

# ICF Podcast Series Navigating COVID-19 Aid—FAQs

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## Episode 1: [Leveraging federal dollars for COVID-19 response](#)

### 1 What funding is available to respond to coronavirus disease (COVID-19)?

A: The Department of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under Section 319 of the **Public Health Service Act** (42 U.S.C. 247d). HHS's **Office of the Assistant Secretary for Preparedness and Response (ASPR)** Hospital Preparedness Program and the Centers for Disease Control and Prevention's Public Health Emergency Preparedness Cooperative Agreement are adding supplemental funding to their 2020 budget periods for COVID-19 response.

On March 13, 2020, the President issued an Emergency Declaration for all states, tribes, territories, and the District of Columbia pursuant to Section 501(b) of the **Robert T. Stafford Disaster Relief and Emergency Assistance Act**, 42 U.S.C. 5121-5207 (Stafford Act). Under the Stafford Act, states, territories, tribes, local governments, and certain private nonprofit organizations are eligible to apply for Federal Emergency Management Agency (FEMA) Public Assistance (PA). In accordance with Section 502 of the Stafford Act, eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under **Category B of FEMA's PA Program**.

**Major Disaster Declarations** under the Stafford Act has been declared for many states. Under this declaration, state, local, eligible private not for profits, and individual members of the public are potentially eligible for assistance under the remaining categories of the PA Program and now the Individual Assistance (IA) Program. In addition, funds from FEMA's Hazard Mitigation Grant Program may also be provided.

### 2 What should emergency management officials and hospital officials be thinking about in terms of tracking costs that are potentially eligible for the PA Program?

A: Track all your costs, then figure out later what can get reimbursed by what funding source. Costs include staffing, equipment purchases, supply purchases, etc.; everything you are spending needs to be tracked. Hospital associations and state health departments are cooperative agreement recipients from HHS. Coordinating now with these entities can ensure there is no overlap of funding requests and no unmet need requests.

Work with your public health providers, legal aid services, and nongovernmental organizations to consider the provision of crisis counseling, legal assistance, and other eligible activities under the FEMA IA Program.

For states that have IA open to their citizens, registration is an important step to determining needs and fact sheets. Registration information should be made broadly available to residents.

**3 Has HHS put in place any guidelines regarding how they are supporting the medical supply chain that government leaders should know?**

A: As of March 30, HHS follows their existing process to request and release supplies. The best option is to request what is needed in very specific terms and then see what would be available and what would be the best source to fulfill that need, which is coordinated at the federal level between HHS and FEMA. Individual healthcare facilities should submit need requests through their healthcare coalitions or local emergency management agency, both of which will in turn either fulfill the request or pass it on to the state emergency management agency. This is the process for every declared disaster and should be followed for this event as well.

**4 What are some of the things state and local governments should be thinking about when it comes to working with their public health and medical community to try to determine what alternate care sites or alternate capabilities might be available?**

A: Many states have been working for years on building their own inherent capabilities for alternate care sites or community surge sites. Continue to reach out to local emergency management agencies and to state emergency management agencies and health departments who can connect you to your regional HHS representatives and regional FEMA representatives. These representatives can meet your need very directly. Both HHS and the U.S. Army Corps of Engineers have put out guidance for establishing alternative care sites, which are available on the [ASPR Technical Resources, Assistance Center, and Information Exchange \(TRACIE\) website](#).

**5 What are some of the significant items that state and local governments should be tracking when it comes to emergency protective measures under Category B?**

A: Many costs should be reimbursable under Category B including temporary shelters and facilities, supplies, labor, volunteer time, building disinfecting, decontamination systems at medical sites, and any equipment used. Again, you should track every volunteer, what they are doing, and how much time they spend doing whatever they are doing; this will help local officials offset their 25% cost share.

**6 What are some differences between private, for-profit, and nonprofit organizations that affect their opportunities for relief funding?**

A: As of now, with the FEMA PA Program you must be an eligible applicant and you must be an eligible nonprofit organization to receive funding. Within nonprofit organizations are critical facilities and noncritical facilities. Under the disaster declaration, only critical facilities can apply for funding. FEMA will not reimburse a private entity or an applicant for funding. For-profit organizations can contract with local communities to provide these services to get reimbursed.

**7 How will HHS utilize its funding in the short term? Where will HHS and others start to focus their resources beyond the containment of COVID-19 at this point?**

A: Containment, mitigation, and management of the spread of the disease is certainly HHS's focus.

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For more information and insights on COVID-19, visit:

<https://www.icf.com/insights/covid-19>

This includes supplies and equipment like personal protective equipment, support for alternate care sites, providing guidance, working on treatment and vaccine research.

## 8 What are some ways states handle the 25% of the 75/25 federal/non-federal match?

A: Cost share, also known as “non-federal share” or “match,” is the portion of the costs of a federally assisted project or program not borne by the federal government. Both the federal share and the non-federal share must be for eligible costs used in direct support of activities FEMA has approved in the grant award. These include contributions of cash, third-party in-kind services, donated resources and materials, labor force, or any combination thereof.

Following is an example of federal versus non-federal cost share where 75/25 cost share was listed in the declaration:

- Total Debris Cost: \$100,000
- Federal Share: \$75,000
- Non-Federal Cost Share: \$25,000
- Donated resources would apply to the \$25,000.

## 9 How do entities need to use their insurance in addition to Federal assistance?

A: It is important to understand your insurance policy well to avoid duplication of benefits with Federal assistance. Be prepared to share your insurance policy with FEMA so that they can see what could be covered. It is critical to continue documenting all costs.

## 10 What assistance and services are my citizens potentially eligible for under the IA Program?

A: At present for COVID-19, citizens who register with FEMA for IA Program benefits may be eligible for crisis counseling, mortuary financial assistance, disaster unemployment assistance, low interest loans under the Small Business Administration.