

# Frequently Asked Questions

Request for Applications:  
Local Health Department Healthcare-Associated Infections and  
Antimicrobial Resistance (HAI/AR) Project

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**How much will be awarded to selected local health departments, and how many awards do you anticipate providing?**

Local health departments (LHDs) that elect to complete option 1 activities may receive up to \$80,000; LHDs that elect to conduct option 2 activities may receive up to \$120,000. The number of LHDs receiving funding is estimated to be around 30 LHDs, but it depends on the number of LHDs who apply and which options they choose.

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**Does this opportunity apply to the local and/or regional health departments that are part of the state but have few connections with the central office HAI/AR program?**

Yes, but we recommend reaching out to your State HAI/AR program to coordinate efforts prior to applying for the funding opportunity since they will likely be a part of the project implementation activities.

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**Do all project activities have to be completed by July 2023? Is there an option to spread funding beyond July 2023?**

Yes, all activities must be completed by July 31, 2023. There is no option to spread funding for staff beyond the project end date of July 2023.

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**Can the State HAI/AR program administer the program on behalf of the LHD, such as if the hiring and reporting tasks are burdensome for low-resourced local health departments?**

No, the state HAI/AR program cannot administer the program on behalf of the LHDs.

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**Is cross-jurisdictional collaboration encouraged?**

Cross-jurisdictional collaboration is highlighted as part of the strategy, and building relationships internally and externally can be part of the project activities. If it is something that you foster into your health department capacity when addressing HAI/AR, then we encourage you to include that type of capacity in the narrative section of the application.

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**Can we still apply if our local health department has grant funding to support this work from other sources or through NACCHO?**

Yes, you can still apply. We are looking at giving priority to LHDs funded through the HAI/AR demonstration site project, BLOC COVID, or BLOC COVID+ because we really want to utilize this as an opportunity to continue to build on the HAI/AR work that you're already doing.

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**Are federally recognized tribes eligible for this opportunity?**

Eligible applicants for this funding opportunity are local health departments, which include public health departments providing services locally or regionally, and tribal health departments that are active NACCHO members. Upon notification, NACCHO will confirm that selected applicants are current NACCHO members in good standing. To confirm membership status or to become an active NACCHO member, visit <http://www.naccho.org/membership>.

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**Can you confirm that this contract is deliverable-based? Is there a template for the invoice schedule?**

It is deliverable-based, but we do not yet have a template invoice schedule.

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**Does NACCHO determine the deliverables, or do we propose the deliverables?**

The deliverables are determined by NACCHO and are located on page 17 of the RFA under the scope of work.

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**Can LHDs apply for this project with another LHD?**

Yes. It is possible to co-apply with other LHDs for this project. If co-applying, the application must specify a "lead applicant." The lead applicant will enter into a contract with NACCHO and be responsible for managing communication with NACCHO, invoicing, and submitting deliverables.

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**Is there a specific location in the application where we should indicate our request for funding under Option 1?**

This should be included in the budget and budget justification and may be referenced in the implementation capacity section if desired.

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**Are awardees expected to complete all of the activities listed in the CDC LHD HAI/AR Strategy by July 31, 2023; i.e., each of the activities listed under every objective within the strategy? As part of a centralized health department, many of those activities are outside of our purview (e.g., "Explore partnerships with commercial laboratories" and "Develop and disseminate standards for inter-facility patient transfers" to name two), or are beyond our current capabilities (e.g., "Conduct a**

social networking analysis to identify patterns of patient transfers...”). Consequently, we’re unclear whether the statement in the FAQ that, “all activities must be completed by July 31, 2023” refers to all of the activities within the CDC LHD HAI/AR Strategy, or if we are permitted to select only the ones that we can address locally, or whether we can narrow those down further to focus on activities only within certain objectives.

Awardees are not expected to complete all of the activities in the LHD HAI/AR Strategy. The “activities completed by July 31, 2023” refers to the activities outlined in the scope of work that will be part of the contract between NACCHO and the LHD and which is provided as an example in Appendix A. For LHDs who have already completed the strategy planning activity, it is anticipated that they will identify and complete at least 10 activities from the strategy.

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**Would it be appropriate to use the budget line item for “Travel” to include travel expenses in order to meet the requirement, “Attend at least one conference to share lessons learned,” such as NACHO 360, or would separate funding be made available?**

This would be appropriate, but for the conference attendance requirement, NACCHO has separate funding available to support the attendance of one staff person. If you would like a second staff person to attend or have a specific conference that would help to build staff capacity, that can be included in the budget and would be considered in addition to the one conference attendance NACCHO is requiring.

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