

# Grant Information

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**Funding Opportunity Title:**

*Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities  
(CFDA #93.817)*

**Funding Opportunity Number:** [EP-U3R-15-002](#)

**Application Due Date:** 04/22/2015

\* There is no cost sharing or match requirement for this project.\*

## Summary

The Department of Health and Human Services released a new funding opportunity announcement for hospitals: the [Hospital Preparedness Program \(HPP\) Ebola Preparedness and Response Activities](#). This funding opportunity will award a total of \$194,500,000 to states and other grantees for Ebola health care system preparedness and response and the development of a regional Ebola treatment strategy.

The Hospital Preparedness Program Ebola grant opportunity will provide funding to all 50 states, Washington, D.C., and select metropolitan jurisdictions **to support health care facilities** that are capable of serving as regional Ebola and other special pathogen treatment centers, Ebola Treatment Centers and assessment hospitals for their states or jurisdictions.

Not only will the funding support health care coalitions to prepare frontline hospitals, emergency medical services agencies, and the overall health care system, it will support the purchase of on-site infectious waste treatment technologies, i.e. high-volume autoclaves, for Treatment Centers and Assessment Hospitals. Medical waste autoclaves are an efficient means of rendering all CAT A hazardous materials waste (including Ebola), and other highly infectious waste generated at a facility, inactivated and safe for disposal in the solid waste stream.

Further, the grant states that some of the funding shall go to hospitals to “*Ensure capability to handle Ebola-contaminated or other highly-contaminated infectious waste (e.g., through purchase or contract to use on-site a high-volume autoclave capable of sterilizing all hospital waste used in the care of a patient with Ebola, or by having a waste management facility within the state or jurisdiction willing and able to incinerate and dispose of Ebola waste, or by having a written agreement with another state willing and able to do so).*”

- ASPR is awarding a total of \$194,500,000 in funding
- State, County, City or Townships may apply
- Two Parts/Funding Streams to the Grant (can apply for both if applicable)
  - **Part A**, 62 awards totaling \$162,000,000 for funding for Ebola Treatment Centers, Assessment Hospitals, and support of health care coalitions to prepare frontline hospitals and overall healthcare system Ebola preparedness activities.
    - Approximate Average Award: \$ 2,612,903
    - Floor of Individual Award: \$ 202,989
    - Ceiling of Individual Award: \$ 15,229,780

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- Facilities listed in Appendix 3 of this document and ASPR's Grant FOA are guaranteed a minimum of \$500,000.
- High Risk and stand-alone pediatric Ebola Treatment Centers will be allocated additional funding.
- 60 month budget and project length.
- Specific requirements, listed under implementation, are required.
  - *Activity A: Develop a Concept of Operations*
    - Detailed outline of the jurisdiction's tiered approach for health system response, including **identification of healthcare system and facility gaps.**
  - *Activity B: Assure Readiness of Ebola Treatment Centers and Assessment Hospitals*
    - Strategy 1: Improve and maintain health care worker readiness for Ebola and Ebola-like diseases
      - Focus on healthcare worker training, annual exercises, procurement of PPE, and coordination with National Training and Education Center
    - Strategy 2: Enhance the hospital's physical infrastructure to ensure infection control for Ebola preparedness and response, as necessary.
      - Reconfiguration of patient flow, retrofitting inpatient areas for enhanced infection control, consideration of clinical laboratories and equipment.
      - Ensure capacity to handle Ebola-contaminated or other highly-contaminated infectious waste:
        - **Purchase or contract to use high-volume autoclave** to treat Ebola and other highly-contaminated waste on-site
        - Written agreement with waste management facility within state or jurisdiction willing and able to incinerate or dispose of Ebola waste off-site
  - *Activity C: Develop Capabilities of Health Care Coalitions to enable their members to care for Ebola patients*

- Strategy 1: Ensure all coalition partners have access to PPE, trainings, and exercises according to their respective role in the health care system.
  - Strategy 2: Ensure that EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points are included in Ebola coalition planning.
  - Strategy 3: Integrate health care system preparedness and infection control through health care coalition engagement with State Healthcare-Associated Infection (HAI)/Infection Control advisory groups, established with funding and guidance from CDC's Epidemiology and Laboratory Capacity for Infection Control (ELC) program and to consider how a regional emergency preparedness structure could support improved infection control for coalition members.
- **Part B, 10 awards totaling \$32,500,000** for funding of Regional Ebola Treatment Centers
    - Approximate Average Award: \$ 3,250,000
    - Floor of Individual Award: \$ 3,250,000
    - Ceiling of Individual Award: \$ 4,600,000
    - At least \$2,250,000 is estimated for the first year and \$250,000 each year after.
    - No less than 90% is to be designated for the Regional Ebola Treatment Center.
    - Budget Period Length: 12 months (one year) / Project Period Length: 60 months (five years)
    - Specific requirements, listed under implementation, are required.
      - *Activity A: Supporting regional planning for the development of a regional network for Ebola patient care.*
        - Strategy 1: Development of written, signed agreements between state or jurisdiction elected officials, or jurisdiction health officials within the region to cultivate a regional network for Ebola patient care
        - Strategy 2: Ensure the development of interfacility and interstate transport plans are developed for Ebola patients that consider ground transport times between facilities and from designated airports to the Regional Ebola and other special pathogen treatment center

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- *Activity B: Developing, supporting, and maintaining regional Ebola and other special pathogen treatment centers*
  - Strategy 1: Ensure regional Ebola and other special pathogen treatment centers are ready to accept an Ebola patient within eight hours of notification by developing and maintaining strong health care worker competencies and safety procedures and surge capacity for Ebola and Ebola-like diseases.
    - Focus on healthcare worker training, quarterly exercises, procurement of PPE, and coordination with National Training and Education Center
  - Strategy 2: Ensure the regional Ebola and other special pathogen treatment center's infrastructure is ready and policies are established to accept an Ebola patient within eight hours of notification; collaborate with partners, as necessary, to achieve this.
    - Ensure facility's ability to provide care to normal flow of patients as well as 10 respiratory isolation patients (AIIR rooms) and two Ebola patients (special pathogen treatment rooms) at one time.
    - Ensure capacity to handle Ebola-contaminated or other highly-contaminated infectious waste:
      - Purchase or contract to use high-volume autoclave to treat Ebola and other highly-contaminated waste on-site.
      - Written agreement with waste management facility within state or jurisdiction willing and able to incinerate or dispose of Ebola waste off-site.

## GRANT FREQUENTLY ASKED QUESTIONS

### Is the grant for specific awardees?

No. The grant can be awarded to any state, county, city or township. *(Though, the grant does include that the applicant “should coordinate the HPP activities with supplemental activities under the ELC Cooperative Agreement ... and the PHEP Cooperative Agreement...”)*

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**Are pre-completed grant templates available for my facility?**

If your facility is funded by a state, county, city or township, pre-completed grant templates may be available. Contact your local emergency preparedness agency or coalition and inquire if pre-completed grant templates are available for this grant.

**Is there a match requirement?**

No.

**If our facility has not yet been assessed by the CDC-led REP team, can our facility still apply for funding?**

Yes, your facility would apply as an assessment hospital or a frontline healthcare facility. Facilities must have been assessed prior to February 15, 2015 to be considered for funding as an Ebola Treatment Center per this grant. *(Waivers to this requirement may exist. Please inquire with your local emergency preparedness agency.)*

**What if there are multiple facilities within an awardees jurisdiction?**

The funding will be disseminated per the awardees discretion. Facilities listed in Appendix A are guaranteed \$500,000, and should request such amount at minimum in its budget and narrative requests.

**Can our facility be reimbursed for prior Ebola preparedness costs?**

Yes, a portion of the funding can be used to compensate health care facilities for Ebola preparedness activities undertaken since July, 2014. *(Notice: Per the Funding Restrictions, Awardees cannot use the funding for research, clinical care, for salaries for back filling of personnel, or for antibiotics for treatment of secondary infections.)*

**If our facility would like to purchase supplies and equipment that we know will exceed the funding requirement, can we ask for assistance with funding for such equipment and still get grant support?**

Yes, when completing the budget and narratives in the application include the portion that your facility will match in the appropriate column. *(Please see the example below, listed as Table 4.)*

**Has your facility or agency already been awarded funding through one of the below grants?**

The Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements, Funding Opportunity Number: CDC-RFA-TP12-1201 and CDC-RFA-TP12-120102CONT14

The Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements / PHEP Supplemental for Ebola Preparedness and Response Activities, Funding Opportunity Number: CDC-RFA-TP12-12010302SUPP15

The Ebola Healthcare Preparedness and Response for Select Cities With Enhanced Airport Entrance Screenings from Affected Countries in West Africa, Funding Opportunity Number EP-U3R-15-001

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If yes, your local emergency preparedness agency may already have the funding or supplies that you are requesting under this grant. Please inquire as to the agency's pre-existing HPP/PHEP plan, if your facility has already been provided associated funds/supplies from these other grants or what your facility can expect to receive in regards to funding/supplies from those grants and under this grant.

### **Where to start as a facility?**

**Addressing the following requirements ASAP will help speed along the application process:**

#### **Requirement 1: Incorporation of your facility into your State/County/City or Township Concept of Operations (CONOPS).**

1. Does our State/County/City or Township already have a CONOPS in place? A CONOPS is a health care system concept of operations concept of operations (emergency plan), which most entities started in 2011.
  - i. If so, is our facility incorporated into the CONOPS? (If no, ask to be added.)
  - ii. If our facility is already included in the CONOPS, is there a PPE stockpile and waste management plan already mapped? (If no, ask for a PPE stockpile location to be designated and for a waste management plan to be implemented with on-site sterilization of wastes. (CONOPS can be amended annually.)
2. Do you plan on applying for the *Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities Grant*? (If yes, see below. If no, ask for the agency to apply for funding based on the information that your facility will provide.)
3. If already applying under this grant, what date do they expect your facility to have your budget and narratives in by?
4. If applying under this grant, will the agency provide your facility with pre-completed information/sample of its requirements?

#### **Requirement 2: ASPR requires that funding be limited to the Ebola treatment centers listed in Appendix 3 and to assessment hospitals that have been designated by their state health officials as of the posting of this FOA – what is your facility's standing?**

Is your facility listed in Appendix 3 of the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities FOA? *(If yes, please make that clear in your request for funding from your local emergency preparedness agency.)*

If not, has your facility already been assessed by a CDC-led REP team and designated as an Assessment hospital by state health officials as of the posting of the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities FOA? *(If yes, your facility may be able to request funding under this FOA as an Ebola Treatment Center.*

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*If no, your facility must request funding under this FOA as an Assessment Hospital or as a Frontline Healthcare Facility, or request a waiver.)*

**Requirement 3: Your local emergency preparedness' CONOPS plan must include the proposed project/improvement that funding will be used for, i.e. procurement of a high volume autoclave:**

- **Does your local emergency preparedness agency's CONOPS (concept of operations) include on-site sterilization in its waste management plan?**

Your State's CONOPS should include on-site sterilization of wastes for the introduction of funding for such equipment to apply. CONOPS may be changed annually. Please discuss this option with your local emergency preparedness agency representative.

- **Additional Requirements for consideration:**

- Applicants should include narratives and budgets spanning the entire length of the projects applied for, which may not exceed 60 months (five years) for Parts A and B.
- Applicants should coordinate the HPP activities with supplemental activities under the ELC Cooperative Agreement (CK-14-1401PPHFSUPP15) and the PHEP Cooperative Agreement (CDC-RFA-TP12-12010302SUPP15), as well as the activities under the annual cooperative agreements for ELC (CDC-RFA-CK14-1401PPHF14) and HPP-PHEP (CDC-RFA-TP12-120102CONT14).
- Applicants must submit a discrete application, itemized budget, and budget narrative for each HPP project for which they are applying. For example, Part A – Health Care System Preparedness and Response will have a separate budget from Part B – Development of a Regional Network for Ebola Patient Care.

### **Address to Request Application Package & For Project Questions**

Application materials can be obtained from <http://www.grants.gov>.

Contact person regarding this FOA is:

Robert Scott Dugas, MPH

Branch Chief, Hospital Preparedness Program

Telephone: (202) 245-0732

Email: [Robert.dugas@hhs.gov](mailto:Robert.dugas@hhs.gov)

Applicants are encouraged to submit their application prior to the due date. *Hence, facilities should submit their budget and narratives to their local emergency preparedness agency in a timely matter to provide the agency ample time to incorporate your data into the application.*

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## Appendix 1: Example Template of what to send your state/local Emergency Preparedness Agency for Budget Requests

This information is provided in the below format to help the Awardee implement your facility's information into its application for this grant. Each project (in this case, your facility's request would be the project) must have its own Project Abstract and Project Narrative, and they must sync with your local jurisdiction's CONOPS, thus providing this information clearly and concisely is a key qualifier for application acceptance and approval. The crucial requirements for each section are outlined below:

### Project Abstract

A clear summary of the proposed project including a statement of objectives and methods to be employed. This summary should be written in a language universally understood by the public and healthcare industry professionals, and suitable for public dissemination (no proprietary or confidential information).

### Project Narrative

Please see page 22 of the FOA for formatting requirements

The project narrative is the heaviest weighted evaluation of the application package. Outlined below are the most pertinent parts of each section of the project narrative:

- **Background:** (*WHAT we would be proposing and WHY we are proposing it?*)
  - o Description of the core background information relative to the specific project, **including problems/gaps that have been identified in compliance with the requirements outlined in this FOA.** *Note- these problems/gaps should coincide with the problems/gaps/recommendations of your facility's jurisdictional CONOPS.*
  - o Provide a clear explanation of how the proposed projects will address the **healthcare system problem** and support the healthcare system priorities, i.e. Ebola Waste:
    - *The procurement of an on-site high volume autoclave would meet the requirement of Part A, Activity B, Strategy 2: Enhance the hospital's physical infrastructure to ensure infection control for Ebola preparedness and response, as necessary....by "ensuring capability to handle Ebola-contaminated or other highly-contaminated infectious waste."*
- **Current Capacity:** (*HOW we are doing it currently and what synergies will align with the proposed project?*)
  - o Current Capacity - Address the facility's **current capacity** to successfully implement the proposed project and associated activities, including describing staff and other infrastructure already in place in which to build upon, to meet project period outcomes.
- **Approach and Work Plan:** (*HOW we are going to successfully eradicate the problems/gaps identified in the background section of this narrative?*)
  - o For each Part applied for, clearly identify the expected outcomes your facility expects to achieve by the end of the project period (60 months), making sure that they directly address/align with **the problems/gaps identified in the background** section of the narrative. Provide a clear and concise description of the strategies and activities you will use to achieve the project's outcomes (Ebola Preparedness - training, PPE, and waste management preparations).

- Briefly introduce the project being proposed and describe what the expected outputs (e.g., milestones) will be over the first 12-months of the project and a higher-level description for each subsequent year (First year milestone – e.g.: installing an on-site waste management system to control and secure the waste management stream, increasing public safety while simultaneously decreasing facility waste costs; training the minimum number of required staff to meet Ebola Preparedness guidelines; stockpiling PPE or preparing a PPE management plan to properly prepare per Ebola Preparedness guidelines, second year milestone – e.g.: waste management continues to be prophylactic for surge medical emergencies while maintaining cost control strategies, training of staff will continue to increase and response times per guidelines for such staff will decrease, PPE will be maintained, etc.).
- Administrative Preparedness Plan Execution: N/A to facilities
- **Budget Narrative and Justification:**
  - A detailed budget with supporting justification must be provided and be related to recipient activities that are stated in facility’s work plans for either Parts A or B requests. Please note the following budget-related issues:
  - Budgets that include costs for equipment (e.g., laboratory or waste management equipment) must be detailed in the budget narrative and justification.
  - Budgets that include retroactive incurred costs must provide adequate detailed documentation to substantiate those costs were incurred and meet the criteria for allowable costs as per [2 CFR SUBPART E](#).
  - Awardees must request retroactive compensation at the time of the application. The request should contain the following information:
    - Time period
    - Line item budget for the period
    - Narrative description of the Ebola preparedness activities

*[Enter the costs, justification, and time periods of purchase for such expenditures here. Please ensure to meet the listed line item requirement listed above.]*

- Budget Requirements meeting SF 424A

**Table 4: Equipment** (Example)

Item(s)	Rate	Federal Cost	Facility Match
<i>On-Site Waste Treatment System (High-Volume Autoclave)</i>	(Cost) x 1	(Enter Here)	(Enter Here)
	TOTAL:	(Total)	(Total)

- **NARRATIVE JUSTIFICATION** (Example): *The listed On-Site waste treatment system is an on-site, high volume autoclave system, which effectively sterilizes Category A and other highly-infectious wastes, in compliance with all applicable State and Federal Laws. By utilizing an on-site waste solution the Special Permit requirement under 49 CFR § 107.105 is*

*not required. The use of on-site waste solutions also decreases the facility's waste per pound costs, while simultaneously increasing hospital and community safety by preventing the introduction of Category A highly infectious wastes into the general population.*

See: <http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/waste-management.html>

- *As an [Choose: Ebola Treatment Center or Assessment Hospital], [Name of Facility] is seeking grant funding to strengthen our physical infrastructure to comply with Part A, Activity B, Strategy 2 of the Grant FOA, "Ensure capability to handle Ebola-contaminated or other highly-contaminated infectious waste (e.g., through purchase or contract to use on-site a high-volume autoclave capable of sterilizing all hospital waste used in the care of a patient with Ebola, or by having a waste management facility within the state or jurisdiction willing and able to incinerate and dispose of Ebola waste, or by having a written agreement with another state willing and able to do so)."*
- *Based on the operational challenges and monetary cost incurred by hospitals that actually treated Ebola patients and did not have a high-volume waste sterilizer on-site (Texas Presbyterian and Bellevue Hospital), [Name of Facility] would like to request the funding for an advanced and automated system capable of sterilizing waste generated from any infectious deadly diseases such as Ebola.*
- *[Example of Off-Site Waste Plan Rejection Statement: The nearest waste management incineration facility that is willing and able to incinerate this deadly waste material is in Galveston, TX. Not only does that option not comply with Part A, Activity B, Strategy 2 of the Grant FOA, it is counter to our infection control and prevention program to transport such deadly infectious material [Enter quantity of miles] miles on public roadways. Sterilizing this infectious waste on-site is our only responsible option to protect the health of our communities and ensure the integrity of our infection control program.]*

*[For High Risk Facilities only: As a "high risk" facility, we understand we may be eligible for up to \$1,700,000. Of this funding, we would like to apply [On-Site Waste Treatment System Quote Total] for a high-volume waste autoclave that will be custom designed and built for our existing building.]*

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## Appendix II: Funding Restrictions

**Restrictions, which must be taken into account while writing the budget, are as follows:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/ASPR/HPP funding for the purchase of furniture. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to carry out any program of distributing sterile needles or syringes for hypodermic injections of any illegal drug.
- Recipients may not use funds to advocate or promote gun control.
- Salaries may not exceed the rate of \$181,500 USD per year.
- Recipients may not use funds for lobbying activities.
- Recipients may not use funds for fund raising.
- Recipients may not use funds for the cost of money even if part of the negotiated indirect cost rate agreement.
- Recipients may not use funds for vehicles.
- Recipients may not use funds for salaries for back filling of personnel.
- Recipients may not use funds for antibiotics for treatment of secondary infections.
- **Funding under these awards may only be used for minor alteration and renovation (A&R) activities. Construction and major A&R activities are not permitted. A&R of real property generally is defined as work required to change the interior arrangements or installed equipment in an existing facility so that it may be more effectively utilized for its currently designated purpose or be adapted for an alternative use to meet a programmatic requirement. The work may be categorized as improvement, conversion, rearrangement, rehabilitation, remodeling, or modernization, but it does not include expansion, new construction, development, or repair of parking lots, or activities that would change the “footprint” of an existing facility (e.g., relocation of existing exterior walls, roofs, or floors; attachment of fire escapes). Minor A&R may include activities and associated costs that will result in:**
  - o Changes to physical characteristics (interior dimensions, surfaces, and finishes); internal environments (temperature, humidity, ventilation, and acoustics); or utility services (plumbing, electricity, gas, vacuum, and other laboratory fittings);
  - o **Installation of fixed equipment (including casework, fume hoods, large autoclaves, biological safety cabinets);**
  - o Replacement, removal, or reconfiguration of interior non-load bearing walls, doors, framed, or windows in order to place equipment in a permanent location;
  - o Making unfinished shell space suitable for purposes other than human occupancy, such as storage of pharmaceuticals; or,
  - o Alterations to meet requirements for accessibility by physically disabled individuals.

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### Appendix III: Ebola Treatment Centers designated as of February 14, 2015

- Maricopa Integrated Health Systems; Phoenix, Arizona
- University of Arizona Health Network; Tucson, Arizona
- Kaiser Los Angeles Medical Center; Los Angeles, California
- Kaiser Oakland Medical Center; Oakland, California
- Kaiser South Sacramento Medical Center; Sacramento, California
- University of California Davis Medical Center; Sacramento, California
- University of California Irvine Medical Center; Orange, California
- University of California Los Angeles Medical Center; Los Angeles, California
- University of California San Diego Medical Center; San Diego, California
- University of California San Francisco Medical Center; San Francisco, California
- Children's Hospital Colorado; Aurora, Colorado
- Denver Health Medical Center; Denver, Colorado
- Emory University Hospital; Atlanta, Georgia
- Grady Memorial Hospital; Atlanta, Georgia
- Ann & Robert H. Lurie Children's Hospital of Chicago; Chicago, Illinois
- Northwestern Memorial Hospital; Chicago, Illinois
- Rush University Medical Center; Chicago, Illinois
- University of Chicago Medical Center; Chicago, Illinois
- Johns Hopkins Hospital; Baltimore, Maryland
- University of Maryland Medical Center; Baltimore, Maryland
- National Institutes of Health Clinical Center; Bethesda, Maryland
- Baystate Medical Center; Springfield, Massachusetts
- Boston Children's Hospital; Boston, Massachusetts
- Massachusetts General Hospital; Boston, Massachusetts
- UMass Memorial Medical Center; Worcester, Massachusetts
- Allina Health's Unity Hospital; Fridley, Minnesota
- Children's Hospitals and Clinics of Minnesota - Saint Paul campus; St. Paul, Minnesota
- Mayo Clinic Hospital - Rochester, Saint Marys Campus; Rochester, Minnesota
- University of Minnesota Medical Center, West Bank campus, Minneapolis, Minnesota
- Nebraska Medicine - Nebraska Medical Center; Omaha, Nebraska
- North Shore System LIJ/Glen Cove Hospital; Glen Cove, New York
- Montefiore Health System; New York City, New York
- New York-Presbyterian/Allen Hospital; New York City, New York
- NYC Health and Hospitals Corporation/HHC Bellevue Hospital Center; New York City, New York
- Robert Wood Johnson University Hospital; New Brunswick, New Jersey
- The Mount Sinai Hospital; New York City, New York

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- MetroHealth Medical Center; Cleveland, Ohio
- Children's Hospital of Philadelphia; Philadelphia, Pennsylvania
- Hospital of the University of Pennsylvania; Philadelphia, Pennsylvania
- Lehigh Valley Health Network - Muhlenberg Campus; Muhlenberg, Pennsylvania
- Penn State Milton S. Hershey Medical Center; Hershey, Pennsylvania
- University of Texas Medical Branch at Galveston; Galveston, Texas
- Texas Children's Hospital; Houston, Texas
- University of Virginia Medical Center; Charlottesville, Virginia
- Virginia Commonwealth University Medical Center; Richmond, Virginia
- Children's Hospital of Wisconsin, Milwaukee; Milwaukee, Wisconsin
- Froedtert & the Medical College of Wisconsin – Froedtert Hospital, Milwaukee; Milwaukee, Wisconsin
- UW Health – University of Wisconsin Hospital, Madison, and the American Family Children's Hospital, Madison; Madison, Wisconsin
- MedStar Washington Hospital Center; Washington, D.C.
- Children's National Medical Center; Washington, D.C.
- George Washington University Hospital; Washington, D.C.
- Harborview Medical Center; Seattle, Washington
- Seattle Children's Hospital; Seattle, Washington
- Providence Sacred Heart Medical Center; Spokane, Washington
- West Virginia University Hospital; Morgantown, West Virginia

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**Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities Grant**  
<http://www.grants.gov/web/grants/search-grants.html?keywords=EP-U3R-15-002>

**Interim Guidance for U.S. Hospital Preparedness for Patients Under Investigation (PUIs) or with Confirmed Ebola Virus Disease (EVD): A Framework for a Tiered Approach**  
<http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/hospitals.html>

**Interim Guidance for Preparing Ebola Assessment Hospitals**  
<http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/assessment-hospitals.html>

**Interim Guidance for Preparing Ebola Treatment Centers**  
<http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/treatment-centers.html>

**Current Ebola Treatment Centers**  
<http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/current-treatment-centers.html>

**Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure**  
<http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>

**Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus**  
<http://www.cdc.gov/vhf/ebola/healthcare-us/cleaning/hospitals.html>

**Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD)**  
<http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/emergency-departments.html>

**OSHA Fact Sheet: *Safe Handling, Treatment, Transport and Disposal of Ebola-Contaminated Waste***  
<http://www2.osha.gov/pls/publications/publication.searchResults?pSearch=FS%203766>

**PPE Selection Matrix for Occupational Exposure to Ebola Virus**  
<http://www2.osha.gov/pls/publications/publication.searchResults?pSearch=PPE%20Selection%20Matrix%20for%20Occupational%20Exposure%20to%20Ebola%20Virus>

Awardee	Hospital Preparedness Program (HPP) Awards	Public Health Emergency Preparedness (PHEP) Awards	Total HPP and PHEP Emergency Funding Awards
	Allocation by State	Allocation by State	Allocation by State
Alabama	\$1,207,077	\$2,025,629	\$3,232,706
Alaska	\$789,652	\$1,156,895	\$1,946,548
American Samoa	\$205,978	\$111,609	\$317,587
Arizona	\$1,862,300	\$2,462,052	\$4,324,353
Arkansas	\$1,030,732	\$1,631,026	\$2,661,759
<b>California (LA Co. not included)</b>	<b>\$5,610,581</b>	<b>\$7,631,409</b>	<b>\$13,241,990</b>
<b>Chicago</b>	<b>\$2,635,256</b>	<b>\$2,096,952</b>	<b>\$4,732,208</b>
Colorado	\$2,394,069	\$2,197,741	\$4,591,810
<b>Connecticut</b>	<b>\$2,689,862</b>	<b>\$2,352,390</b>	<b>\$5,042,253</b>
Delaware	\$1,441,784	\$1,287,284	\$2,729,068
<b>District of Columbia</b>	<b>\$4,197,219</b>	<b>\$1,905,977</b>	<b>\$6,103,196</b>
Florida	\$3,714,962	\$5,253,513	\$8,968,475
<b>Georgia</b>	<b>\$8,570,305</b>	<b>\$5,413,973</b>	<b>\$13,984,278</b>
Guam	\$214,944	\$133,786	\$348,731
Hawaii	\$831,511	\$1,293,695	\$2,125,206
Idaho	\$884,291	\$1,342,308	\$2,226,599
Illinois (Chicago not included)	\$1,954,126	\$3,191,955	\$5,146,081
Indiana	\$1,730,877	\$2,441,042	\$4,171,919
Iowa	\$1,314,487	\$1,696,452	\$3,010,939
Kansas	\$1,080,508	\$1,625,208	\$2,705,716
Kentucky	\$1,325,524	\$1,956,515	\$3,282,040
Los Angeles County	\$2,213,969	\$3,162,114	\$5,376,083
Louisiana	\$1,381,293	\$2,008,700	\$3,389,993
Maine	\$878,298	\$1,288,476	\$2,166,775
Marshall Islands	\$205,978	\$114,468	\$320,446
<b>Maryland</b>	<b>\$11,055,061</b>	<b>\$4,247,719</b>	<b>\$15,302,780</b>
<b>Massachusetts</b>	<b>\$4,671,521</b>	<b>\$3,169,007</b>	<b>\$7,840,528</b>
Michigan	\$2,369,275	\$3,194,475	\$5,563,750
Micronesia	\$208,967	\$122,498	\$331,465
<b>Minnesota</b>	<b>\$5,513,716</b>	<b>\$3,039,300</b>	<b>\$8,553,016</b>
Mississippi	\$1,012,813	\$1,636,166	\$2,648,979
Missouri	\$1,648,208	\$2,327,406	\$3,975,614
Montana	\$1,046,536	\$1,248,811	\$2,295,348
Nebraska	\$908,202	\$1,935,864	\$2,844,066
Nevada	\$1,120,326	\$1,605,316	\$2,725,642

\*\*For informational purposes only\*\*

New Hampshire	\$1,003,744	\$1,305,209	\$2,308,953
<b>New Jersey</b>	<b>\$6,022,489</b>	<b>\$3,874,985</b>	<b>\$9,897,474</b>
New Mexico	\$1,110,324	\$1,471,382	\$2,581,706
<b>New York (NYC not included)</b>	<b>\$3,529,655</b>	<b>\$4,015,401</b>	<b>\$7,545,055</b>
<b>New York City</b>	<b>\$15,229,780</b>	<b>\$6,539,262</b>	<b>\$21,769,042</b>
<b>North Carolina</b>	<b>\$4,499,279</b>	<b>\$3,829,810</b>	<b>\$8,329,089</b>
North Dakota	\$949,944	\$1,174,159	\$2,124,104
Northern Marianas Islands	\$205,978	\$110,859	\$316,836
<b>Ohio</b>	<b>\$4,465,541</b>	<b>\$4,182,517</b>	<b>\$8,648,058</b>
Oklahoma	\$1,170,175	\$1,821,776	\$2,991,951
Oregon	\$1,283,680	\$1,855,117	\$3,138,797
Palau	\$202,989	\$104,444	\$307,432
<b>Pennsylvania</b>	<b>\$10,417,536</b>	<b>\$5,204,900</b>	<b>\$15,622,436</b>
Puerto Rico	\$1,037,745	\$871,489	\$1,909,235
<b>Rhode Island</b>	<b>\$2,453,740</b>	<b>\$1,315,437</b>	<b>\$3,769,176</b>
South Carolina	\$1,619,252	\$2,065,502	\$3,684,754
South Dakota	\$812,557	\$1,181,411	\$1,993,969
Tennessee	\$1,634,299	\$2,410,543	\$4,044,842
<b>Texas</b>	<b>\$7,818,913</b>	<b>\$9,232,987</b>	<b>\$17,051,900</b>
Utah	\$1,174,097	\$1,631,749	\$2,805,846
Vermont	\$871,285	\$1,147,838	\$2,019,123
Virgin Islands (US)	\$208,967	\$122,242	\$331,209
<b>Virginia</b>	<b>\$6,910,524</b>	<b>\$3,866,179</b>	<b>\$10,776,703</b>
<b>Washington</b>	<b>\$3,485,778</b>	<b>\$2,547,759</b>	<b>\$6,033,536</b>
West Virginia	\$943,048	\$1,402,667	\$2,345,715
Wisconsin	\$2,243,765	\$2,282,216	\$4,525,981
Wyoming	\$774,708	\$1,124,426	\$1,899,134
<b>TOTAL</b>	<b>\$162,000,000</b>	<b>\$145,000,000</b>	<b>\$307,000,000</b>
<b>Competitive Grant (PART B)</b>	<b>\$32,500,000</b>	-	<b>\$32,500,000</b>
<b>TOTAL AVAILABLE FOR AWARD</b>	<b>\$194,500,000</b>	<b>\$145,000,000</b>	<b>\$339,500,000</b>
<b><i>Bolded states and jurisdictions designate high risk awardees.</i></b>			

<http://www.hhs.gov/news/press/2015pres/02/20150220a.html>

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