



DIS Workforce Supplement FAQs 6/17/21

Note: This information is provided by NCSA. This information will change and be updated regularly.

1. What can I fund through this supplement?

This supplement is very flexible - as described in the supplement guidance provided by CDC on May 28, anything that can be related back to DIS for COVID and other infectious diseases, such as STDs, can be funded. This includes:

- Wages and benefits for DIS and supporting staff
- Administrative support services
- Equipment and supplies necessary to support DIS
- Training and skills building for new and existing staff

If you have other ideas for how to use funding, it will be important to explicitly connect how that spending relates to the functioning of DIS for COVID and other infectious diseases and building effective outbreak response-- we encourage you to be creative and think BIG! NCSA has [summarized funding ideas](#) that have already been discussed by members for additional ideas.

2. Will we be receiving funding before the response to the guidance is due?

Yes, the CDC has said that jurisdictions will receive their first year's funding before the end of June. Recipients will be required to submit work plans, one-year hiring goals, and budgets through 12/31/21 within **60 days** of receipt of funds. For example, if the funding is sent out on June 18, 2021, responses to the guidance will be due August 17, 2021.

3. How quickly do I need to spend this money – I cannot absorb this amount quickly.

It is expected that a project of this size will take some time to implement, and you will be able to carry unobligated money forward from year to year for five years under **expanded authority**. Expanded authority is referenced in your PCHD NOA. [The CDC's factsheet](#) on expanded authority states: "Under expanded authority for carryover, the recipient may spend unobligated funds in a following budget period for any approved cost that falls within the scope and objectives of the project."



4. Will we be allowed to provide funding to local and tribal jurisdictions and other non-profits?

Yes, you are strongly encouraged to share funding and establish innovative partnerships with local jurisdictions, tribal nations, and CBOs. The data to support how you plan to allocate these funds in your jurisdiction must come from one of these two following sources: US Census' [Community Resilience Estimates](#), or the [CDC's Social Vulnerability Index](#).

5. Will there be a 10% cap on safety net clinical services like in PCHD?

The supplemental guidance states that purchase of “diagnostic tests (up to 10% of funding without CDC approval)” is allowable. This allows you to justify to CDC spending above 10% on clinical services.

6. Other programs want to decrease my funding as a result of this supplement. How can I push back against this?

Here are some general statements on how you could respond to efforts to reduce your funding to support current DIS:

- This funding is to **increase** the numbers and effectiveness of DIS.
- STD programs will be evaluated on these increased numbers. This is an appropriate metric and the main way in which this funding will be evaluated.
- This funding should not be used to supplant existing investments for DIS.
- This funding is designed to increase the number of DIS addressing several infectious diseases, **including HIV**. Engage your colleagues in how this funding can support their efforts as well.

7. My Governor has said we are not taking any more federal COVID money.

This new funding comes from the American Rescue Plan BUT it is actually a supplement to PCHD, your existing CDC STD grant. This funding is COVID funding, so depending on your jurisdiction's requirements regarding additional COVID funding, you may need to seek approval for the funding.

8. I cannot hire staff internal health department staff for a time-limited project or I have a hiring freeze and cannot hire new staff.

Unlike PCHD where funding is appropriated every year by Congress, the full five years of this funding as already been appropriated and received by CDC. This project is for five years, which is a long time. There are a variety of mechanisms to support hiring through this funding, such as:



- Contractors, hired directly or to sub-grant this funding or other entities
- Using the CDC's FA (federal assistance) to DA (direct assistance) transfer
- Utilizing the CDC Foundation
- COVID-19 Related Support Services contract mechanism through the General Services Administration
- Veteran Employment Services
- Forming partnerships with academic institutions
- Using temporary staffing or employment agencies

9. Are we hiring DIS for only COVID work?

No. You are hiring DIS for COVID and other infectious diseases, which can include HIV and other STDs. This is being acknowledged by the funding coming through DSTDP.

10. What training resources are available now and what can I expect in the future?

Information is being provided by CDC regarding DIS training resources. NCSD will devote a portion of a future full member call to current training resources and what additional DIS training is coming in the future.