



Grant Number: 1U50CI000904-01

Principal Investigator(s):
MATTHEW LEWIS CARTTER, MD

Project Title: THE CONNECTICUT ELC CAPACITIES APPLICATION

MRS. MARY FULLER
STATE OF CT DEPT OF PUBLIC HEALTH
410 CAPITOL AVENUE
MS #13 FIS
HARTFORD, CT 06134

Budget Period: 09/30/2010 – 07/31/2011
Project Period: 09/30/2010 – 07/31/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$309,446 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CT ST DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Sharron Orum
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1U50CI000904-01**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$91,132
Fringe Benefits	\$55,645
Personnel Costs (Subtotal)	\$146,777
Supplies	\$3,094
Travel Costs	\$15,000
Other Costs	\$30,000
Consortium/Contractual Cost	\$81,585

Federal Direct Costs	\$276,456
Federal F&A Costs	\$32,990
Approved Budget	\$309,446
Federal Share	\$309,446
TOTAL FEDERAL AWARD AMOUNT	\$309,446

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$309,446

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$309,446

Fiscal Information:

CFDA Number: 93.521
EIN: 1066000798A9
Document Number: 000904PA10

IC	CAN	2010	2011
CD	9391463	\$153,752	
CI	939ZCRA	\$10,000	
CD	939ZDKP	\$145,694	\$309,446

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$309,446	\$309,446
2	\$309,446	\$309,446

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4151 / Processed: ORUMS 09/24/2010

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U50CI000904-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U50CI000904-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

Office Of The Director, Centers For Disease Control & Prevention (ODCDC)
National Center For Infectious Diseases (ncid) (CID)

Treatment of Program Income:
Additional Costs

SECTION IV – CI Special Terms and Conditions – 1U50CI000904-01

ADDITIONAL TERMS AND CONDITIONS

Note 1. INCORPORATION. Funding Opportunity Announcement Number CDC-RFA-CI10-1012 titled, U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Patient Protection and Affordable Care Act, Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments, application dated August 25, 2010.

Note 2. RESPONSE TO SUMMARY STATEMENT: Attached to this Notice of Award is a Summary Statement providing the strengths, weaknesses and recommendations of the application. A response to the Recommendations and Weaknesses within the summary statement must be submitted to the Grants Management Specialist no later than 30 days from the issue date of the Notice of Grant Award. Failure to respond could result in enforcement actions, including withholding of funds or termination.

Note 3. APPROVED FUNDING: Funding in the amount of \$309,446 is approved for the budget period, which is September 30, 2010 through July 31, 2011.

Grantee must submit a revised budget, budget narrative and a statement identifying any initially proposed activities that will no longer be pursued as a result of available funding as stated in the Notice of Award. Grantee shall submit a revised 424a, budget narrative and the statement identifying any initially proposed activities that will no longer be pursued to the Grants Management Specialist identified at Note 19 within 30 days from the effective date of this Notice of Award.

Note 4. INDIRECT COSTS.

Indirect costs are approved based on the Indirect Cost Rate Agreement dated February 29, 2008, which calculates indirect costs as follows, at a rate of 36.2% of the base which includes: Direct salaries and wages including vacation, holiday, sick pay and other paid absences, but excluding all other fringe benefits.

Note 5. RECIPIENT REPORTING REQUIREMENTS.

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no later than January 30, 2011 (no less than 90 days before the end of the budget period). The Interim Progress Report will serve as the non-competing

continuation application for the 2nd and final budget period under this FOA (August 1, 2011 - July 31, 2012), and must contain the following elements:

- a. Standard Form (SF) 424S Form.
- b. SF-424A Budget Information-Non-Construction Programs.
- c. Budget Narrative.
- d. Indirect Cost Rate Agreement.
- e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.
3. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled "Agency Contacts."

Recipients must account for each ACA award separately by referencing the assigned CFDA number for each award.

Note 6. CORRESPONDENCE. ALL correspondence (including emails and faxes) regarding this award must be dated and, identified with the AWARD NUMBER.

Note 7. PRIOR APPROVAL: All requests that require the prior approval of the Grants Management Officer as noted in 45 CFR 92 or 45 CFR 74 must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. Any requests received, which reflect only one signature, will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include a new proposed budget, and a narrative justification of the requested changes.

Note 8. INVENTIONS. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 9. PUBLICATIONS. Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as,

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 10. CONFERENCE DISCLAIMER AND USE OF LOGOS.

Disclaimer. Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites,

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a

cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 11. EQUIPMENT AND PRODUCTS. To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

45 CFR Parts 92.31 and 92.32 provide the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

Note 12. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Note 13. ACKNOWLEDGMENT OF FEDERAL SUPPORT. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project that will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 14. PAYMENT INFORMATION:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management, Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Fax Numbers:
University and Non-Profit Payment Branch (301) 443-2672
Governmental and Tribal Payment Branch (301) 443-2569
Cross Servicing Payment Branch: (301) 443-0377
General Fax: (301) 443-8362

Email PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management
FMS/PSC/HHS
Rockwall Building #1, Suite 700
11400 Rockville Pike
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note 15. LOBBYING STATEMENT: We want to remind you that federal law prohibits award recipients and their sub- contractors from using Federal funds for lobbying congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal , State or local levels to urge support of, or opposition to, pending legislative proposals is prohibited.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grassroots activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

All reported activity under the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), including Recovery Act reporting, must be activity that is consistent with federal law.

For additional guidance, please refer to the FOA, Additional Requirement # 12 on lobbying restrictions and 31 U.S.C. Section 1352; 18 U.S.C. Section 1913.

Note 16. CERTIFICATION STATEMENT: By drawing down funds, awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent.

Note 17. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit

report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

Note 18. REDUCING TEXT MESSAGING WHILE DRIVING

The following administrative requirement (AR) is incorporated into this award and is in full effect for the entire project period:

AR 29: Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009

Recipients and subrecipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Texting means reading from or entering data into any handheld or other electronic device, including SMS texting, e-mailing, instant messaging, obtaining navigational information, or engaging in any other form of electronic data retrieval or electronic data communication. Driving means operating a motor vehicle on an active roadway with the motor running, including while temporarily stationary due to traffic, a traffic light, stop sign or otherwise. Driving does not include operating a motor vehicle with or without the motor running when one has pulled over to the side of, or off, an active roadway and has halted in a location where one can safely remain stationary. Grant recipients and subrecipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

Note 19. CDC CONTACT NAMES

Financial, Grants Management, or Budget Assistance Contact
DeLisa Simpson, Grants Management Specialist
US Centers for Disease Control and Prevention, PGO, Branch III
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341-4146
Telephone: 770-488-2905
Fax: 770-488-2778
Email: ddsimpson@cdc.gov

ELC Program General Technical Assistance Contact
Alvin Shultz, ELC Program Coordinator
US Centers for Disease Control and Prevention
Division of Emerging Infections and Surveillance Services
National Center for Emerging and Zoonotic Infectious Diseases
CDC-Atlanta
Office: 770-639-7028
Fax: 404-639-7880
Email: ashultz@cdc.gov

STAFF CONTACTS

Grants Management Specialist: De'lisa Simpson
PGO
Center for Disease Control and Prevention
Koger Center/Colgate Bldg/Room 3201
MS K14
Atlanta, GA 30331
Email: ino9@cdc.gov **Phone:** 770-488-2905 **Fax:** 770-488-2670

Grants Management Officer: Sharron Orum
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, Mail Stop K 14
Atlanta, GA 30341

Email: spo2@cdc.gov Phone: 770-488-2716

SPREADSHEET SUMMARY
GRANT NUMBER: 1U50CI000904-01

INSTITUTION: CONNECTICUT STATE DEPT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>
Salaries and Wages	\$91,132	
Fringe Benefits	\$55,645	
Personnel Costs (Subtotal)	\$146,777	
Supplies	\$3,094	
Travel Costs	\$15,000	
Other Costs	\$30,000	\$309,446
Consortium/Contractual Cost	\$81,585	
TOTAL FEDERAL DC	\$276,456	\$309,446
TOTAL FEDERAL F&A	\$32,990	
TOTAL COST	\$309,446	\$309,446

BUDGET JUSTIFICATION
2010 – 2011
ELC Grant

Year 1 (September 30, 2010 – July 31, 2011)

Federal Object Class	Budgeted Amount
Personnel	\$101,043
Fringe	\$61,697
Travel	\$15,000
Equipment	\$0
Supplies	\$3,094
Other	\$30,000
Contractual	\$81,585
Total Direct Cost	\$292,419
Indirect Costs	\$36,578
Total	\$328,997

A. PERSONNEL

Information Technology Analyst I (TBD) – 100% (10 Months)(\$ 51,150)

This position will work in the DPH Information Technology Section and report directly to the CT DPH Information Technology Section Chief. Responsibilities of this position will include; working with CT DPH programs to implement Electronic Laboratory Reporting within Connecticut; Technical liaison to laboratories – ensures messages are properly formatted, works with PHIN MS and Rhapsody to configure and transform the message as necessary; ensures messages are sent to the appropriate surveillance system; working with the CT DPH Epidemiologist 1 to validate incoming messages; assisting with the training of all partners in the use of the PHIN MS messaging system; and serve as the CT DPH contact for PHIN MS and messaging related issues.

IT Analyst 3 (Ron Capozzi) – 25% (10 Months)(\$ 16,937)

This position works in the DPH Information Technology Section and reports directly to the CT DPH Information Technology Section Chief. Responsibilities Will include working with CT hospitals to implement changes and enhancements to the Hospital Emergency Department Surveillance System and the Hospital Admissions Syndromic Surveillance; serve as the Primary point of contact for hospital's sending HEDSS & HASS data; and assisting hospitals with the configuration and testing of a secure FTP site.

Epidemiologist 1 (TBD) – 50% (10 Months)(\$23,045)

This position will work in the DPH Epidemiology Program and will report to Randall Nelson, DVM, MPH, Epidemiologist 4. Responsibilities of this position include working with CT DPH Epidemiology Program staff to ensure messages received from laboratories participating in electronic laboratory reporting (ELR) are appropriately configured and the data is validated; under the direction of senior staff will be the day-to-day Epidemiology Program liaison with CT DPH Information Technology Section; ensure the surveillance systems are receiving the messages and are appropriately parsed and imported and will represent the CT DPH on national calls and meetings regarding messaging and electronic laboratory reporting.

Clerk Typist, Isheba Harris – 50% (7 months)(\$9,911)

This position will work in the DPH Epidemiology Program and will report to Randall Nelson, DVM, MPH, Epidemiologist 4. Responsibilities of this position include answering the program phone, handle routine requests for information from callers, receives and sorts mail, data entry, filing and other related duties to assist program staff.

TOTAL PERSONNEL: \$101,043

B. FRINGE BENEFITS

TOTAL FRINGE BENEFITS: \$ 61,697

Fringe benefits for DPH FY2011 are 61.06% of total salaries.

Note to Reviewers: The following link provides information on the fringe rate:

<http://www.osc.state.ct.us/2006memos/numbered/200618.htm>

TOTAL PERSONNEL & FRINGE BENEFITS \$162,740

C. TRAVEL / TRAINING

VMWare Training (\$12,000)

Training for two IT staff to configure and manage a virtual server environment. This virtual server environment will contain development instances of the Maven surveillance system and the PHIN MS messaging system. Training costs are estimated at \$6,000 per person (2 people @ \$6,000 = \$12,000).

PHIN MS/Rhapsody Training (\$3,000)

Training for one IT staff to configure and manage PHIN MS and Rhapsody. Costs include airfare and hotel estimates.

TOTAL TRAVEL / TRAINING: \$ 15,000

D. EQUIPMENT

TOTAL EQUIPMENT \$0

E. SUPPLIES

Office Supplies (\$660)

Pens, pencils, notepapers, and other expendables.
2 FTE x \$29.33 per month x 10 Months = \$587
1 25% FTE x \$29.33 per month x 10 Months = \$73

Laptops (\$1,776)

One for the Epidemiologist 1 and the IT Analyst 1.
CT Department of Information Technology Contract: 09ITZ0090
http://www.ct.gov/doit/lib/doit/purchase/awards/ca_09itz0090_supp_6.pdf
HP Laptop Model 6730b, 2 @ \$888.00 = \$1,776

MS Office Software (\$658)

MS Office (1 for each laptop)
CT Department of Information Technology Contract: 03ITZ0211AB
<http://www.ct.gov/doit/lib/doit/purchase/awards/ca03itz0211abjuly2010.pdf>
2 @ \$329.00 = \$658

TOTAL SUPPLIES \$3,094

F. OTHER

VMWare Software (\$30,000)

VMWare software is needed to set-up the virtual server environment that will support the development and training platforms for Maven and PHIN MS and Rhapsody. Cost includes purchasing the software and installation.

TOTAL OTHER \$30,000

G. CONTRACTUAL

1. Epidemiology Program \$60,000 **Maven Enhancements: HEDSS and HASS Enhancements**

Name of Contractor: Consilience Software

Organizational Affiliation: N/A

Nature of Services: Consilience Software will be working with the CT Epidemiology Program to enhance existing systems developed in Maven (HEDSS & HASS).

Enhancements include additional reporting and additional standardization configurations.

Work will be completed on the configuration, workflows, and reports for the both systems.

In addition, modifications to existing configurations for reportable diseases will occur to allow for the electronic reporting of laboratory events.

Relevance of Service to the Project: These enhancements will expand and improve hospital-based syndromic surveillance systems developed to detect and assess emerging infections and disease outbreaks. The HASS component will be changed from a separate manual web-based system to an electronic system integrated with HEDSS data based on disposition of patients seen in emergency departments for established illness categories. Consilience resources are needed to assure proper messaging and security of the system. Additionally, the ability to receive electronic laboratory messages is only part of the solution. The surveillance system must be able receive and process the data in a format that allows the surveillance epidemiologist to review and act on it as needed.

Number of Contractor Days: Consilience Software estimates the time for the project in number of hours versus days. The following is a breakdown of costs and major tasks. The estimated number of days is 60 (8 hour days).

Task/Time Estimates

Data Modeling 80 Hours

Workflows 80 Hours

Reports 80 Hours

Configurations 200 Hours

Testing/Deploy 40 Hours

Expected Rate of Compensation:

Consilience Developer. 480 hours @ \$125 per hour = \$60,000

There are no additional expenses (travel, per diem, or other expenses) expected.

Basis for Selection: The Connecticut Department of Public Health, through other federal funding, selected Consilience Software off an existing Federal Contract (General Services Administration: GSA) in accordance with State of Connecticut procurements regulations and laws. The CT Epidemiology Program is partnering with other program areas and other funding streams. This includes using Consilience Software and the software/licensing (Maven) that was procured for other projects using other federal funding.

TimeLine: The activity is expected to run from September 30, 2010 – July 31, 2011.

2. LIMS HL7 Data Extracts

\$21,585

Support Cost for LIMS HL7 Data Extracts

Name of Contractor: Chemware

Organizational Affiliation: N/A

Nature of Services: The Chemware, DPH LIMS product vendor, will be working with the CT DPH Laboratory to develop the test result extracts/reports/messages in the XML and HL7 formats and related summary reports that are acceptable to DPH reportable disease surveillance system and implement the interfaces using secure PHIN MS configurations and setup.

Relevance of Service to the Project: This work is necessary for the development of LIMS data files or messages and implementation of electronic data interchange of test results in the XML and HL7 format between LIMS and DPH reportable disease surveillance systems via secure PHIN MS.

Number of Contractor Days: 15 working days for Chemware to complete the project.

Tasks/Time Estimates:

- Create standard XML and HL7 messages or data files, test report files for submitters to capture the results data from practically any instrument attached to the network that has Win2000 or higher OS, 56 hrs
- Develop out-of-the-box standard summary test report files by date range, test IDs, results, result status, and other selected parameters of importance to authorized users; 32 hrs
- Electronically transmit secure message or file to submitter or Epi user; Control and present the needed reports to the appropriate Web Portal inbox; 32 hrs

Expected Rate of Compensation: Projected cost based on Chemware developer at \$1,439 per day.

Basis for Selection: The Connecticut Department of Public Health, through competitive procurement (RFP # 05ITZ0081) process contracted with Chemware (vendor) using State and other Federal funds for implementation and support of a Commercial-Off-The-Shelf Laboratory Information Management System (LIMS).

TimeLine: The activity is expected to run from September 30, 2010 – July 31, 2011.

TOTAL CONTRACTUAL **\$81,585**

H. INDIRECT COSTS

\$36,578

The State of Connecticut has negotiated an indirect cost rate of 36.2% of total salaries.

Grantee: Connecticut

Grantee	Connecticut
Line Item	Amount Awarded
Total Direct	\$276,456
Salary	\$91,132
Fringe	\$55,645
Contractual	\$81,585
Equipment	\$0
Other	\$30,000
Supplies	\$3,094
Travel	\$15,000
Total Indirect	\$32,990
Grand Total	\$309,446

Grantee	Connecticut
CAN	Amount Awarded
939-ZDKP	\$145,694
939-1463	\$153,752
939-ZCRA	\$10,000
Grand Total	\$309,446

FUND PER MARKUP:

\$309,446 (TOTAL AWARD)

utilized for data entry of influenza laboratory reports reduced by 20%.	before and after electronic submission of influenza laboratory reports (generate measure – percent of time allocated for data entry).
Number of staff (Epidemiology Program) hours utilized for data entry of all laboratory reports reduced by 20% by year two.	Compare staff time allocated for data entry before and after electronic submission of all laboratory reports (generate measure – percent of time allocated for data entry).
State Public Health Laboratory electronically sends other reportable disease laboratory reports to the DPH reportable disease surveillance. Increase the number of diseases sent electronically a minimum of 50% each year.	Calculate the number of reportable diseases sent electronically versus the total number of reportable diseases. This is done for until 100% are sent electronically.
Increase the number of hospital based laboratories submitting results electronically by two during the first year of the project.	Successful receipt of reportable disease laboratory results from two hospital based laboratories during year one.
Increase the number of hospital based laboratories submitting results electronically to four (total) during the second year of the project.	Successful receipt of reportable disease laboratory results from four additional hospital based laboratories during year two (for a total of six)
Number and Percentage of Labs reporting using ELR in Connecticut.	Percentage of Labs reporting using ELR in Connecticut increases each year.
Transmit NETSS data to the CDC via PHIN MS during year one of the project for all reportable diseases managed by the Epidemiology Program within MAVEN	100% of reportable diseases managed by the Epidemiology Program within Maven are transmitted to the CDC via PHIN MS in year one.
Transmit the Environmental Public Health Tracking (EPHT) Nationally Consistent Data and Measures (NCDM) data to the CDC via PHIN MS during year one.	100% of EPHT NCDMs are transmitted to the CDC via PHIN MS in year one.
Increase the number of hospitals using HASS from 19 to 30.	100% of acute care hospitals are using HASS.
Hospital Infection Control Practitioners will be entering admitted and fatal influenza cases directly into Maven.	100% of hospital ICPs enter influenza data into Maven.

Budget- Activity C**(September 30, 2010 – July 31, 2011)**

Federal Object Class	Budgeted Amount
Personnel	\$101,043 \$91,132
Fringe	\$61,697 \$55,645
Travel	\$15,000OK
Equipment	\$0

Supplies	\$3,094	OK
Other	\$30,000	OK
Contractual	\$81,585	OK
Total Direct Cost	\$292,419	\$276,456
Indirect Costs	\$36,578	\$32,990
Total	\$328,997	\$309,446

A. PERSONNEL

Information Technology Analyst I (TBD) – 100% (10 Months) (\$ 51,150) OK

This position will work in the DPH Information Technology Section and report directly to the CT DPH Information Technology Section Chief. Responsibilities of this position will include; working with CT DPH programs to implement Electronic Laboratory Reporting within Connecticut; Technical liaison to laboratories – ensures messages are properly formatted, works with PHIN MS and Rhapsody to configure and transform the message as necessary; ensures messages are sent to the appropriate surveillance system; working with the CT DPH Epidemiologist 1 to validate incoming messages; assisting with the training of all partners in the use of the PHIN MS messaging system; and serve as the CT DPH contact for PHIN MS and messaging related issues.

IT Analyst 3 (Ron Capozzi) – 25% (10 Months) (\$ 16,937) OK

This position works in the DPH Information Technology Section and reports directly to the CT DPH Information Technology Section Chief. Responsibilities Will include working with CT hospitals to implement changes and enhancements to the Hospital Emergency Department Surveillance System and the Hospital Admissions Syndromic Surveillance; serve as the Primary point of contact for hospital's sending HEDSS & HASS data; and assisting hospitals with the configuration and testing of a secure FTP site.

Epidemiologist 1 (TBD) – 50% (10 Months) (\$23,045) OK

This position will work in the DPH Epidemiology Program and will report to Randall Nelson, DVM, MPH, Epidemiologist 4. Responsibilities of this position include working with CT DPH Epidemiology Program staff to ensure messages received from laboratories participating in electronic laboratory reporting (ELR) are appropriately configured and the data is validated; under the direction of senior staff will be the day-to-day Epidemiology Program liaison with CT DPH Information Technology Section; ensure the surveillance systems are receiving the messages and are appropriately parsed and imported and will represent the CT DPH on national calls and meetings regarding messaging and electronic laboratory reporting.

~~*Clerk Typist, Isheba Harris – 50% (7 months) (\$9,911)*~~

This position will work in the DPH Epidemiology Program and will report to Randall Nelson, DVM, MPH, Epidemiologist 4. Responsibilities of this position include answering the program phone, handle routine requests for information from callers, receives and sorts mail, data entry, filing and other related duties to assist program staff.

B. FRINGE BENEFITS

Total Fringe Benefits: \$ 61,697

Fringe benefits for DPH FY2011 are 61.06% of total salaries.

Note to Reviewers: The following link provides information on the fringe rate:

<http://www.osc.state.ct.us/2006memos/numbered/200618.htm>

TOTAL PERSONNEL & FRINGE BENEFITS \$162,740

C. TRAVEL / TRAINING

VMWare Training (\$12,000)

Training for two IT staff to configure and manage a virtual server environment. This virtual server environment will contain development instances of the Maven surveillance system and the PHIN MS messaging system. Training costs are estimated at \$6,000 per person (2 people @ \$6,000 = \$12,000).

PHIN MS/Rhapsody Training (\$3,000)

Training for one IT staff to configure and manage PHIN MS and Rhapsody. Costs include airfare and hotel estimates.

TOTAL TRAVEL / TRAINING: \$ 15,000

D. Equipment

TOTAL EQUIPMENT \$0

E. SUPPLIES

Office Supplies (\$660)

Pens, pencils, notepapers, and other expendables.

2 FTE x \$29.33 per month x 10 Months = \$587

1 25% FTE x \$29.33 per month x 10 Months = \$73

Laptops (\$1,776)

One for the Epidemiologist 1 and the IT Analyst 1.

CT Department of Information Technology Contract: 09ITZ0090

http://www.ct.gov/doi/lib/doi/purchase/awards/ca_09itz0090_supp_6.pdf

HP Laptop Model 6730b, 2 @ \$888.00 = \$1,776

MS Office Software (\$658)

MS Office (1 for each laptop)

CT Department of Information Technology Contract: 03ITZ0211AB

<http://www.ct.gov/doi/lib/doi/purchase/awards/ca03itz0211abjuly2010.pdf>

2 @ \$329.00 = \$658

TOTAL SUPPLIES \$3,094

F. OTHER

VMWare Software (\$30,000)

VMWare software is needed to set-up the virtual server environment that will support the development and training platforms for Maven and PHIN MS and Rhapsody. Cost includes purchasing the software and installation.

TOTAL OTHER \$30,000

G. CONTRACTUAL

1. Epidemiology Program

\$60,000

Maven Enhancements: HEDSS and HASS Enhancements

Name of Contractor: Consilience Software

Organizational Affiliation: N/A

Nature of Services: Consilience Software will be working with the CT Epidemiology Program to enhance existing systems developed in Maven (HEDSS & HASS). Enhancements include additional reporting and additional standardization configurations. Work will be completed on the configuration, workflows, and reports for the both systems. In addition, modifications to existing configurations for reportable diseases will occur to allow for the electronic reporting of laboratory events.

Relevance of Service to the Project: These enhancements will expand and improve hospital-based syndromic surveillance systems developed to detect and assess emerging infections and disease outbreaks. The HASS component will be changed from a separate manual web-based system to an electronic system integrated with HEDSS data based on disposition of patients seen in emergency departments for established illness categories. Consilience resources are needed to assure proper messaging and security of the system. Additionally, the ability to receive electronic laboratory messages is only part of the solution. The surveillance system must be able receive and process the data in a format that allows the surveillance epidemiologist to review and act on it as needed.

Number of Contractor Days: Consilience Software estimates the time for the project in number of hours versus days. The following is a breakdown of costs and major tasks. The estimated number of days is 60 (8 hour days).

Task/Time Estimates

Data Modeling 80 Hours

Workflows 80 Hours

Reports 80 Hours

Configurations 200 Hours

Testing/Deploy 40 Hours

Expected Rate of Compensation:

Consilience Developer. 480 hours @ \$125 per hour = \$60,000

There are no additional expenses (travel, per diem, or other expenses) expected.

Basis for Selection: The Connecticut Department of Public Health, through other federal funding, selected Consilience Software off an existing Federal Contract (General Services Administration: GSA) in accordance with State of Connecticut procurements regulations and laws. The CT Epidemiology Program is partnering with other program areas and other funding streams. This includes using Consilience Software and the software/licensing (Maven) that was procured for other projects using other federal funding.

TimeLine: The activity is expected to run from September 30, 2010 – July 31, 2011.

2. LIMS HL7 Data Extracts
\$21,585

Support Cost for LIMS HL7 Data Extracts

Name of Contractor: Chemware

Organizational Affiliation: N/A

Nature of Services: The Chemware, DPH LIMS product vendor, will be working with the CT DPH Laboratory to develop the test result extracts/reports/messages in the XML and HL7 formats and related summary reports that are acceptable to DPH reportable disease surveillance system and implement the interfaces using secure PHIN MS configurations and setup.

Relevance of Service to the Project: This work is necessary for the development of LIMS data files or messages and implementation of electronic data interchange of test results in the XML and HL7 format between LIMS and DPH reportable disease surveillance systems via secure PHIN MS.

Number of Contractor Days: 15 working days for Chemware to complete the project.

Tasks/Time Estimates:

- Create standard XML and HL7 messages or data files, test report files for submitters to capture the results data from practically any instrument attached to the network that has Win2000 or higher OS, 56 hr Develop out-of-the-box standard summary test report files by date range, test IDs, results, result status, and other selected parameters of importance to authorized users; 32 hrs
- Electronically transmit secure message or file to submitter or Epi user; Control and present the needed reports to the appropriate Web Portal inbox; 32 hrs
- Expected Rate of Compensation: Projected cost based on Chemware developer at \$1,439 per day.

Basis for Selection: The Connecticut Department of Public Health, through competitive procurement (RFP # 05ITZ0081) process contracted with Chemware (vendor) using State and other Federal funds for implementation and support of a Commercial-Off-The-Shelf Laboratory Information Management System (LIMS).

TimeLine: The activity is expected to run from September 30, 2010 – July 31, 2011.

TOTAL CONTRACTUAL \$81,585

H. INDIRECT COSTS

\$36,578

The State of Connecticut has negotiated an indirect cost rate of 36.2% of total salaries.

Connecticut Department of Public Health
HIV/AIDS Surveillance Program

**HIV/AIDS Surveillance:
Enhancing Laboratory Reporting**

(Funding Opportunity Announcement: CDC-RFA-PS08-8020302SUPP10)

October 1, 2010 – December 31, 2010

Narrative

HIV/AIDS Surveillance: Enhancing Laboratory Reporting

The Connecticut Department of Public Health (DPH) HIV/AIDS Surveillance Program is requesting supplemental funding to conduct the “*HIV/AIDS Surveillance: Enhancing Laboratory Reporting*” project.

Need

- *Viral load reporting*: With the implementation of HIV viral load (VL) reporting in 2006 came a significant increase in the number of laboratory reports received by the Connecticut HIV/AIDS Surveillance Program. The system for reporting VL included a request that laboratories send reports in an electronic format through the mail on a CD. CD reporting was considered a short-term solution until an electronic laboratory reporting (ELR) system could be implemented. Many laboratories began reporting by CD through the mail (or by staff pickup) but several laboratories continued to send paper reports for each VL with the resultant continued demand on data entry capacity. The reporting of VL would benefit significantly both DPH and the laboratories if VL findings were reported using electronic messaging in an automated way to an ELR system at DPH that could then be processed into a format usable for importing into eHARS.
- *CD4 reporting*: DPH currently requires reporting of CD4 results of less than 200 or 14%. Even with this limitation, a large number of paper reports are received and many of these are for patients who are not HIV positive. Expansion to reporting of all CD4 results would need to be preceded by implementation of an ELR reporting system that would eliminate the need to process individual paper reports, de-duplicate them, confirm that the patient was HIV positive, and enter into eHARS.
- *VARHS*: DPH has made the HIV sequence associated with HIV medication resistance reportable (HIV genotype). Although a limited number of laboratories conduct this test, implementing and maintaining a system for reporting of genotype sequences has been laborious and would be markedly simplified with an ELR system. Currently, DPH staff visits each in-state lab and sequences are downloaded manually for each case. For out-of-state labs, systems have been created whereby labs each developed an IT solution to our reporting requirement. Several laboratories asked to use an ELR or FTP site. As part of an ELR system, the DNA sequence could be transmitted as an HL7 message similar to any other laboratory report.
- *FTP server*: DPH is currently developing FTP server space that could incorporate reporting of VL and genotype sequences as a short-term substitute for an ELR. This will require support for system development and communication with laboratories to set up appropriate reporting mechanisms.
- *PHIN Messaging*: DPH currently has a timeline for implementing ELR by the end of 2010. However, to accomplish this, support will be needed for IT development of disease-specific-features of the system and communications with reporting laboratories.

Plan

- Funding support from this project will be used to bring in technical expertise from the Department of Information Technology (DoIT) contractor (the specific vendor TBD). DoIT is a state agency and has IT contractors that can be brought in on a billable hours basis to conduct specific activities. This existing contract will enable work to begin within the project period and can be integrated into work already underway. Funding will also support DPH IT staff already working on ELR and will enable DPH to prioritize reporting of HIV-related laboratory reports.
- There will be a short-term as well as longer-term solutions implemented. The short-term solution will be to get as many labs as possible to report VL and genotype sequences to an FTP server to be set up at DPH. The longer-term solution will be to get laboratories reporting to an ELR system using standard PHIN messaging. The PHIN messaging system will include reporting of all laboratory reportable findings.
- A key feature of the work proposed will be to set up a system where messages received by the ELR are converted to a format that can be imported into eHARS. DPH uses the CDC software Rhapsody to manage HL7 messages and will need to train staff in its use.
- All reporting systems implemented and undertaken will conform to the security and confidentiality requirements in the CDC technical guidance and in DPH HIV/AIDS Surveillance Program policies and procedures.

Capacity

- DPH currently has IT staff working on development of an FTP site for the Immunizations Registry and the PHIN messaging system. Funding for this project is from various grants that have specific activities that rely on laboratory or physician reporting.
- There is an existing contract with the State of Connecticut and (TBD) to develop the PHIN messaging system.
- DoIT/Surveillance staff will be trained to work with ELR reports to conduct data quality checks and import labs into eHARS.

Proposed objectives and activities

- Objective 1: During October – December 2010, two laboratories will implement PHIN messaging of HIV viral load and other HIV laboratory test results to DPH.
- Objective 2: During October – December 2010, five laboratories currently reporting by CD will implement reporting VL and genotype sequences to the FTP site.
- Objective 3: During October – December 2010, one laboratory that is currently reporting VL on paper will convert to electronic reporting to the FTP site.
- Objective 4: During October – December 2010, programming will be developed to convert messages received by ELR in HL7 to an eHARS importable format.

Timeline

- The project objectives are all scheduled for completion during the October – December 2010 timeframe. It is possible that some funding obligated in 2010 will be expended on project activities in 2011.

Performance measures

- Performance will be measured by the number of laboratories that implement reporting electronically into the FTP site initially and then participate in PHIN messaging.
- Performance will be measured by the number of laboratory reports that are converted from HL7 messaging into eHARS importable format.

Staff

- Aaron Roome, MPH, PhD, the DPH HIV/AIDS Surveillance Program Coordinator, will oversee project objectives, liaison with CDC, and provide required reports.
- Diane Fraiter, in the DPH IT Section, will oversee IT activities at DPH and will work on FTP server development.
- Ron Capozzi, in the DPH IT Section will work on FTP server development and PHIN messaging development.
- Contracting staff from DoIT will also work on PHIN messaging development.

Connecticut Department of Public Health

HIV/AIDS Surveillance Program

HIV/AIDS Surveillance: Enhancing Laboratory Reporting

(Funding Opportunity Announcement: CDC-RFA-PS08-8020302SUPP10)

October 1, 2010 – December 31, 2010

Budget Justification

Connecticut Department of Public Health

HIV/AIDS Surveillance Program

HIV/AIDS Surveillance: Enhancing Laboratory Reporting

Budget and Budget Justification

The Connecticut Department of Public Health is requesting supplemental federal funds to conduct the “*HIV/AIDS Surveillance: Enhancing Laboratory Reporting*” project. This is a three-month budget for October 1, 2010 to December 31, 2010.

TOTAL REQUESTED Total \$79,714

PERSONNEL *Total \$10,777*

Ron Capozzi at (50%) of (\$3,079 per pay period X 7 pay periods) (\$10,777)

This position will provide technical support for setting up the FTP server that can be used to receive electronic laboratory reports.

FRINGE BENEFITS *Total \$6,580*

The fringe rate is 61.06% applied to salary above.

TRAVEL *Total \$5,856*

Out of state travel will be needed to for staff to attend IT training.

Out-of-state Total (\$5,856)

Air travel: \$1,200 /ticket X 3.0 staff (\$3,600)

Per diem: \$188/day X 3.0 staff X 4 days/trip (\$2,256)

(Per diem calculation: \$38 for meals/day + \$130 hotel + \$20 miscellaneous = \$188)

CONTRACT *Total \$45,600*

Funding is requested to support an existing contract between (TBD) and the State of Connecticut to provide IT expertise in setting up a PHIN messaging system.

\$100.00 per hour X 38 hours/week X 12 weeks (\$45,600)

OTHER..... *Total \$7,000*

Funding is requested for Rhapsody licenses for development of 8 communication points at 8 laboratories at \$875 per license.

(\$7,000)

INDIRECT COSTS..... *Total \$3,901*

The indirect cost rate for DPH is 36.20% applied to salaries only.