

RESOLUTION NO. 2024- 290

A RESOLUTION AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT BETWEEN THE NEW JERSEY ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NJACCHO) AND THE CITY OF VINELAND TO ACCEPT NJACCHO FUNDING FOR SERVICES PROVIDED BY THE VINELAND HEALTH DEPARTMENT FOR THE SUSTAINING LOCAL PUBLIC HEALTH INFRASTRUCTURE GRANT.

WHEREAS, the New Jersey Association of County and City Health Officials (NJACCHO) is providing funding to the Vineland Department of Health, in the amount up to \$168,049.00, for expenses incurred to meet the deliverables for the Sustaining Local Public Health Infrastructure Grant; and

WHEREAS, the NJACCHO agrees to reimburse the City of Vineland retroactively from July 1, 2024 through March 31, 2026 for any approved grant activities and expenses with correct documentation.

WHEREAS, the Department of Health agrees to:

- Accept funds as reimbursement for expenses and activities approved in the approved application for the Sustaining Local Public Health Infrastructure Grant
- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit monthly invoice forms to NJACCHO, outlining expenses and activities, including documentation to prove expenses.

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Vineland that the Health Director or his designee are hereby authorized and directed to execute the Letter of Agreement and such other documents as required between the New Jersey Association of County and City Health Officials and the City of Vineland to accept NJACCHO funding for services provided by the Vineland Department of Health in connection with expenses incurred to meet the deliverables for the Sustaining Local Public Health Infrastructure Grant.

Adopted:

President of Council

ATTEST:

City Clerk



Memorandum

To: Robert Dickenson, Business Administrator
 From: Macleod Carré, Health Director *mc*
 Date: June 26, 2024
 Re: Letter of Agreement between NJ Association of County and City Health Officials (NJACCHO) and the City of Vineland Health Department

Attached please find a Letter of Agreement between the NJ Association of County and City Health Officials (NJACCHO) and the City of Vineland Health Department. The funding is provided for the Vineland Health Department expenses incurred to meet the deliverables for the Sustaining Local Public Health Infrastructure grant. NJACCHO will reimburse retroactively to July 1, 2024 and through March 31, 2026 up to \$168,049.

The City of Vineland Health Department agrees to:

Vineland Health Department agrees to:

- Accept funds as reimbursement for expenses and activities approved in the approved application for the Sustaining Local Public Health Infrastructure grant.
- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit quarterly invoice forms to NJACCHO, outlining expenses and activities, including documentation to prove expenses.

I kindly request a resolution be executed as soon as possible to enable my department to accept the funding in order to reimburse our department for expenses incurred.

Thank you.

C: Susan Baldosaro, Director of Finance
 Laura Gilroy, Accountant

Enclosures (2) Grant Award Notice; Grant Application

OK
FOR
RD
 6-26-24





PROTECTING NEW JERSEY'S HEALTH AND ENVIRONMENT SINCE 1911

Letter of Agreement
Sustaining Local Public Health Infrastructure Grant

June 26, 2024

Vineland Health Department
C/O Christopher Buono
640 E. Wood Street
Vineland, NJ 08360

Dear Christopher Buono,

Thank you for your recent application for the Sustaining Local Public Health Infrastructure Grant (OLPH25PHI001, CFDA number 93.323). The New Jersey Association of County and City Health Officials (NJACCHO) is pleased to offer you a grant award of \$168,049 for the timeframe of 7/1/24 – 3/31/26. This letter lays out an agreement between the parties for reimbursement by NJACCHO to the Vineland Health Department for activities and expenses identified within your approved grant application.

To be eligible for reimbursement, Local Health Departments expenses must align with the grant deliverables specified in your approved grant application. Reimbursements will be issued on a quarterly basis to LHDs who have completed all programmatic reporting requirements and have completed the online invoice template form via the Submittable platform. Quarterly invoice forms must also include documentation for all expenses, including but not limited to copies of receipts or payment vouchers, proof of staff time (e.g. payroll records) or other documentation to support costs have already been incurred and paid. No advanced payment will be allowable within this grant.

Reporting Requirements:

Expenditure and Program Reports must be submitted quarterly. Reports are due in Submittable by the 10th of the subsequent month. Final expense and program reports are due April 30, 2026. If funds are expended prior to the grant period ended and the grant is closed out, subsequent reports are not required. Grant reporting requirements are below:

Grant Reporting Period	Report Number	Progress Report Due Date
July 1, 2024 – September 30, 2024	1	October 10, 2024
October 1, 2024 – December 31, 2024	2	January 10, 2025
January 1, 2025 – March 31, 2025	3	April 10, 2025
April 1, 2025 – June 30, 2025	4	July 10, 2025
July 1, 2025 – September 30, 2025	5	October 10, 2025
October 1, 2025 – December 31, 2025	6	January 10, 2026
January 1, 2026 – March 31, 2026	7/Final	April 30, 2026





NJACCHO agrees to:

- Reimburse Vineland Health Department for any approved grant activities and expenses with correct documentation for the grant budget period of July 1, 2024 through March 31, 2026.
- Work closely with Vineland Health Department to provide assistance in completing programmatic and fiscal reporting templates and forms.
- Provide technical assistance for quarterly reporting, grant modifications and subsequent funding requests.

Vineland Health Department agrees to:

- Accept such funds as reimbursement for expenses and activities approved in the approved application for the Sustaining Local Public Health Infrastructure grant.
- Accept such reimbursement as the only financial obligation of NJACCHO.
- Demonstrate compliance with both N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1.
- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit quarterly invoice forms to NJACCHO, outlining expenses and activities, including documentation to prove expenses.
- As a condition of reimbursement agree to any modifications with reimbursement program that may be imposed upon NJACCHO by NJDOH.
- As a condition of reimbursement agree not to submit the same expense(s) through any other channel(s) including other NJDOH grants or other financial opportunities. Personnel costs (e.g. salary, fringe, etc) included should not be duplicated and/or exceed 100% of the allocated time.
- Work closely with the NJACCHO Grant team to resolve any programmatic or payment discrepancies in a timely manner.
- Adhere to NJACCHO deadlines for reimbursement submission(s).

This agreement may only be modified or amended by writing executed by both parties hereto and approved by NJACCHO. This agreement may be terminated by either party upon thirty (30) days written notice to the other party stating the reason for the termination.





NEW JERSEY ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
PO BOX 6987, FREEHOLD, NJ 07728
WWW.NJACCHO.ORG

PROTECTING NEW JERSEY'S HEALTH AND ENVIRONMENT SINCE 1911

In witness whereof, the parties hereto have signed this two (2) page Letter of Agreement on the date as indicated below.

For Vineland Health Department:

Signature

Print Name

Date

For the NJACCHO:

Signature

Linda Brown, Executive Director, NJACCHO

Date



Public Health
Prevent. Promote. Protect.

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

**Sustaining Local Public
Health Infrastructure**

**Local Health Department Grant
Award**



**NEW JERSEY ASSOCIATION OF
COUNTY AND CITY HEALTH OFFICIALS**

**Project Period:
July 1, 2024 – March 31, 2026**

**Budget Period:
July 1, 2024 – March 31, 2026**

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I. IMPORTANT DATES

Application Open Date in Submittable:	June 10, 2024
Application Close Date in Submittable	June 24, 2024
Budget / Project Period Start Date:	July 1, 2024
Budget Period End Date for Year One	June 30, 2025
All Funds Expended by: (all items received, and payments made)	April 30, 2026

The online application via the Submittable platform will open for applications on **Monday, June 10, 2024, at 10:00 am**. Applications must be received no later than Monday June 24, **2024, at 5:00 pm**,

Any request received after this date and time will not be accepted. Funding awards are a flat award based on identified local health departments in the February 15, 2024, Local Health Directory. Eligible health departments and award allocations are available in Appendix A. Applications 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 apply for the full budget allocation for the desired duration of the available budget period (7/1/24 – 3/31/26). Any funds that are not applied for in the original application process are expected to be reallocated to interested grantees at a later point. While these dollars may increase award allocations for some grantees, there are not expected to be any additional funds added to this grant during the full budget period.

Note: Post-Award Expenditure Reporting Dates are listed on page 8.
Post-Award Progress Reporting Dates are listed on page 8.
Post-Award Budget Revision are listed on page 9.

II. IMPORTANT INFORMATION

APPLICATION GUIDANCE is included in **Appendix D**, starting on page 17. *Please follow this guidance* to expedite the applications compile time 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 February 15, 2024.

IV. AT A GLANCE: PURPOSE and FUNDING OVERVIEW

These funds 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.

In New Jersey, there are currently 104 health departments, serving diverse populations and ensuring swift and comprehensive public health response for the State’s nearly nine (9) million residents. These Local Health Departments (LHDs) have varied infrastructure, where some agencies may provide services to an entire county, some to a single city or municipality, and some to a group of municipalities. Since Public Health Priority Funding was discontinued in 2011, most LHDs are funded

through local taxes or short-term programmatic-specific grants, resulting in a reduced workforce and reduced availability of services, even though the need for public health services has increased. As such, it is critical that LHDs sustain public health infrastructure so that they can more aptly respond to COVID-19/other infectious diseases and future public health needs while continuing to direct resources in a way that ensures health equity. Grantees will have the option to support LHD staffing (i.e., LHOC, IDPG, COVID-19 Data Manager/Epidemiologist, etc.) previously funded through the Strengthening Grant, LINCS grant, or other related DOH-OLPH grant programs (if needed).

Equal award allocations (\$168,049) will be available to all eligible Local Health Departments, based on the prescribed allocation from NJDOH. Additional award allocations are not expected for year 2 of the budget period.

a) Goals of Funding

Funding provided by the Sustaining Local Public Health Infrastructure program is intended to support Local Health Department grantees in achieving one or more of the following goals (G0-G4).

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

LHDs can choose which program goals fit their needs and apply only to those program goals; LHDs are not required to apply to all program goals. Specific activities outlined under each Goal do not need to be identified in the application budget process or subsequent post-award reporting.

G0: Increase health equity for disproportionately affected populations.

Example activities include:

- a. Dedicate personnel and administrative capacity to focus on health equity for disproportionately affected populations, including health education activities and outreach/messaging.
- b. Conduct assessment of existing public health policies and their impact on social determinants of health, generating data to inform health equity decision-making and strategic planning.
- c. Ensure equitable access and coordination across LHD's and other departments (e.g., police, social services, etc.) to public health resources (e.g., information, equipment, services) for disproportionately affected populations.
- d. Develop and implement policies that foster accountability and transparency within the organizational infrastructure to prioritize equity.

G1: Streamline processes, supported by technology, performance metrics, data collection, and automation. Example activities include:

- a. Contract or hire grants management staff.
- b. Build/acquire application(s) to digitize information intake and collection (e.g., medical data, inspection records, job applicant/human resource records).
- c. Purchase software to support and/or expand data modernization.

G2: Strengthen LHD organizational capacity/staffing to drive progress and decision making, expand data collection for public health and health equity priorities. Example activities include:

- a. Sustain/hire key staff positions to support grant-specific goals, capacity, and initiatives.
- b. Continue to implement and streamline pathways to full-time employment for current part-time employees and volunteers supporting COVID-19 and other communicable/infectious disease initiatives.
- c. Build dashboards to aggregate and visualize outbreak hotspots to prioritize inspection and disease control efforts, mitigation, and reporting.
- d. Develop expertise and infrastructure to contribute to/leverage centralized data and analytical hubs.

G3: Develop/expand multilingual, culturally appropriate communications/public health campaigns and share across LHDs. Example activities include:

- a. Coordinate with third-party agencies (e.g., translational services) and private sector organizations to support the development of localized and effective campaigns.
- b. Create and maintain a repository of communications materials for LHDs to increase efficiency through information exchange.
- c. Develop and launch cross-municipal campaigns (e.g., media and messaging).
- d. Supporting the development of COVID-19 and infectious disease programs and services designed to meet the needs of immigrant and migrant populations.

G4: Enhance/sustain ongoing COVID-19/communicable/infectious disease mitigation efforts and codify institutional knowledge and lessons learned. Example activities include:

- a. Increasing education and re-education of health-care facilities in the jurisdiction regarding reporting of communicable diseases.
- b. Create a local content repository/playbook/training materials for COVID-19 template materials (e.g., contract templates, reference documents, directory of key contacts, communications materials, etc.) for LHDs.
- c. Conduct needs assessment to identify variations across different LHDs and populations and better target future communicable disease efforts.
- d. Expand/develop case investigation/contact tracing infrastructure.
- e. Sustain/support vaccination outreach/education/awareness and support efforts for COVID-19 and other communicable/infectious diseases.

b) PROGRAMMATIC REQUIREMENTS

- The Grantee will participate in and/or support activities related to the overall Sustaining Local Public Health Infrastructure grant.
- 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 by established due dates, and demonstrate measurable progress. Timely submissions are used as a performance measure/indicator.
- The Grantee is responsible for the submission of monthly grant expense reports and quarterly progress reports, as indicated in the RFA and subsequent grant award letter. NJACCHO reserves the right to withhold, reduce, or deny any award due to delinquent reports, failure to show satisfactory progress, inadequate stewardship of grant funds, and/or failure to meet the terms and conditions of this award.
- Grantees will comply with programmatic site visits/virtual meetings as a means of direct contact and monitoring of grant compliance.
- 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. NJDOH encourages grantees to obligate/expend all funds awarded.
- Grantees cannot submit the same expenses for reimbursement through any other channels including, but not limited to, other NJDOH grants and the Federal Emergency Management Agency (FEMA) reimbursement process.
 - All procurement, including professional services, contracts, and agreements, must be completed through the procurement process of the grantee and/or sub-awardee. Non-contract vendors are chosen through the competitive bidding process, depending on the grantee/sub-awardee's established procurement thresholds and other requirements. NJACCHO does not endorse or show a preference for any vendor. NOTE: Signed/dated/fully executed contract 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.

VII. GRANT DELIVERABLES

FY25 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.

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 the 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.

Quarterly Expenditure Reports must be submitted via the Submittable grant management system on or before the due dates listed below. Grantees are only required to report until available funds are fully expended.

Expense Reporting Period	Expense Report Number	Expense Report Due Date
July 1, 2024 – September 30, 2024	1	October 10, 2024
October 1, 2024 – December 31, 2024	2	January 10, 2025
January 1, 2025 – March 31, 2025	3	April 10, 2025
April 1, 2025 – June 30, 2025	4	July 10, 2025
July 1, 2025 – September 30, 2025	5	October 10, 2025
October 1, 2025 – December 31, 2025	6	January 10, 2026
January 1, 2026 – March 31, 2026	7/Final	April 30, 2026

Quarterly Progress Reports must be submitted via the Submittable grant management system on or before the due dates listed below. Grantees are only required to report until available funds are fully expended.

Progress Reporting Period	Quarterly Progress Report Number	Progress Report Due Date
July 1, 2024 – September 30, 2024	1	October 10, 2024
October 1, 2024 – December 31, 2024	2	January 10, 2025
January 1, 2025 – March 31, 2025	3	April 10, 2025
April 1, 2025 – June 30, 2025	4	July 10, 2025
July 1, 2025 – September 30, 2025	5	October 10, 2025
October 1, 2025 – December 31, 2025	6	January 10, 2026
January 1, 2026 – March 31, 2026	7/Final	April 30, 2026

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

IMPORTANT: Final Progress and Expenditure Reports ***MUST*** be submitted thirty (30) days after the grant has ended, no later than **April 30, 2026**. Please be advised that if a Final Expenditure Report is not received by **April 30, 2026**, the grant may be closed out based on the last Expenditure Report submitted.

X. BUDGET REVISION & GRANT AMENDMENT REQUESTS

Budget Revisions/Grant Amendments must be *submitted* to the assigned NJACCHO Grant Team members via message outlining proposed changes. Upon preliminary approval, the formal process will begin within Submittable.

Grantees are eligible for up to 3 budget modifications PER grant year. Final requests for modifications during year 1 must be received by April 30, 2025. **The last date to initiate budget modifications for the grant is January 31, 2026.**

XI. TECHNICAL ASSISTANCE

Grantees will be assigned a designated PMO and GMO. Below provides a full listing of NJACCHO Grant staffing, who can assist with general and technical assistance during the grant period:

PMOs	GMO
<p>Linda Brown NJACCHO Executive Director lbrown@njaccho.org</p> <p>David Henry NJACCHO Grant Management Specialist dhenry@njaccho.org</p>	<p>Nicole Leonard NJACCHO Finance Director nleonard@njaccho.org</p> <p>Yan Fu NJACCHO Grant Finance Assistant yfu@njaccho.org</p> <p>Mel Willingham NJACCHO Grant Finance Assistant mwillingham@njaccho.org</p> <p>Priya Iddamalgoda NJACCHO Grant Finance Assistant piddamalgoda@njaccho.org</p>

APENDIX A: Eligible Local Health Departments & Award Allocations

Local Health Department	Award Allocation
Atlantic City Dept of Health & Human Services	\$168,049
Atlantic County Division of Public Health	\$168,049
Bayonne Health Department	\$168,049
Bergen County Department of Health Services	\$168,049
Bernards Township Health Department	\$168,049
Bloomfield Department of Health & Human Services	\$168,049
Branchburg Health Department	\$168,049
Burlington County Health Department	\$168,049
Camden County Department of Health & Human Services	\$168,049
Cape May County Health Department	\$168,049
City of Elizabeth, Department of Health & Human Services	\$168,049
City of Orange Township	\$168,049
City of Passaic Division of Health	\$168,049
City of Paterson, Division of Health	\$168,049
City of Plainfield Health Department	\$168,049
City of Trenton, Department of Health & Human Services	\$168,049
City of Vineland	\$168,049
Clark Health Department	\$168,049
Clifton Health Department	\$168,049
Colts Neck Township Health Department	\$168,049
Cumberland County Department of Health	\$168,049
East Hanover Health Department	\$168,049
East Orange Department of Health	\$168,049
East Windsor Health Department	\$168,049
Edison Department of Health & Human Services	\$168,049
Englewood Health Department	\$168,049
Essex County Department of Health	\$168,049
Essex Regional Health Commission	\$168,049
Ewing Health Department	\$168,049
Fair Lawn Health Department	\$168,049
Fort Lee Health Department	\$168,049
Freehold Area Health Department	\$168,049
Gloucester County Department of Health & Senior Services	\$168,049
Guttenberg Health Department	\$168,049
Hackensack Department of Health	\$168,049

Local Health Department	Award Allocation
Hamilton Township Division of Health	\$168,049
Harrison Health Department	\$168,049
Hillsborough Township Health Department	\$168,049
Hillside Health Department	\$168,049
Hoboken Health Department	\$168,049
Hopewell Township Health Department	\$168,049
Hudson Regional Health Commission	\$168,049
Hunterdon County Department of Health	\$168,049
Irvington Health Department	\$168,049
Jersey City Department of Health & Human Services	\$168,049
Jersey Shore Regional Health Commission	\$168,049
Kearny Department of Health	\$168,049
Lawrence Township Health Department	\$168,049
Lincoln Park Health Department	\$168,049
Linden Board of Health	\$168,049
Livingston Health Department / Millburn Health Department	\$168,049
Long Beach Island Health Department	\$168,049
Long Branch Department of Health	\$168,049
Mahwah Health Department	\$168,049
Maplewood Health Department	\$168,049
Mercer County Division of Public Health	\$168,049
Mid-Bergen Regional Health Commission	\$168,049
Middle-Brook Regional Health Commission	\$168,049
Middlesex County Office of Health Services	\$168,049
Monmouth County Board of Health	\$168,049
Montclair Health Department	\$168,049
Montgomery Township Health Department	\$168,049
Montville Township Health Department	\$168,049
Morris County Division of Public Health	\$168,049
Morristown Division of Health	\$168,049
Mount Olive Township Health Department	\$168,049
Newark Department of Health & Community Wellness	\$168,049
Nutley Department of Public Affairs and Health	\$168,049
NW Bergen Regional Health Commission	\$168,049
Ocean County Health Department	\$168,049
Palisades Park Health Department	\$168,049
Paramus Health Department	\$168,049
Passaic County Department of Health	\$168,049
Pequannock Township Health Department	\$168,049
Princeton Health Department	\$168,049

Local Health Department	Award Allocation
Rahway Health Department	\$168,049
Randolph Township Health Department	\$168,049
Ringwood Health Department	\$168,049
Rockaway Township Health Department	\$168,049
Salem County Department of Health	\$168,049
Secaucus Health Department	\$168,049
Somerset County Department of Health	\$168,049
South Brunswick Health Department	\$168,049
Sussex County Department of Health and Human Services	\$168,049
Teaneck Department of Health & Human Services	\$168,049
Town of Dover Health Department	\$168,049
Township of Morris Health Department	\$168,049
Township of North Bergen	\$168,049
Township of South Orange	\$168,049
Township of West Milford Department of Health	\$168,049
Union City Health Department	\$168,049
Union County Office of Health Management	\$168,049
Union Township Health Department	\$168,049
Village of Ridgewood Health Department	\$168,049
Warren County Health Department	\$168,049
Washington Township Health Department	\$168,049
Wayne Health Department	\$168,049
Weehawken Health Department	\$168,049
West Caldwell Health Department	\$168,049
West New York Health Department	\$168,049
West Orange Department of Health and Welfare	\$168,049
West Windsor Health Department	\$168,049
Westfield Regional Health Department	\$168,049
Woodbridge Township Health & Human Services	\$168,049

APPENDIX B: Allowable Grant Expenses & Activities

The list of activities that are an allowable expense for the partner organization to distribute funds to LHDs include those that provide critical resources to state, local, & territorial health departments in support of a broad range of COVID- 19/SARS-CoV-2 testing & epidemiologic surveillance-related activities or activities intended to complement activities covered through other ELC COVID resources and explicitly expand upon those strategies and activities in ELC Enhancing Detection:

1. Personnel (term, temporary, students, overtime, contract staff, fringe, etc.)
 - Health Officer (up to 10% of Annual Salary)
 - Grant Managers
 - Management, budget, and administrative support
 - Informaticians
 - Epidemiologists
 - Public Health Planners
 - Data entry clerks, managers/analysts
 - Data visualization specialists
 - Vaccine registry data manager
 - Health communication (including those specializing in risk communication)
 - Health educators/Risk communicators
 - Infection prevention and control staff
 - Community Health Workers & organizations working with populations at higher risk for COVID-19
 - Security staff (for personnel and clinic settings)
 - Other staff supporting grant deliverables and LHD capacity.
 - 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 ELC Enhancing Detection funds as determined by the US Department of Health and Human Services.
 - There is no overall cap for personnel/fringe costs for this grant. LHDs may choose to use the entire award value to support allowable personnel costs to meet grant deliverables and independent needs.
2. Equipment
 - Laboratory equipment & necessary maintenance contracts at local or regional PHLs
 - General equipment (generators, freezers, 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.)
 - Electronic Vehicle Charging Stations allowable on a case-by-case basis with the following required for review prior to approval:
 - LHD provides written justification of need
 - Vendor quote provided (costs must be reasonable)
 - LHD link this item to a program deliverable

3. Supplies
 - Collection supplies, test kits, reagents, consumables, and other necessary testing supplies for existing testing or onboarding new platforms at local health departments
 - Computers, printers, laptops, cell phones, etc., for grant-funded staff
 - Ancillary supplies & consumables necessary to perform testing for SARS-CoV-2 within or outside of the traditional PHL setting
4. Software
 - Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, data modernization, 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
5. Construction & Renovation
 - 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.)
6. Outreach & Education
 - Expenses associated with outreach & assistance (e.g., support provided through community-based organizations) for those at higher risk of COVID-19
 - Health communications materials & health education services to inform & protect communities
 - Support for social services & health education efforts that will facilitate compliance with isolation & quarantine and/or case investigation & contact tracing efforts
 - Mass vaccination campaigns
 - Translation services and materials
7. Contracts
 - Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities
 - Contracts with local or regional health departments
 - Contracts to support testing at clinical, private, or academic institutions
8. 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

9. Training & Professional Development of Staff

- Registration fees for approved professional conferences, which would not otherwise be available for free.
 - Priority should be given to staff members supported directly by this grant.
- Travel expenses for conference attendance. Priority should be made for staff members supported by this grant.
 - NOTE: Travel expenses including mileage, travel costs, flights, and hotel expenses are allowable.
 - NOTE: The applicable GSA rate must be followed (www.gsa.gov)
 - NOTE: Per diem meals are NOT allowable.

10. 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 Grant Expenses & Activities

- Awardee may not make purchases until the grant period has begun (July 1, 2024).
- Reimbursement of pre-award salaries is not permitted.
- Contracts that are not fully executed cannot be reimbursed. Signed/executed contracts must be uploaded by the Grantee to the Submittable platform once available.
- Awardees may not use funds to purchase furniture.
- Awardee may not purchase equipment without prior approval by NJACCHO.
- Awardee may not use funds may not be used to purchase food.
- Awardees 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 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 section VIII (b)(5).
- Awardee may supplement but not supplant existing state or federal funds for activities described in the budget.
- Awardee may not use funds to support purchases or training connected to community noise enforcement or lead detection/abatement/enforcement.
- Awardee and sub-awardees may not use funds on training courses, exercises, and planning resources when similar offerings are available at no cost.
- Release time for funded staff to attend professional/corporate training, drills, and exercises is allowed. However, the funding of salaries for any backfill of personnel is not allowed.
- NJDOH will not permit awardees or sub-awardees to redirect personnel costs (salary and fringe) to other cost categories for positions that remain vacant beyond three months. Funds for positions vacated in excess of six months must be returned to NJDOH.
- Awardee and sub-awardees cannot use funds to purchase or lease vehicles.
- 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. Awardees must ensure sub-awardees comply with this provision.

Sustaining Local Public Health Infrastructure Application Guidance

This grant provides the opportunity for applicants to select from five (5) 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 Sustaining 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, June 10, 2024, at 10:00am.

STEPS TO GAIN ACCESS:

1. All eligible LHDs will receive an invitation link from NJACCHO with direct access to the application via the Submittable grant management platform.
2. CURRENT ELPHI Grantees:
 - i. You are encouraged to use the same primary account holder to apply.
 - ii. 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.
 - iii. This grant will appear in your Submittable account as a new project. Application information and subsequent reporting requirements will be completed through this project.
3. For NEW Grantees:
 - i. Click the invitation link here or via email.
 - ii. 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.
 - iii. Complete the two-page eligibility form. This includes your address and LHD name.
 - iv. If eligible, you will be taken directly to the application form.
 - v. Be sure to confirm your new account by checking your inbox for an email called "Please Confirm Your Email Address"
 - vi. 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.
4. Tips for Applications:
 - i. 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.
 - ii. When you are ready to submit your application, click the "Submit" button at the bottom of the form. While Collaborators can edit the application, ONLY primary account holders can submit.
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
- LHD Address
- Acknowledgment the grant budget allocation for full grant period (7/1/24 – 3/31/26)

SECTION 2: GRANT CONTACTS

The following information is required in this section:

- Designation of Core Program Management Personnel
 - Project Manager Name, Title, and contact information
 - Fiscal Manager Name, Title, and contact information

SECTION 3: GRANT IMPLEMENTATION & EVALUATION

This narrative section will ask for information on your department's capacity to implement, evaluate and sustain your proposed grant activities. The following is required:

- Applicant Organizational Capacity
 - Describe the organizational capacity to achieve the objectives as detailed in the RFA and monitor grant progress.
 - Describe the organizational capacity to prepare and submit plans, progress reports, expenditure reports and performance measures.
 - Provide a brief narrative description of your proposed project. Please be sure to include the selected project goal and how the proposed activity or expense will support the identified goal area.
- Evaluation
 - Briefly describe how the organization will evaluate the proposed program(s) or initiative(s). Please include how you will measure success.
- Sustainability
 - Briefly describe how the organization is working towards sustaining the program and/or initiatives when the grant concludes in March 2026.

SECTION 4: GRANT BUDGET

This section requires the completion of the budget template, identifying the planned activities and/or costs. Identified budget expenses should 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
- **IMPORTANT:** For each expense only select one (1) Goal. Do Not Split Expenses Across Multiple Goals.

The following information is required in this section:

- Budget Template Upload. See additional detail and tips related to the template below.
- Total Budget by Cost Category. This should be transferred from the Budget Template to the Submittable application.

- Selection of relevant Goal areas.
NOTE: Corresponding questions for each goal will ONLY show for Goals selected. If you do not see corresponding questions, please ensure you have selected all relevant goals.
 - For each identified Goal area, you will need to transfer the Summary by Line Item information from your spreadsheet to the Submittable table.
 - Upload any back up documentation or justification (if relevant) for identified expenses.
- Fringe Benefits – if your application includes any fringe expenses, please upload a justification for the fringe benefits.

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:
 - Each Goal has a separate tab within the Budget Template form.
 - For each activity or expense, include:
 - Cost Category and description (Column B)
 - Budget Breakdown:
 - **DIRECT COSTS**
 - Column C - Schedule A (salary costs)
 - Column D - Schedule A (fringe costs)
 - Column E - Schedule B (other direct costs).
 - **INDIRECT COSTS** – Must be identified separately in the “Indirect Costs” tab on the Budget Template.
- Summary by Line Item Totals
 - Your budget spreadsheet will automatically calculate Goal totals and line item totals within each Goal tab. Please be sure the correct cost category is selected to ensure the summary numbers are correctly connected to each category.
 - The total for all line items will be automatically calculated in the Summary by Line Item tab.
 - The Submittable application will ask that you carry over all line items totals (by goal and overall totals) from your budget spreadsheet into the submittable table.

Sample Template

<p>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: List one (1) Cost Category for each 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)</p>	<p>Schedule A (Salary Costs) List funding amount requested for each Cost Category below \$</p>	<p>Schedule A (Fringe Costs) List funding amount requested for each Cost Category below \$</p>	<p>Schedule B (Other Direct Costs) List funding amount requested for each Cost Category below \$</p>
<p>Salary/Fringe: John Smith, Outreach Coordinator (Annual Salary \$70,000, Fringe @28.57% \$20,000, Salary/Fringe - 1/1/25-6/30/25 \$35,000/\$10,000)</p>	<p>\$35,000</p>	<p>\$10,000</p>	
<p>Salary: To Be Determined, PT REHS (Annual Salary \$15,000-No Fringe, Salary 1/1/25-6/30/25)</p>	<p>\$7,500</p>	<p>0</p>	
<p>Salary: Bob Stevens, PT Epidemiologist \$45.00 per hour X 250 estimated hours through 6/30/25</p>	<p>\$11,250</p>	<p>0</p>	
<p>Equipment: DELL X19 Computers (2 @\$2,000 each= \$4,000), to support outreach coordinator positions</p>			<p>\$4,000</p>

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 5: FINANCIAL PAYMENT DETAILS

1. Applicants should indicate if they are a current Enhancing Local Public Health Infrastructure (ELPHI) grantee.
 - If Yes, grantee has the option to utilize payment information already on file with NJACCHO (paper check or ACH transfer)
 - If No, applicant will be asked to 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.

BE SURE TO SAVE THE APPLICATION DRAFT AS INFORMATION IS ADDED

SUBMIT APPLICATION