ASPR

ADMINISTRATION FOR STRATEGIC
PREPAREDNESS AND RESPONSE

Office of Health Care Readiness

Hospital Preparedness Program Cooperative Agreement

Instructions for Preparing a Noncompeting Continuation Application for Fiscal Year 2025/Budget Period 2

Opportunity number: EP-U3R-24-001

Contents

Step 1: Review the Continuation Guidance

Key facts

Opportunity Name: Hospital Preparedness Program (HPP) Cooperative Agreement

Opportunity Number: EP-U3R-24-001

Federal Assistance Listing: 93.889

Have questions?

See [Contacts and Support](#).

Key dates

Application deadline: June 09, 2025

Anticipated award date: July 1, 2025

Eligibility

This award will be a continuation of funds only for recipients previously awarded under EP-U3R-24-001, Fiscal Year (FY) 2024-2028 HPP Cooperative Agreement. This document provides recipients with instructions for preparing the noncompeting continuation application for FY 2025 and serves as the mechanism for requesting FY 2025/Budget Period (BP) 2 funding. FY 2025/BP2 begins July 1, 2025, and ends June 30, 2026.

For the continuation award, recipients must prepare their FY 2025/Budget Period 2 budget based on the FY 2024/Budget Period 1 award amounts. Please refer to the published [FY 2024/Budget Period 1 funding table](#). Planning numbers will be updated based on the availability of funds.

Requirement updates and clarifications

The Administration for Strategic Preparedness and Response (ASPR) issued the following requirement updates and clarifications following the release of the FY 2024-2028 HPP Notice of Funding Opportunity (NOFO).

Supporting rural readiness

Clarification applicable to entire FY 2024-2028 HPP NOFO

Following existing requirements to engage and address the needs of communities most impacted by disasters, ASPR strongly encourages HPP recipients and health care coalitions (HCCs) to strengthen readiness and resilience for rural and frontier areas. (Note: Local government HPP recipients that represent major metropolitan areas may consider how their HCCs can support neighboring rural and frontier jurisdictions to mitigate or absorb surge.)

HCC membership

Update to 1.1.3 Membership (FY 2024-2028 HPP NOFO, pg. 17)

In the FY 2024-2028 period of performance, HCCs must still meet minimum membership requirements, including membership of leaders of organizations from the health care, emergency management, emergency medical services (EMS) and patient transport services, and public health categories. To continue to build on progress from the previous period of performance and advance the desired HPP outcomes, HCCs must engage at least two acute care hospitals, which may include critical access hospitals, as coalition members.

Roles and responsibilities of the HCC Readiness and Response Coordinator (RRC)

Update to Appendix A: Additional Activity Detail, 1.1.1 Management / Administration (FY 2024-2028 HPP NOFO, pgs. 79-80)

In addition to the roles described in the FY 2024-2028 HPP NOFO (pg. 80), the HCC RRC:

- Can only be assigned to a single HCC; however, ASPR encourages RRCs to coordinate with neighboring HCCs to improve planning and operational readiness.

- Must reside in or be in commuting distance from the HCC they serve. A reasonable commuting radius is such that the RRC can be present to work on-site with the HCC and its members daily.

If you or your HCC(s) have further questions or concerns related to the roles and responsibilities of the RRC, please contact your field project officer (FPO).

Timing and deadlines

The table below summarizes submission instructions and updated timelines for all HPP activities in FY 2025/BP2. **Note: Please review this table carefully for updated submission instructions and timelines.**

For more information on the requirements for each of these activities, review the Activities section of the FY 2024-2028 HPP NOFO. Starting in BP2, all documents listed in Table 1 below should be submitted in the ASPR Cooperative Agreement Accountability and Management Platform (CAAMP).

Table 1: Submission instructions and timeline for activities

Activities	Submission instructions and timeline
1. Establish governance	
1.1 HCC Governance Document	Review each BP and submit updated material as needed. In BP2, submit this by December 31, 2025.
1.2 Jurisdiction Information	Review each BP and submit updated material as needed. In BP2, submit this by December 31, 2025.
2. Assess readiness	
2.1 Risk Assessment (RA) **Note: Previously known as Jurisdiction Risk Assessment (JRA)**	Submit once every five years. If you submitted a JRA during the prior HPP FY 2019-2023 period of performance, you must submit the Risk Assessment five years after that submission.
2.2 Hazard Vulnerability Assessment (HVA)	Review and submit updated material each BP. In BP2, submit this by December 31, 2025.
2.3 Readiness Assessment	Review and submit updated material each BP. In BP2, submit this by December 31, 2025.
2.4 Supply Chain Integrity Assessment	Review the current Supply Chain Integrity Assessment and submit updated material each BP. If you and your HCC(s) do not have a supply chain assessment, submit this by December 31, 2026 (BP3). Review and submit updated material each BP from BP4-BP5.

Activities	Submission instructions and timeline
2.5 Workforce Assessment	Submit by December 31, 2026 (BP3). Review each BP from BP4-BP5 and submit updated material as needed.
2.6 Cybersecurity Assessment	<u>Update as of April 2025</u>: Due by June 30, 2026. Review and submit updated material each BP from BP3-BP5.
2.7 Extended Downtime Health Care Delivery Impact Assessment	<u>Update as of April 2025</u>: Due by June 30, 2026. Review and submit updated material each BP from BP3-BP5.
3. Plan and implement	
3.1 Strategic Plan for FY 2024-2028	Review and submit updated material each BP, as needed. In BP2, submit this by December 31, 2025.
3.2 Readiness Plan	Review and submit updated material each BP. In BP2, submit this by December 31, 2025.
3.2.1 Training and Exercise Plan	Review and submit updated material each BP. In BP2, submit this by December 31, 2025.
3.3 Response Plan	
3.3.1 Information-Sharing Plan	Review the current Information-Sharing Plan each BP and submit updated material as needed. In BP2, submit this by June 30, 2026.
3.3.2 Resource Management Plan	Review the current Resource Management Plan each BP and submit updated material as needed. In BP2, submit this by June 30, 2026.
3.3.3 Workforce Readiness / Resilience Plan	Due by December 31, 2026 (BP3). Review each BP from BP4-BP5 and submit updated material as needed.
3.3.4 Medical Surge Support Plan	Review the current Medical Surge Support Plan each BP and submit updated material as needed. In BP2, submit this by June 30, 2026.
3.3.5 Patient Movement Plan	You and your HCC(s) must define the submission deadline for the Patient Movement Plan when you and your HCC(s) develop your Readiness Plan. Once submitted, review each BP, and submit updated material as needed.
3.3.6 Allocation of Scarce Resources Plan	You and your HCC(s) must define the submission deadline for the Allocation of Scarce Resources Plan when you develop your Readiness Plan. Once submitted, review each BP, and submit updated material as needed.
3.4 Continuity and Recovery Plan	
3.4.1 Continuity of Operations Plan (COOP)	Review the current COOP each BP and submit updated material as needed. In BP2, submit this by June 30, 2026.

Activities	Submission instructions and timeline
3.4.2 Cybersecurity Support Plan	Update as of April 2025: Due by June 30, 2027 (BP3). Review each BP from BP4-BP5 and submit updated material as needed.
3.4.3 Extended Downtime Support Plan	Update as of April 2025: Due by June 30, 2027 (BP3). Review each BP from BP4-BP5 and submit updated material as needed.
3.4.4 Recovery Plan	Due by June 30, 2026 (BP2). Review each BP from BP3-BP5 and submit updated material as needed.
4. Exercise and improve[1]	
4.1 Medical Response and Surge Exercise (MRSE)	Complete the exercise and submit the MRSE Exercise Reporting Tool by June 30 of each BP.
4.2 Patient Movement Exercise	Complete once, within one year of submitting the Patient Movement Plan.
4.3 Federal Patient Movement Exercise	If applicable, complete once every three years, or as required by other cooperative agreements/programs.
4.4 Cybersecurity Exercise	Update as of April 2025: Complete once by June 30, 2028 (BP4).
4.5 Non-Cyber Extended Downtime Exercise	Complete once between BP4-BP5.
4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	Complete once in the five-year period of performance.
4.7 Statewide Exercise	Complete once in the five-year period of performance.

Federal program requirements

In completing the activities in Table 1, you must satisfy the following requirements to maintain eligibility for HPP funds:

- **Submit pandemic influenza preparedness plans.**

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[1] Please refer to the Exercise and Improve section of the 2024-2028 HPP NOFO (pgs. 36-39) for a full list of requirements. Please note that certain compliance requirements, like the requirement to conduct at least one exercise that addresses the needs of at-risk individuals and communities most impacted by disasters, are not listed in this table.

- HPP's authorization (sections 319C-1 and 319C-2 of the Public Health Service [PHS] Act) requires you to have updated plans describing activities you will conduct to prepare for pandemic influenza.

- You can satisfy the yearly requirement by submitting required program data, such as program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of communities most impacted by disasters.

- **Meet Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) compliance requirements.**

  - You must coordinate with volunteer health professional entities. The ESAR-VHP compliance requirements identify capabilities and procedures that state ESAR-VHP programs must have in place to ensure effective management and inter-jurisdictional movement of volunteer health personnel in emergencies. Note: For more information on ESAR-VHP, please refer to the ESAR-VHP website.

  - We also encourage you to collaborate with the Medical Reserve Corps (MRC) to facilitate integration of MRC units with the local, state, and regional infrastructure to help ensure an efficient response to an emergency. For more information on the MRC, please refer to the MRC website.

- **Ensure cross-discipline coordination.**

  - You may use HPP funding to support coordination activities, such as planning activities between local health departments and HCCs, but you must ensure that these activities are approved, allowable, reasonable, and allocable, according to the 2024-2028 HPP NOFO and associated guidance. You must also track and report on the accomplishments and outcomes of these activities.

- **Comply with Public Safety Communications (SAFECOM) requirements.**

  - Recipients and HCCs that use federal preparedness grant funds to support emergency communications activities must comply with current SAFECOM guidance for emergency communications grants. Please refer to Cybersecurity and Infrastructure Security Agency (CISA) SAFECOM for more information about the current SAFECOM guidance.

- **Comply with cooperative agreement administrative requirements.**

  - You must submit the following:

    - Progress reports.

- Program and financial data by the deadline, including budget and quarterly spend plan reports. Refer to the reporting section in the 2024-2028 HPP NOFO (pg. 75) for more information.

- Progress in achieving evidence-based benchmarks and objective standards.

- Performance measures data.

- Outcomes of preparedness exercises, including strengths, weaknesses, and associated corrective actions.

- Accomplishments highlighting the HPP activities' impact and value in your jurisdiction.

- You must have fiscal and programmatic systems in place to document accountability and improvement and must demonstrate these systems during site visits.

  - We encourage you to invite FPOs and senior ASPR staff to attend or observe events, such as scheduled exercises, regional meetings, jurisdictional conferences, strategic advisory committee meetings, and/or coalition meetings supported by HPP funding.

- You must participate in mandatory meetings and trainings; however, a waiver with supporting justification may be requested and approved on a case-by-case basis. We consider the following meetings mandatory, and you should budget travel funds accordingly:

  - National Healthcare Coalition Preparedness Conference as specified by ASPR.

  - Directors of Public Health Preparedness annual meeting sponsored by the Association of State and Territorial Health Officials.

  - Annual Preparedness Summit sponsored by the National Association of County and City Health Officials; required each year for the 50 states, the District of Columbia, Puerto Rico, U.S. Virgin Islands, and three directly funded localities; every other year, Pacific Islands can alternate with the Pacific Islands Preparedness and Emergency Response Summit.

  - Other mandatory training sessions that may be conducted via webinar or other remote meeting venues.

- You must maintain all program documentation for purposes of data verification and validation. We strongly encourage recipients to develop internal electronic systems that allow jurisdictions to share documentation with FPOs, including evidence of progress in completing corrective actions for weaknesses identified during exercises and drills.

- You must engage in the coordination and provision of technical assistance support within your jurisdiction. You must actively work with your FPOs to properly identify, manage, review, and update technical assistance requests on an as needed basis. ASPR encourages HCCs, health care entities, and other partners supporting the provision of care during emergencies to request technical assistance in a timely manner and use the ASPR [Technical Resources, Assistance Center, and Information Exchange (TRACIE) website](#) to identify existing technical assistance resources.

Accountability provisions

If you fail to substantially meet the benchmarks for the immediately preceding year required by the FY 2024-2028 HPP NOFO, you are subject to withholding of a statutorily mandated percentage of the award. For example, if you:

- Do not substantially meet the benchmarks (one or more) or do not submit your pandemic influenza preparedness plan in only one of the two immediately subsequent fiscal years following the first failure, we can withhold 10 percent of your award.

- Do not substantially meet the benchmarks (one or more) or do not submit your pandemic influenza preparedness plan in only one of the two immediately subsequent fiscal years following the third consecutive year of failure, we can reduce 15 percent of your funding award.

The Department of Health and Human Services (HHS) Secretary will develop and implement a process to notify you if we determine you failed to substantially meet requirements. That process will provide you with the opportunity to correct noncompliance. If you fail to correct the noncompliance, then you will be subject to withholding in subsequent years.

Benchmarks

Table 2: Recipient and HCC Benchmarks

Benchmark (BM) number	Requirement description	Recipient	HCC	Possible percent % of withholding
BM1	Recipients **must** execute subawards with each HCC within 90 calendar days from the start of each BP.	X		10%
BM2	Recipients **must** submit quarterly spend plan reports.	X		
BM3	Recipients **must** submit updates to the Strategic Plan by December 31 each BP.	X		
BM4	HCCs **must** submit their final budgets to the recipients and ASPR within 30 days following receipt of the subaward. The budget should identify the funding sources the HCC uses (e.g., fiduciary agent, direct funding by contract), the amount received from each funding source, and the mechanism(s) your HCC uses to receive funds.		X	
BM5	HCCs **must** update and submit their Readiness Plan by December 31 each BP.		X	
BM6	HCCs **must** complete the MRSE annually. Data from the MRSE **must** be submitted by HCCs. HCCs are required to submit MRSE performance measure information and the MRSE Exercise Reporting Tool to ASPR. **Note:** Hospitals located in approved jurisdictions: American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of Palau, the Republic of the Marshall Islands, Guam, and the U.S. Virgin Islands **must** also complete the MRSE. HCCs may include objectives in the MRSE apart from HPP requirements, which support their members in meeting additional exercise requirements (e.g., Joint Commission, Centers for Medicare and		X	

		X		10%
	Medicaid Services (CMS), state, and local jurisdictional requirements). HCCs can request approval to utilize a real-world incident response to satisfy their annual MRSE requirement.			
BM7	HPP recipients **must** submit required program data – such as the program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of communities most impacted by disasters.	X		10%
	Total potential withholding percentage			**20%**

Step 2: Write your application

Please note that the project update is a new component for the continuation application for FY 2025/BP2. Specific details are provided below.

New application requirement

Project update

Page limit: Four pages

File name: Project update

Time period: July 1, 2024 – December 31, 2024

Applicants **must** submit a project update which includes a summary of the following:

- Progress toward completing activities described in the project narrative.
- Significant changes to the programmatic strategy, such as changes to the work plan and/or budget.

- Any administrative or organizational changes to state, local, tribal, and territorial (SLTT) programs and/or HCC(s).

- Updates to the strategic priorities for the period of performance, as described in the BP1 project narrative.

- Description of any challenges or barriers that you anticipate for the period of performance, including any new challenges and any technical assistance needs.

- Updates to the strengths and weaknesses, as identified in the BP1 project narrative.

Application checklist

To be eligible to receive a FY 2025/BP2 HPP continuation award, all recipients **must** submit the following documents through GrantSolutions.gov. For more information on the requirements for each of these components, please refer to the FY 2024-2028 HPP NOFO.

Table 3: Application checklist

Component	How to upload	Page limit
Project update	Insert in a single Other Attachments form.	Four pages
Detailed FY 2025 Budget Period 2 work plan and budget	Upload using the HPP Recipient Work Plan and Budget Template from ASPR CAAMP.	None
Other Attachments ☐ Table of contents ☐ Indirect cost rate agreement ☐ Emergency Medical Services for Children (EMSC) support letter ☐ Organizational chart ☐ *Recipient Level Direct Costs (RLDC) waiver request (if applicable)* ☐ *Memorandum of Agreement or Understanding (optional)* ☐ *Bona fide agent documentation (optional)*	Other Attachments should be listed together in one attachment but may also be attached separately. Those in *italics* are as needed or optional, while the rest are required.	None
Standard forms	Upload using each required form.	None

☐ Application for Federal Assistance (SF-424) ☐ Budget information for Non-Construction Programs (SF-424A) ☐ Assurances – Non-Construction Programs (SF-424B) ☐ Disclosure of Lobbying Activities (SF-LLL)		

Continued funding is subject to the availability of funds and satisfactory progress, which is measured in part by the timely submission of the continuation application.

General application packet tips

- Properly label each item of the application packet.

- Each section should use single spacing with one-inch margins.

- Use Times New Roman, 12-point font.

- Number all pages.

- GrantSolutions allows several file types (e.g., Word, Excel, PDF) to be uploaded within the system, excluding ZIP files.

- ASPR strongly recommends submission of the required documents in GrantSolutions in advance of the deadline to allow time to troubleshoot any problems with the only submission system.

- ASPR strongly recommends that recipients notify their FPO once their application has been completed and uploaded, with all required attachments, into GrantSolutions.gov.

Step 3: Submit your application

Application submission

ASPR requires recipients to submit a noncompeting continuation application through GrantSolutions.gov. You must submit your application by 11:59 pm ET on June 09, 2025.

If you encounter any difficulties submitting the application through Grantsolutions.gov, please contact the GrantSolutions help desk at 866-577-0771 or email help@grantsolutions.gov prior to the submission deadline.

Federal financial report submission

Annual Federal Financial Reports (FFRs) SF-425 are required and **must** be submitted to HHS Payment Management Systems (PMS). Annual program progress reports are required and **must** be submitted to ASPR CAAMP. Both the annual FFRs and program progress reports are submitted no later than 90 days after the end of the budget period. The annual FFR for HPP FY 2025/BP2 (July 1, 2025 – June 30, 2026) is due to PMS by September 30, 2026.

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Contacts and support

Agency contacts

Program

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SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.