

**Grant Programs Directorate Information Bulletin**  
**No. 409**  
**June 1, 2016**

**MEMORANDUM FOR:** All State Administrative Agency Heads  
All State Administrative Agency Points of Contact  
All Urban Area Security Initiative Points of Contact  
All State Homeland Security Directors  
All State Emergency Management Agency Directors  
All Tribal Nation Points of Contact

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Federal Emergency Management Agency



**SUBJECT: Grant Resources Available to Support Preparedness and Response Capabilities for Zika Virus Disease**

The purpose of this Information Bulletin is to provide FEMA grant recipients with information about federal grant resources and allowable expenditures to support preparedness and response capabilities for Zika Virus Disease. Grant resources are available from the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Federal Emergency Management Agency (FEMA).

According to the CDC, Zika Virus Disease (Zika) is a disease caused by the Zika virus, which is spread to people primarily through the bite of an infected Aedes species mosquito (<http://www.cdc.gov/zika/about/index.html>). The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild, with symptoms lasting for several days to a week after being bitten by an infected mosquito. People infected with Zika virus usually do not become sick enough to go to the hospital, and they very rarely die. For this reason, many people may not realize they have been infected. However, Zika virus infection during pregnancy can cause serious birth defects, including microcephaly and other severe fetal brain defects. Once a person has been infected, he or she is likely to be protected from future infections.

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. On February 1, 2016, the World Health Organization (WHO) declared Zika virus a Public Health Emergency of International Concern (PHEIC). Local transmission has been reported in many other countries and territories. Zika virus likely will continue to spread to new areas. As of June 1, 2016, no local transmission has occurred in the continental United States, while nearly 600 cases have been reported through travel to other Zika-affected countries.

Specific grant resources available to support the preparedness and response capability for Zika Virus Disease include:

**Department of Health and Human Services, Centers for Disease Control and Prevention,  
Public Health Preparedness and Response (PHPR) Cooperative Agreement for All-Hazards  
Public Health Emergencies: Zika 2016**

Funding Opportunity Number (FOA) Number

CDC-RFA-TP16-1602

Total Funding Available

\$25 million for 12-month budget period, to be allocated across eligible awardees

Statutory Authority

317(a) of the Public Health Service Act (requires no matching funds or maintenance of effort)

Eligible Applicants

53 state, local, and territorial state public health departments

Project Period

Two years, based on available funds (FOA lists \$50 million for two-year project period, but currently only \$25 million in funding for the first budget period is available.)

Funding Purpose

- Funding is intended to support the U.S. public health system and to support the readiness and response capability for Zika Virus Disease within the funded jurisdictions to reduce the spread of Zika associated with *Aedes aegypti* and *Aedes albopictus* mosquitoes and minimize maternal-fetal transmission of Zika virus.
- Primary focus areas to be addressed with PHPR Zika funding:
  - Strengthen public health incident management and emergency operations coordination to enable jurisdictions to provide emergency management response support that exceeds normal capacity
  - Strengthen information management and sharing
  - Strengthen community recovery and resilience
- Upon completion of the primary preparedness and response activities, jurisdictions can use remaining PHPR funds to support other CDC-funded Zika activities that address:
  - Vector control and surveillance
  - Health surveillance and epidemiological investigation
  - Laboratory testing and support services
  - Blood safety

Note: CDC posted an amendment to the PHPR Zika FOA authorizing pre-award expenses beginning May 18. This will allow awardees to track, identify, and report to CDC any Zika-related expenses that occur before the actual award date of August 1.

Funding Mechanism

- The Zika PHPR Cooperative Agreement for All-Hazards Public Health Emergencies is not a supplement to CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement.

While it is a complementary to the PHEP, it is a new, separate funding mechanism for awarding contingent emergency response funding.

- The PHEP cooperative agreement funds 62 state, local, and territorial public health departments. The PHPR Zika cooperative agreement will fund 53 of the 62 PHEP-funded jurisdictions.

#### Funding Strategy

- The risk-based formula used to allocate the \$25 million across 53 jurisdictions is based on the geographic locations of the two mosquitoes known to transmit the Zika virus (*Aedes aegypti* and *Aedes albopictus*).
- The formula is based on the model of a base amount plus population, similar to the annual PHEP cooperative agreement awards, but adjusted to reflect the risk of Zika transmission based on historical presence of the vectors.

In addition, the CDC has two other funding sources for Zika-related activities:

#### **1) CDC-RFA-DD16-1605: Surveillance, intervention, and referral to services for infants with microcephaly or other adverse outcomes linked with the Zika virus**

- Activities include:
  - Establish rapid population-based surveillance of microcephaly and other adverse outcomes (especially central nervous system defects) possibly linked to Zika virus infection during pregnancy using an active case-finding methodology
  - Participate in centralized pooled clinical and surveillance data projects
  - Ensure affected infants and families are referred to services
  - Assess health and developmental outcomes of these children
- Funding to states and territories with observed distribution of *Aedes* mosquitoes

#### Funding Details

Year 1 Funding:	up to \$10,000,000
Total Project Period Length:	5 years
Expected Number of Awards:	up to 50
Approximate Average Award:	\$200,000 per Budget Period
Award Ceiling:	\$360,000 per Budget Period
Award Floor:	\$100,000 per Budget Period
Application Deadline:	June 24, 2016
Start Date:	August 1, 2016

#### **2) CDC-RFA-CK14-1401: Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases**

Continuation funding for this cooperative agreement includes new elements below:

### **New ELC Activity: U.S. Zika Pregnancy Registry**

- To provide states and territories, who otherwise do not have funds to conduct these pregnancy activities, partial or full funding for a registry coordinator. The program will develop a national registry of all pregnant women with laboratory evidence of Zika virus infection; inform clinical recommendations; plan for services for pregnant women and families; and improve prevention.
  - Total funding expected to range from approximately \$25,000 to \$300,000 per awardee, with an average of approximately \$125,000

### **Amended ELC Activity: Support Zika virus prevention and control activities**

- Approximately \$40 million for Zika virus human surveillance, laboratory diagnostic and communication activities
- Approximately \$15 million for Zika virus vector surveillance and management activities
- All current ELC jurisdictions are eligible to apply

### **Department of Health and Human Services Hospital Preparedness Program (HPP) Use of HPP Funds for Zika Preparedness and Response**

- The Hospital Preparedness Program (HPP), administered by the Department of Health and Human Services' Assistant Secretary for Preparedness and Response (ASPR), awards funding to 62 state, territorial, and certain metropolitan public health departments for health care system preparedness.
- Over the past 12+ years through the HPP, state and local health departments have purchased health care facility-based equipment and supplies, exercised and trained for a number of different emergency scenarios, and developed partnerships and coalitions across regional health care systems to address similar situations.
- All HPP grant funds should be used for the purpose of the grant program and in line with the approved scope of work. For HPP, that means for health care system preparedness activities in the awardee's jurisdiction.
- From a federal grants management perspective, the use of HPP funds to prepare for suspected or known Zika patients, including the development of action plans, purchase of supplies for health care facilities, and training for all personnel would be allowable expenses as long as they are:
  - reasonable,
  - allowed under the cost principles, and
  - allocable to the program.
- Activities may include, but are not limited to:
  - Prepare health care coalitions (HCCs) and their members to coordinate, share information, educate, exercise, and train for Zika virus and other infectious diseases.
  - Engage the primary health care providers that will be responsible for treating and responding to Zika virus—pediatricians, obstetricians, neurologists, family physicians, primary care providers, and community and urgent care clinics—in coalition activities, including education and information sharing, trainings and exercises. This will increase

the membership of health care coalitions and improve their readiness for Zika virus and other infectious diseases.

- Broaden preparedness initiatives within hospitals beyond the Emergency Department, by including neonatal specialists, neurologists, intensivists/pulmonologists, infectious disease specialists, and maternal-fetal medicine specialists.
  - Develop risk communications materials at the HCC and facility level for staff, health care providers, and patients. Appropriate risk communication at the HCC level can effectively mitigate the potential stress on hospitals by developing and sharing such materials, with a focus oriented towards the specific populations affected by Zika virus.
- Funds may not be used for public health activities such as epidemiological investigation, surveillance, public health laboratory testing or equipment, mosquito abatement, etc. that are supported through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) Program or the PHEP Zika cooperative agreement.
  - If necessary, HPP awardees can request approval to use grant funds for activities *beyond* the normal scope of work. This approval must be sought *prior* to using funds, through official communication with your Office of Grants Services, Grants Management Specialist and HPP Field Project Officer.
  - Turnaround time for approval or disapproval of these requests at the federal level is typically within 30 days, but additional time may be required at the state or local level before sending the request to the federal government.
  - For costs that are less than \$250,000 or 25 percent of the total award, whichever is less, prior federal approval may *not* be necessary. However any Zika-based request must still be detailed in an email to your Field Project Officer and Grants Management Specialist for review, tracking and audit purposes.
  - In accordance with the terms and conditions of carryover-based expanded authority, awardees cannot use previous budget period unobligated carryover fund balances for Zika related activities.

**NOTE:** This guidance does **NOT** apply to the Hospital Preparedness Program (HPP) Ebola Part A and Part B funding. HPP Ebola funding may not be used for Zika preparedness and response.

## **FEMA FY 2016 Emergency Management Performance Grant (EMPG)**

The purpose of the Emergency Management Performance Grant (EMPG) Program is to provide federal funds to states to assist state, local, territorial, and tribal governments in preparing for all hazards.

While the primary sources of grant funding to support the preparedness and response capability for Zika Virus Disease should be the CDC Public Health Preparedness and Response (PHPR) Cooperative Agreement for All-Hazards Public Health Emergencies: Zika 2016 and the ASPR Hospital Preparedness Program, EMPG funding can be used for this purpose for emergency preparedness and management. Allowable activities include, but are not limited to:

- Strengthening public health incident management and emergency operations coordination to enable jurisdictions to provide emergency management response support that exceeds normal capacity;
- Strengthening information management and sharing;
- Strengthening community recovery and resilience;
- Vector control and surveillance;
- Health surveillance and epidemiological investigation;
- Laboratory testing and support services; and
- Blood safety.

**Due to the lack of a required nexus to terrorism, the FEMA Homeland Security Grant Program may not be used for Zika preparedness and response.**

Questions regarding the use of EMPG funding to support the preparedness and response capability for Zika Virus Disease should be addressed to your FEMA Regional program analyst.

Given that CDC and ASPR grant funding is awarded to state and large urban area health departments, FEMA grant recipients at the state, local, territorial and tribal level should contact their applicable health departments to inquire about this grant funding.