNDING OVERVIEW

As part of COVID-19 relief efforts, the Centers for Disease Control and Prevention (CDC) has provided funds to the New Jersey Department of Health through the ELC cooperative agreement that are broadly intended to provide critical resources to state, local, and territorial health departments in support of a wide range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related

activities. The NJDOH has granted funds to NJACCHO for the administration of sub grant awards to 103 local health departments to support continued COVID-19 response and enhance local health department infrastructure.

Awards amounts have been determined based on a prescribed formula from the NJDOH, ranging from $100,000 – $4.5M. Initial awards should be budgeted in year 1, running from 10/1/22 – 6/30/23. It is anticipated that similar additional financial awards will be available for local health department during year 2, running from 7/1/23 – 6/30/24.

a) Goals of Funding

Funding provided by the Enhancing Local Public Health Infrastructure program is meant to support Local Health Department grantees in achieving one or more of the following goals. Grantees can selectively choose which program goals fit their needs and apply only for those program goals; LHDs are not required to apply for all program goals.

All programmatic goals aim to create long-term infrastructure improvements while planning for health equity, diversity, inclusion, and accessibility.

G0: Increase health equity for disproportionately affected populations. Example activities include:
- Hire and onboard FTE personnel or expand administrative capacity dedicated to health equity for disproportionately affected populations
- Conduct an assessment of existing public health policies and their impact on social determinants of health, generating data to inform health equity decision-making
- Conduct health education activities to provide outreach and messaging on existing resources to critical audiences (e.g., residents, providers, community leaders)
- Ensure equitable access to public health resources (e.g., information, equipment, services) across disproportionately affected populations
- Increase coordination across LHDs and other local departments (e.g., police, social services, etc.) to better serve disproportionately affected populations
- Improve equity and organizational competencies addressing leadership, governance, and strategic planning
- Develop policies that foster accountability and transparency within the organizational infrastructure to prioritize equity

G1: Streamline processes, supported by technology and automation. Example activities include:
- Conduct an analysis of daily activities across staff (e.g., Health Officer, nurses, REHS, administrative personnel) to:
    1. Map out current state activities and responsibilities
    2. Adjust/adapt capacity allocation
- Develop standardized reporting tool for routine inspection processes
- Build/acquire application to digitize information intake (e.g., medical data, inspection records, job applicant records)
- Purchase software to manage expenses and collect health insurance reimbursement for eligible public health department clinical services
- Contract or hire grants management staff

G2: Strengthen organizational capacity to drive progress on public health priorities and increase capacity across LHDs. Example activities include:

- Hire and onboard human resources professional(s) to bolster capacity and manage personnel
- Create new hire positions to support grant-specific goals and initiatives
- Develop or streamline pathways to full-time employment for current part-time employees and volunteers supporting COVID-19 initiatives

G3: Expand data collection and infrastructure to drive driven decision making with the aim to improve equity. Example activities include:

- Enhance systems to increase the range and depth of data collection, including expansion of available data sets (e.g., SVI)
- Develop an inventory of all currently available and collected data to support enhanced data synthesis efforts
- Build dashboards to aggregate and visualize outbreak hotspots to prioritize inspection and disease control efforts
- Develop expertise and infrastructure to contribute to/leverage centralized data and analytical hubs
- Acquire/purchase off-the-shelf data visualization tools

G4: Develop multilingual, culturally appropriate communications/public health campaigns and share across LHDs. Example activities include:

- Coordinate with third-party agencies (e.g., translational services) and private sector organizations to support the development of localized and effective campaigns
- Create a repository of communications materials for LHDs to increase efficiency through information exchange
- Develop and launch cross-municipal campaigns (e.g., media and messaging)

G5: Codify institutional knowledge and COVID-19 specific lesson learned. Example activities include:

- Develop a playbook for future crisis response based on lessons learned from the COVID-19 pandemic
- Create a local repository of reference documents (e.g., document templates, grant writing and grant management guides, orientation packets, directory of key contacts) for LHDs
- Create a local content repository for COVID-19 template materials (e.g., contract templates, communications materials) for LHDs
- Refresh training materials to reflect lessons learned from the COVID-19 pandemic
- Conduct needs assessment to identify variations across different LHDs and populations and better target future communicable disease efforts

G6: Enhance and/or continue ongoing COVID-19/communicable disease mitigation efforts. Example activities include:

- Develop testing surge capacity infrastructure for COVID-19 and other infectious diseases:
  - Purchase shelf-stable at-home test kits for deployment in event of a surge
  - Conduct an analysis to determine optimal surge test kit drop-off/pick-up locations curated to LHD-specific needs including strategies for serving populations who may be disproportionately

impacted by COVID-19 or other communicable diseases
- o Develop a playbook for partner organization deployment of test kits
- o Contract with vendors for pop-up testing

- Expand/develop case investigation/contact tracing infrastructure
    - o Employ and train case investigator/outreach coordinator at the local level for COVID-19 contact tracing and leverage capacity for additional communicable diseases
    - o Training to expand case investigation for COVID-19 and other communicable diseases (e.g., interview skills, cultural competencies, documentation, forms, HIPAA/data privacy literacy)

- Continue vaccination awareness and support efforts for COVID-19 and other communicable diseases
    - o Promote events across COVID-19 and other communicable diseases, and across vaccination, testing, contract tracing/case investigation, and other disease mitigation activities; when appropriate, create events addressing specific needs and challenges of populations disproportionately affected by COVID-19 or other communicable diseases
    - o Develop standardized awareness material for partner organizations to leverage
    - o Optimize planning and placement of fixed vaccination sites for COVID-19 and other diseases

- Support isolation and quarantine needs to create equitable access for populations who may be disproportionately affected by COVID-19 or other communicable diseases
    - o Hotel and living costs (e.g., delivery fees, laundry services). NOTE: Food expenses are not covered under this funding opportunity.
    - o Personal Protective Equipment (PPE)

b) PROGRAMMATIC REQUIREMENTS
- Grantees will participate in and/or support activities related to the overall Enhancing Local Public Health Infrastructure grant, as requested by NJACCHO or NJDOH.

- Reimbursement will be contingent upon the Grantee's ability to meet all the terms of the grant including the Request for Application, completion of grant activities and reporting by established due dates, and demonstration of measurable progress. Timely submissions are used as a performance measure/indicator.

- Grantee is responsible for the submission of grant reporting requirements as outlined in the grant schedule of work. NJACCHO 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.

- Grantee will comply with programmatic site visits/virtual meetings/technical assistance 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 NJACCHO in accordance with established due dates.

- Staff members funded by this grant must strictly devote their time toward this grant's efforts and grant requirements according to the percentages which the Grantee has outlined in Schedule A - Personnel Costs on the application budget.

- 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/blog/2021/02/25/fy21-safecom-guidance-emergency- communications-grants-released

- Grantee is responsible for all purchasing and fiscal accountability in accordance with the grant specifications and the New Jersey Department of Health (NJDOH)Terms and Conditions for Administration of Grants.

- Grantee cannot submit the same expenses for reimbursement through any other channels including, but not limited to, NJDOH grants and the Federal Emergency Management Agency (FEMA) reimbursement process.

- All procurement, including professional services, contracts, and agreements must be completed through the procurement process of the grantee. Non-contract vendors are chosen through the competitive bidding process, depending on the grantee's established procurement thresholds and other requirements. NJACCHO does not endorse or show preference for any vendor. NOTE: *Signed/dated/fully executed contracts are required for reimbursement of expenditures.*

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,
- Federal cost principles applicable to the Grantee's organization, and
- The terms of conditions of COVID-19 funds as documented by the CDC

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 discovered by NJACCHO Grant Staff may result in a loss of funds for specific activities or costs. **Report Submission**: If applicable, the applicant MUST upload a report in the online grant management system labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

VII.   GRANT DELIVERABLES

FY23 grant activities and expenditures must correspond to your selected programmatic goals outlined in this RFA starting on page 4. Grantees can selectively choose which program goals fit their needs and apply only for those program goals; LHDs are not required to apply to all program goals.

Best practices for use of funds are important to the success of this grant statewide. Grantees are expected to provide updates on challenges and success stories regularly to NJACCHO staff so they can be used for grant reporting and improvement of grant administration.

VIII.   FUNDING ALLOWANCES AND RESTRICTIONS/EXCLUSIONS
- Allowable expenses and activities are listed in Appendix B.
- Excluded expenses and activities are listed in Appendix C.

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 NJACCHO Grant Staff. NJACCHO Grant Staff must approve the request in order for the extension to be valid.

Expenditure Reports and Progress Reports must be submitted via the online grant management system available on njaccho.org on or before the due dates listed below. Grantees are expected to submit monthly invoices for expense reimbursements.

Grant Reporting Periods	Report Number	Quarterly Progress & Expenditure Report Due Dates**
October 1, 2022 – December 31, 2022	1	All information to be included in Report Number 2
January 1, 2023 – March 31, 2023	2	April 7, 2023
April 1, 2023 – June 30, 2023	3	July 7, 2023
July 1, 2023 – September 30, 2023	4	October 6, 2023
October 1, 2023 – December 31, 2023	5	January 8, 2024
January 1, 2024 – March 31, 2024	6	April 8, 2024
April 1, 2024 – June 30, 2024	7/Final	July 8, 2024

*NOTE: Additional grantee reporting may be required to meet NJDOH and/or CDC federal reporting requirements.

**NOTE: Invoices for all expenditures should be submitted on a monthly basis.

IMPORTANT: Final Progress and Expenditure Reports _MUST_ be submitted fifteen (15) days after the grant has ended, no later than July 15, 2024. Please be advised that if a Final Expenditure Report is not received by July 15, 2024, the grant may be closed out based on the last Expenditure Report submitted.
Expenditure Submittal: Grantees should submit monthly invoices and supporting documentation via the grant management system for reimbursement.

Program Reporting: After the grant is awarded, the Grantee will be provided with a progress report template for submitting the quarterly progress reports. The information requested to be reported may be adjusted from quarter to quarter based on priorities and will be communicated to the Grantee directly by the NJACCHO Grant Program Manager.

Final Equipment Reporting: Grantees are to submit an Equipment Inventory Form (to be provided by NJACCHO) with their Final Expenditure Report.

X.   BUDGET REVISION & GRANT AMENDMENT REQUESTS
Budget Revisions/Grant Amendments should be submitted to the Grant Program Manager prior to initiating any modified purchases. Applicants must submit a formal modification form in the grant management system as required by the Grant Program Manager.

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). Contacts will be updated as additional staff is assigned to this project.

PMOs	GMO
Linda Brown	**Nicole Leonard**
Executive Director	**Finance Director**
NJACCHO	**NJACCHO**
info@njaccho.org	**njacchofinance@gmail.com**

APPENDIX A: *Grant Award Totals by Local Health Department*

Local Health Department	Award Amount
Atlantic City	$406,977
Atlantic County	$2,017,296
Bayonne	$475,960
Bergen County	$2,697,028
Bernards	$315,813
Bloomfield	$651,528
Branchburg	$100,000
Burlington County	$3,316,248
Camden County	$4,128,765
Cape May County	$1,194,310
Clark	$100,000
Clifton	$698,834
Colts Neck	$100,000
Cumberland County	$1,199,404
Dover	$178,430
East Hanover	$483,845
East Orange	$867,536
East Windsor	$179,374
Edison	$708,620
Elizabeth	$1,280,753
Englewood	$230,199
Essex County	$500,000
Essex RHC	$100,000
Ewing	$261,004
Fair Lawn	$202,409
Fort Lee	$278,880
Freehold Area	$826,025
Gloucester County	$2,278,152
Guttenberg	$100,376

Local Health Department	Award Amount
Hackensack	$376,147
Hamilton	$611,165
Harrison	$141,725
Hillsborough	$212,485
Hillside	$155,554
Hoboken	$346,278
Hopewell	$100,767
Hudson RHC	$500,000
Hunterdon County	$1,209,564
Irvington	$491,464
Jersey City	$2,169,469
Kearny	$351,033
Lawrence	$197,157
Lincoln Park	$100,000
Linden	$300,183
Livingston/Millburn	$279,373
Long Beach Island	$100,000
Long Branch	$257,687
Maplewood	$139,686
Mercer County	$500,000
Mid-Bergen	$1,497,545
Middle-Brook RHC	$366,730
Middlesex County	$4,508,994
Monmouth County	$2,671,249
Montgomery	$131,996
Montville	$114,872
Montclair	$537,606
Morris County	$750,913
Morris Twp	$126,551
Morristown	$154,330
MRHC	$627,016
Mt. Olive	$307,293
Newark	$3,863,002

Local Health Department	Award Amount
North Bergen	$519,193
NW Bergen	$615,409
Ocean County	$4,508,994
Orange	$363,522
Palisades Park	$269,919
Paramus	$193,416
Passaic City	$736,269
Passaic County	$747,139
Paterson	$1,708,948
Pequannock	$289,801
Plainfield	$560,652
Princeton	$173,408
Rahway	$207,388
Randolph	$345,508
Ridgewood	$139,441
Ringwood	$100,000
Rockaway	$344,824
Roselle	$182,279
Salem County	$947,915
Secaucus	$205,230
Somerset County	$1,545,073
South Brunswick	$241,713
South Orange	$100,000
Sussex County	$1,323,028
Teaneck	$296,057
Trenton	$873,929
Union City	$653,917
Union County	$715,958
Union Twp	$451,262
Vineland	$466,251
Warren County	$1,154,180
Washington	$100,000
Wayne	$449,956

Local Health Department	Award Amount
Weehawken	$100,000
West Caldwell	$134,923
West Milford	$125,572
West New York	$471,884
West Orange	$215,724
West Windsor	$260,236
Westfield	$603,630
Woodbridge	$671,131

APPENDIX B: *Allowable Costs & Activities*

The list of activities or allowable expenses for local health departments to support the broad range of COVID- 19/SARS-CoV-2 testing & epidemiologic surveillance related activities or activities intended to enhance local public health capacity.

1. Personnel (term, temporary, students, overtime, contract staff, etc.)
   - Assistant Health Officer
   - Health Officer
     NOTE: The salary requested cannot exceed the amount requested on any other NJDOH Grant(s). This grant can cover the portion of Health Officer Salary not covered by any other grant program. For example, if 10% of the Health Officers's salary has been requested for the 23 LINCS grant, and 10% of the Health Officer's Salary has been requested on the 23PHC grant, no more than 80% of the Health Officer's Salary can be requested on this grant.
   - Laboratorians
   - Informaticians
   - Epidemiologists
   - Public Health Planners
   - Registered Environmental Health Specialists (REHS)
   - Data entry clerks, managers/analysts
   - Data visualization specialists
   - Vaccine registry data manager
   - Health communication (including those specializing in risk communication)
   - Health educators/Risk communicators
   - Management, budget, and administrative support
   - Finance
   - Grant management
   - Social Media or Marketing management
   - Infection prevention and control staff
   - Communicable Disease Outreach
   - Accreditation management
   - Community Health Workers & organizations working with populations at higher risk for COVID-19
   - Public Health Medical Director. NOTE: Clinical care activities are not allowed under the Enhancing Local Health Infrastructure funds.
   - Social worker. NOTE: Clinical care activities are not allowed under the Enhancing Local Health Infrastructure funds.
   - Security staff (for personnel and clinic settings)
   - Non-clinical activities performed by Nurses or other staff. NOTE: Reimbursement of direct clinical care activities (vaccination and post-vaccination observation) is not allowed under the Enhancing Local Health Infrastructure funds.
   - Fringe
2. Equipment
   - Laboratory equipment & necessary maintenance contracts at local or regional PHLs

- General equipment (generators, freezers, digital data loggers, computers)
- Vaccine storage equipment & necessary maintenance contracts (case-by-case only)
- Hardware/software necessary for robust implementation of electronic laboratory & surveillance data exchange between recipient & other entities (e.g., healthcare entities, jurisdictional public health, & CDC)
- Equipment necessary to ensure the safety of laboratory workers (e.g., BSCs, HVAC, etc.)
- Owl Camera or similar device used to expand or enhance community connections

3. Supplies
   - Collection supplies, test kits, reagents, consumables, and other necessary testing supplies for existing testing or onboarding new platforms at local health departments
   - Ancillary supplies & consumables necessary to perform testing for SARS-CoV-2 within or outside of the traditional PHL setting
   - PPE for laboratorians or other staff conducting sample collection or processing. Also includes PPE for general staff as needed & deemed necessary by the work conditions
   - PPE for use during vaccination activities

4. Software
   - Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety, or training needs
   - Software/hardware necessary for robust implementation of electronic laboratory and surveillance data exchange between recipients and other entities, jurisdictional public health & CDC
   - Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, & evaluation of control measures to reduce the spread of disease (e.g., GIS software, visualization dashboards, cloud services, etc.)
   - Software or applications that allow for more efficient case investigation & contact tracing
   - Vaccine Registry or Scheduling System enhancements
   - Enrolling, upgrading and/or maintaining Electronic Medical Record (EMR) systems
   - Enrolling, upgrading and/or maintaining cost/insurance reimbursement software

5. Training & Professional Development of Staff
   - Registration fees for professional conferences
   - Sponsorship of New to Public Health (N2PH) Cohort
   - Sponsorship of Infection Control Certification courses
   - Registration fee to enroll current staff or volunteers to complete the Rutgers university EPH Program
   - Registration fee for staff to attend Certified Public Manager (CPM) courses
   - Travel expenses for conference attendance. NOTE: Travel expenses including mileage, travel costs, flights, and hotel expenses are allowable. Per diem meals are NOT allowed.
   - *Organizational* Membership fees for public health professional organizations (New Jersey or Nationally)

6. Construction & Renovation
   - Cost of architectural study/plans of existing building or clinic. NOTE: Plans may only pertain to areas that will be remodeled – less than 50% total square footage of an existing structure. Altering the existing footprint is not allowed.
   - Renovations & minor construction (e.g., alteration of less than 50% total square footage of an existing structure, installation of a concrete slab for modular laboratory units, etc.)
   - Upgrades to building security systems (i.e., Llanel or swipe doors)
7. Quarantine & Isolation
   - Quarantine & isolation support necessary for preventing the spread of COVID-19 (including wraparound services such as hoteling, food, laundry, mental health services, etc.)
   - Wraparound costs associated with medication & patient treatment
8. Outreach & Education
   - Expenses associated with outreach & assistance (e.g., support provided through community-based organizations) for those at higher risk of COVID-19
   - Marketing campaigns and/or materials to support awareness, treatment, and prevention of COVID and other infectious diseases, including vector-borne illness
   - Health communications materials & health education services to inform & protect communities
   - Costs associated with community outreach or career fairs to promote governmental public health and/or open positions. NOTE: Food is a funding exclusion and cannot be supported
   - Marketing campaigns and/or materials to promote public health services, careers, local health departments, etc.
   - Support for social services & health education efforts that will facilitate compliance with isolation & quarantine and/or case investigation & contact tracing efforts
   - Mass vaccination campaigns. NOTE: Reimbursement of direct clinical care activities (vaccination and post-vaccination observation) is not allowed under the Enhancing Local Health Infrastructure funds.
   - Equipment to support messaging and/or advertise clinics/services (e.g. – stationary message boards)
9. Contracts
   - Contracts to support COVID-19 testing
   - Contracts for leasing building space to support COVID-19 testing and/or vaccinations
   - Contracts for COVID-19 vaccination administration services NOTE: Reimbursement of direct clinical care activities (vaccination and post-vaccination observation) is not allowed under the Enhancing Local Health Infrastructure funds.
   - Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities
   - Contracts with local or regional health departments
   - Courier service (new or expansion of existing agreements)
   - Contracts to support testing at nontraditional testing sites

- Contracts to support testing at clinical, private, or academic institutions
- Contracts to support After Action Reporting
- Contracts to support Public Health Emergency Preparedness (PHERP) planning
- Contracts to support data collection and/or support for completing Community Health Assessments (CHA) or Community Health Improvement Plans (CHIP)
- Contracts to support Workforce Development Planning and/or implementation
- Contracts to support Quality Improvement Planning and/or implementation
- Contracts for Marketing or Outreach services
- Audit services (direct or indirect costs)

10. Social Services
- Support for social services and health education efforts that will facilitate compliance with isolation & quarantine and/or case investigation & contact tracing efforts
- Collaborative social support projects with municipal/county human services/social services departments - to be considered on a case-by-case basis

11. Public Health Accreditation
- Contracts for hiring staff or contractors related to public health
- Fees associated with an application to the Public Health Accreditation Board (PHAB)
- Cost of Performance Management software/systems

12. Indirect Costs
- If requesting indirect costs, upload the current agreement. Indirect cost rate may not exceed the approved/negotiated rate. Grantee may take the 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 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 10% of $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.

APPENDIX C: *Excluded Costs & Activities*

OVERALL FUNDING RESTRICTIONS/EXCLUSIONS/LIMITATIONS
- Awardee may not make purchases until the grant period has begun October 1, 2022 (retro costs to 7/1/2022 may be considered with pre-approval)
- Reimbursement of pre-award salaries is <u>not</u> permitted for grant-funded staff unless preapproved as retro costs in the application.
- Reimbursement of pre-award costs is not permitted unless preapproved as retro costs in the application.
- Contracts that are not fully executed cannot be reimbursed. Signed/dated/fully executed contracts must be uploaded by the Grantee to the grant management system once available.
- Awardees and sub-awardees may not use funds to purchase furniture.
- Awardee may not purchase equipment unless it falls within the guidelines of the approved expenses.
- Awardee may not use funds to purchase food.
- Awardee may not use funds to purchase clothing such as jeans, cargo pants, polo shirts, dress shirts, jumpsuits, fleece jackets, sweatshirts, gloves, hats, or t-shirts. The purchase of safety vests to be worn during exercises or responses may be allowed.
- Awardee may not use funds for construction or major renovations beyond what is described in Appendix B, number 6.
- Awardee may supplement but not supplant existing state or federal funds for activities described in the budget.
- Awardee may not use funds on training courses, exercises, and planning resources when similar offerings are available at no cost.
- Awardee may not use funds for Medical Examiner's Office expenses and related equipment.
- 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.
- Awardee cannot use funds to purchase or lease motor vehicles, however non-motorized towable trailers are permitted.
- Awardee may not use funds to support purchases or training connected to community noise enforcement or lead detection/abatement/enforcement.
- Awardee may not use funds to support tuition reimbursement for current staff or volunteers.
- Awardee may not use funds to provide stipends to promote retention/appreciation for existing staff, new hires, or new or existing volunteers/interns.
- Awardees can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.

APPENDIX D: *Application Guidance*

Enhancing Local Public Health Infrastructure Application Guidance

This grant provides the opportunity for applicants to select from seven (7) goal areas to create their project and budget. Prior to beginning the application process, it is important for grantees to consider which goals will be a focus in their application. Goals are available for review beginning on page 4.

ACCESSING THE ONLINE APPLICATION:
Local Health Departments applying for the Enhancing Local Public Health Infrastructure should identify the primary contact for the grant application first. This will become the main contact for future grant communication regarding application status, reporting reminders, and other correspondence with NJACCHO Grant Program Staff. Additional LHD program and fiscal staff may be added as a collaborator after the account is created and the application process has begun.

The online platform will open on Monday, December 12, 2022, at 3:00pm.

STEPS TO GAIN ACCESS:
1. Visit njaccho.org
2. Click the "Click to Submit" button on the homepage.
3. Create an account for Submittable. If it is your first time accessing the platform, click the tab "Sign Up). You will be prompted to enter your email address and create a password.
4. Complete the two-page eligibility form. This includes your address and LHD name.
5. If eligible, you will be taken directly to the application form.
6. Be sure to confirm your new account by checking your inbox for an email called "Please Confirm Your Email Address"
7. To add collaborators, including program or fiscal staff, click the "Manage Collaborators" at the top of the form. You may add individuals at any point before you submit your grant application.
8. You may begin completing the application form at any time and return at a later point.
   NOTE: If you plan to begin the application and return, you MUST click the "Save Draft" button at the bottom of the form.
9. When you are ready to submit your application, click the "Submit" button at the bottom of the form.
   NOTE: You will not be able to edit your form once submitted.

SECTION 1: ORGANIZATIONAL INFORMATION
The following information is required in this section:
- Name
- LHD Name
- Project Contact, if different than individual applying.
- LHD Address
- Acknowledgment of Year 1 budget award – Award amounts are available in Appendix A, starting on page 10.

SECTION 2: ORGANIZATIONAL READINESS

The following information is required in this section:

- Description of applicant's compliance with N.J.A.C. 8:52-3.3 (Local health agency's minimum capacity) and N.J.A.C. 8:52-4.1 (Public health staffing requirements).
- Designation of Core Program Management Personnel
    - o Project Manager Name, Title, and contact information
    - o Fiscal Manager Name, Title, and contact information
- Applicant's Organizational capacity to do the following:
    1. Achieve the objectives as detailed in the RFA and lead the project to successful completion.
    2. To monitor the project's ongoing progress.
    3. To prepare and submit plans, progress reports, expenditure reports, and performance measures.
    4. To facilitate communication and collaboration with partners.

SECTION 3: GRANT PROPOSAL AND BUDGET

This section requires a description of the approach and plan to accomplish the grant deliverables that demonstrate the Applicant's understanding of the requirements of this RFA and ability to successfully complete the project within the designated timeframe.

- Select the Goals your project intends to support
    - o **NOTE:** Associated questions and budget templates will only appear for *selected* Goals ONLY. If you do not see the corresponding questions and template, be sure the correct goal is checked.
    - o In the case that activities do not align with the example activities listed for each program goal, please complete the "*Other*" section.
- **IMPORTANT: For each expense only select one (1) Goal. Do Not Split Expenses Across Multiple Goals.**
- LHDs ARE NOT required to complete activities across every program goal.

ACTIVITY AND BUDGET TEMPLATE

- There is one budget template tool for all Goals. Applicants are only required to complete the tab relevant to the Goals their activities relate to.
- The Budget Template forms can be downloaded from the grant management system (a sample is available here) and will require the following details:
    - o Each Goal has a separate tab within the Budget Template form. Be sure you select the appropriate goal when entering activities and/or expenses. For each goal, first identify the specific objectives (Column A). In the case that activities do not align with the example activities listed for each program goal, please complete the "*Other*" section.
    - o For each activity or expense, include:
        - ▪ Cost Category and description (Column B)
        - ▪ Budget Breakdown:
            - **DIRECT COSTS**
                - o Column C - Schedule A (salary costs)
                - o Column D - Schedule A (fringe costs)
                - o Column E - Schedule B (other direct costs).
            - **INDIRECT COSTS** – Must be identified separately in the "Indirect Costs" tab on the Budget Template.
                - o **Column A – Description of specific expenses**
                - o **Column B – Indirect cost amount**

        NOTE: A Sample template is available below.
    - o You may add additional rows to these templates, as needed, for your specific activities and/or expenses.

- Budget Totals
  - Once complete, the total budget for EACH goal is required. This information is available in Column F on each Goal worksheet. Please note, if you add rows to the template, please be sure the calculations have been updated.
  - Please copy and paste the "Goal Grand Total" onto the TOTALS tab for each Goal your project has activities or expenses for.
  - If you have included Indirect Costs in your project budget, please include the Total.
  - Your Project Total Costs will be calculated automatically for you. Total Costs should equal the LHD's Award Amount.

Sample Template

Cost Category **Salary/Fringe Expense:** **1)** List Employee Name <u>or</u> To Be Determined **2)** Position Title **3)** Description and Cost Breakdown, indicate Part-Time or Hourly, if applicable **Other Direct Cost:** ist one (1) Cost Category for <u>each</u> Other Direct Cost **expense:** [Construction/Alteration/Renovations; Equipment; Facility Cost; Professional Service Agreements; Supplies; Travel; Training; Other] **2) Provide Description and Justification/Basis for Cost Estimate** (Include Quantity of Items if applicable)	**Schedule A (Salary Costs)** *List funding amount requested for each Cost Category below* *$*	**Schedule A (Fringe Costs)** *List funding amount requested for each Cost Category below* *$*	**Schedule B (Other Direct Costs)** *List funding amount requested for each Cost Category below* *$*
Salary/Fringe: **John Smith, Outreach Coordinator (Annual Salary $70,000, Fringe @28.57% $20,000, Salary/Fringe - 1/1/23-6/30/23 $35,000/$10,000)**	**$35,000**	**$10,000**	
Salary: **To Be Determined, PT REHS (Annual Salary $15,000-No Fringe, Salary 1/1/23-6/30/23)**	**$7,500**	**0**	
Salary: **Bob Stevens, PT Epidemiologist** **$45.00 per hour X 250 estimated hours through 6/30/23**	**$11,250**	**0**	
Equipment: **DELL X19 Computers (2 @$2,000 each= $4,000), to support outreach coordinator positions**			**$4,000**

BUDGET GUIDANCE

Schedule A - Salary Related Costs - includes Salary and Fringe for the LHD to hire/appoint a full-time, multiple part-time, or contract staff that supports building local public health infrastructure and/or is in line with defined program goals

Schedule B - Other Direct Costs - can include expenses to directly support the development of long-term public health infrastructure (e.g., construction/alteration/renovation, equipment, facility cost, professional service agreements, supplies, travel, training, other)

Indirect Costs/De minimis - If requesting indirect costs, upload the current agreement. Indirect cost rate may not exceed the approved/negotiated rate. Grantee may take the 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 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 10% of $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**.**

SECTION 4: PROGRAM BUDGET
- This dollar amount should reflect the sum of ALL activities or expenses for each goal areas AND Indirect Costs, available on the Totals tab.

SECTION 5: EVALUATION
- This narrative section should address how the applicant intends to evaluate the implementation and outcomes of grant activities. Grantees should also describe how the evaluation plan will be integrated into long-term infrastructure planning.

SECTION 6: SUSTAINABILITY
- The ELC COVID-19 Response Support Grants to LHDs and Counties will end in June 2024. It is unknown if there will be additional funding from the CDC beyond this date. It is also unknown whether there will be State funds beyond this date.
- Applicants should describe how their LHD will work to sustain program goals and activities implemented to impact long-term public health infrastructure and capacity beyond June 2024.

SECTION 7: FINANCIAL PAYMENT DETAILS
- Applicants should identify their preferred method of reimbursement for grant payments – Paper checks or ACH Transfer.
  - If ACH Transfer is selected, applicants are required to provide routing and account number information.

<div align="center">**BE SURE TO SAVE THE APPLICATION DRAFT AS INFORMATION IS ADDED**</div>

<div align="center">**SUBMIT APPLICATION**</div>