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June 4, 2021

# NOFO CHECKLIST FOR CDC

# DIS WORKFORCE

# DEVELOPMENT GUIDANCE

**Purpose:** This checklist is a tool to help project area staff ensure that deliverables and key elements in the NOFO are met and contained in the proposal submitted to CDC.

**Deliverables**

* Within five business days of receipt of this guidance, the Authorized Official for each respective recipient is required to acknowledge receipt of this guidance as a Grant Note in GrantSolutions. The acknowledgement must be submitted on official letterhead and utilize the attached “Acknowledgement Letter for PS19-1901– COVID-19 Supplemental Funds” template.
* Workplan Through 12/31/2021 – Submit within 60 days of receipt of funds
  + Describeapproaches to:
    - Procuring sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic and other incident infections.
  + Describe jurisdictional response needs for the COVID-19 pandemic and other incident infections
  + Describe how you are prioritizing hard-to-reach communities, focusing diversity, equity, and inclusion in hiring and recruiting workers from local communities
  + Provide a brief overview of their programmatic context and capacity to implement workforce development goals, and information on needs assessment
    - Describe current organizational structure
    - Describe current staffing, staffing and skills gaps, training, training gaps, and outbreak response capacity.
    - Provide organizational chart(s) and policy and procedure documents at the state and local levels, as applicable
  + Either include CDC suggested work plan template or a locally developed workplan. (Recipients are not required to use the CDC template but will be required to submit all information included in the CDC work plan template.)
* Include One-year Hiring Goals: As part of their work plans, recipients must project their hiring goals and priorities, including those of subrecipients for the current performance period.
  + Include mitigation plans to address challenges in meeting these goals.
  + Include summary of hiring goals that identify the community-based organizations with whom they or subrecipients partner and the specific community(ies) those partners primarily support.
* Submit a Budget:
  + Within 60 days of receipt of funds, recipients must submit budgets for activities through 12/31/2021. (This award will operate on the STD PCHD budget and performance period. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance.)

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**Allowable Costs**

* Application focuses on building the DIS workforce to strengthen the capacity of the jurisdiction to respond to the COVID-19 pandemic and other infectious diseases more effectively.
* The costs, including wages and benefits, related to recruiting, hiring, training and retaining disease investigation staff, including those who conduct or support case investigation, contact tracing, linkage to prevention and treatment, and outbreak response.
  + These individuals may be employed by:
    - STLT public health governments or their fiscal agents
    - Nonprofit private or public organizations, clinical settings, or community-based organizations, with demonstrated expertise in implementing public health programs and established relationships with such STLT public health departments, particularly in medically underserved areas.
* Purchase of equipment and supplies necessary to support DIS including personal protective equipment, diagnostic tests (up to 10% of funding without CDC approval), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position, and other costs associated with support of the expanded workforce (to the extent these aren’t included in recipient indirect costs).
* Administrative support services necessary to implement funded activities, including travel, training (to the extent these aren’t included in recipient indirect costs), and any required or recommended certifications.

**Allowable Activities**

Following is a sample list of allowable activities that may be considered to build the DIS workforce as well as activities that can be completed by the DIS workforce supported with this funding. This list is

not exhaustive; recipients are encouraged to think broadly to meet their individual jurisdictional needs

as well as the needs at the state, tribal, local and territorial level, if applicable.

* Using recent gap assessments, enumerate current staffing, identify programmatic strengths and gaps, and prioritize DIS hiring needs and goals, with a focus on frontline public health staff to respond to incident infections and outbreaks. If a gap assessment is not readily available, funds can be used to conduct this activity.
* In addition to directly hiring staff, programs can use a variety of mechanisms to expand the DIS workforce, including, but not limited to
  + Using the COVID-19 Related Support Services (CRSS) contract mechanism through the General Services Administration (GSA) (Acquisition Gateway (gsa.gov) to obtain contract staff or services;
  + Veterans Employment Services (Veterans.gov);
  + Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines;
  + Establishing partnerships with schools of public health, technical and administrative schools, and social services and social science programs; and
  + Using temporary staffing or employment agencies.
* Addressing community resilience needs to respond effectively to the COVID-19 pandemic and other infectious diseases, including support of vaccine implementation.
* Making subawards or contracts to tribal and local entities to expand, train, and sustain a response-ready DIS workforce.



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* Training and education for new and existing staff on topics, including but not limited to disease intervention, including disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management and oversight, outbreak response, health equity issues and working with underserved populations, cultural competency, informatics or data management, or other needs identified by the jurisdiction and CDC.(All DIS training must adhere to the core competencies developed by CDC. Programs are strongly encouraged to use CDC developed training where available, specifically for CDC developed core DIS training. If programs use other core training, they must submit training curriculum for review and approval.
  + Training should be specialized to public health and strategic to program needs.
  + Training includes cross-training existing staff in other program areas who may be called upon to support the response.
* Developing, training, and equipping staff to be ready to respond to COVID-19 and incident infections and outbreaks.
* Demonstrate a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve. Community-level public health vulnerability or resilience assessments, such as CDC’s Social Vulnerability Index or the U.S. Census Bureau’s Community Resilience Estimates should be used to inform jurisdictional activities, strategies and hiring.
* Ensure the systematic collection of information about the activities, characteristics and outcomes of programs (including the pandemic and other infectious disease response efforts) to inform and improve program effectiveness, and/or make decisions about future program development.

## About NCSD

National Coalition of STD Directors is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSD advances effective STD prevention programs and services in every community across the country.