

## GMD Grant Adjustment Notice (GAN) Request Process

Changes in the overall scope of the project are unallowable without express written prior approval from Grants Management Division (GMD). However, minor changes to the project and budget adjustments may be requested using the GAN process. Approval of a GAN must be obtained prior to any obligation of grant funds not approved in the most current version of the application. GANs must be submitted by July 31st of the grant year unless otherwise discussed with GMD staff, and revisions will not be retroactive.

The GAN process goes as follows:

- GMD program staff are notified in writing of any staff changes or requested changes to the award budget
- Once program staff have notified subrecipient that the request has been reviewed, subrecipient will submit to GMD financial staff a detailed spreadsheet of all changes that are requested in the GAN
- Once financial staff have notified subrecipient that requested changes are tentatively approved, subrecipient will submit a GAN request in the eGMS Intelligrants system
  - NEW GAN page
  - SAVE page after populating it
  - CHANGE grant status to GAN Request Submitted
- GMD staff will approve or deny the submitted GAN Request and change the grant status accordingly
  - GAN in Process if request is approved
  - GAN Denied → back to Award Approved if not
- Subrecipient will make approved changes to grant pages as discussed in GAN Request
- GMD financial staff will make a final review of changes, and change the grant status accordingly
  - Back to Award Approved if changes are correct
  - Back to GAN in Process if errors are found

## **Example Pandemic Emergency Action Plan**

Purpose: The Pandemic Emergency Action Plan will be activated in order to ensure **[Agency]** is able to continue critical and essential operations in the event of a pandemic. All staff and volunteers will be trained annually or upon hire to ensure they are aware of the internal pandemic plan and infection control measures.

When concern of a possible pandemic arises, **[Agency]** staff and clients should give extra attention to the following preventative measures:

- Covering nose and mouth when coughing or sneezing into a tissue, then throwing that tissue away. Coughing into the inner elbow is at least a better choice than not covering at all, but using a tissue is the best choice.
- Maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus (20 second lather up to mid forearm).
- Maintaining handwashing soap and hand sanitizer supplies in bathrooms, kitchens, and throughout the facilities.
- Frequently cleaning hard surfaces with a disinfectant solution (e.g., door handles, light switches, telephones, countertops, drawers, remotes).
- Wash all bedding and towels in hot water.
- Cleaning the restrooms regularly with bleach and/or non-acid cleaner provided by agency.
- Employees should stay home if they are sick or if they have been caring for someone infected with an easily communicable illness. Employees should communicate any sick leave absences with as much notice as possible.
- Staff with chronic health conditions or other factors which place them at higher risk for infection or complications should speak with their supervisor about their concerns. Reasonable accommodations will be provided by Senior Leadership.
- Managers should separate sick employees from others and immediately send sick employees' home.
- In the event of a pandemic, those returning from travel may be asked to quarantine or obtain medical clearance from a medical professional before returning to work.

I – In the event of a pandemic, Federal, State, and Local Governments will provide important emergency information. Such information will further aid in how staff and clients are able to protect themselves and what to do if they become infected.

a. Once a pandemic has been identified, Senior Leadership (i.e. Executive Director, Program Manager, etc.) should seek information to better understand the threat. The Executive Director will communicate with **[County]** Public Health regarding the pandemic and explain any special precautions or considerations to staff, including, but not limited to, a “no non-essential personnel” and “shelter in place” policies. In the absence of the Executive Director, **[Identify Point of Contact]** will assume responsibility of implementing this plan.

b. Following the instruction of Senior Leadership, Program Managers will take the lead in preparing the staff and clients in each manager’s respective programs for the pandemic. The Agency Staff will work together to address any other areas not covered by a specific program.

II – Program Operations will be affected differently.

a. Administration & Management: The main office located at **[Identify Address]** and any satellite offices will close if Senior Leadership implements a no non-essential personnel policy during the pandemic period. Senior Leadership and Program Managers may be required to work remotely during this period and should be available through their agency issued cell phones or personal cell phones to communicate with other staff. The agency will post a sign on the front door advising of the closure and providing the **[Agency]** Crisis Line phone number.

b. Legal Advocacy/ Temporary Protective Order (TPO) Office: The TPO office will coordinate with the **[Identify County/Circuit]** court system and close if Circuit Court or Senior Leadership implements a no non-essential personnel policy during the pandemic period. While the TPO office remains open, no one with symptoms of illness will be admitted inside the TPO office, but safety planning and information regarding the TPO process will be made available by phone. If the TPO office is closed, the Legal Advocacy Program Manager will post a sign outside of the TPO office advising of the closure and providing the **[Agency]** Crisis Line phone number. The Legal Advocacy Program Manager will ensure Crisis Line staff are able to reach a Legal Advocate for assistance with TPO related questions routed to the Crisis Line during office closure.

c. Counseling: If Senior Leadership implements a no non-essential personnel policy during the pandemic period, agency staff will ensure counseling appointments are canceled as necessary and will notify contractors and clients of group cancellations.

d. Transitional Housing (TH): As soon as any concern of a pandemic arises, TH residents should be encouraged to prepare for the possibility of having to shelter in place and TH program staff should assist their clients in getting any supplies needed for preparation. The Housing Program Manager will ensure TH residents have information on the pandemic, inform them of any office closures, and advise residents of any need to shelter in place. The Housing Program Manager will provide residents with some method to reach program staff if needed during any closure or need to shelter in place. If a resident is suspected to have illness, that resident and others in their household should be quarantined to their apartments for the time-length recommended by CDC guidelines. If emergency medical care is needed, a call to 911 should be placed and the resident should be transported by ambulance to **[Local Identified Hospital]**. During a shelter in place period, no new clients will be accepted into the TH program.

e. Sexual Assault Medical Forensic Exams: The Sexual Assault Exam Suite may remain open during the pandemic period, with Sexual Assault Nurse Examiners (SANE) screening incoming patients for symptoms of illness prior to arrival at **[Agency]** via phone triage and verification of vital signs upon arrival to the SANE suite. The SANE will refer the patient to appropriate medical care if any concerning symptoms are reported or observed. Nurses and Advocates who have symptoms of illness or have sick family members at home should not report for exams and should inform their supervisors immediately if unable to fulfill their on-call duties. The SANE Program Manager will send notice to the SANE-SART e-mail list if any changes are made to the on-call schedule. A list of symptoms can be found at <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

f. Shelter: The most critical and essential service that needs to be maintained during a pandemic is shelter. As soon as any concern of a pandemic arises, shelter residents should be encouraged to prepare for the possibility of having to shelter in place and the Shelter Program Manager ensure the shelter has any supplies needed for preparation. The Shelter Program Manager will ensure shelter residents have information on the pandemic, inform them of any office closures, and advise residents of any need to shelter in place. The following continuity of operations plan address three items:

i. Containment – Preventing the spread of disease by identifying rooms as quarantine living environment for infected residents. During a shelter in place period, no new clients will be accepted into the shelter program. If it is suspected that a resident may be infected, that resident and others in their household/ room should be quarantined to their rooms for the time-length recommended by CDC guidelines. If emergency medical care is needed, a call to 911 should be placed and the resident should be transported by ambulance to **[Local Identified Hospital]**.

ii. Testing and Provision of Medications – Suspicions of COVID-19 should be reported to your local health department or hospital. Decisions for testing and the need for medications will be made by the medical providers in your community.

iii. Maintenance and Continuity of Shelter Service – The Shelter Manager will assign [#] live-in staff members to stay on site during the shelter in place period. First, staff will be given the option to volunteer for duty. If there are no volunteers, Senior Leadership will work with the Shelter Manager to strategically assign staff for this duty with consideration given to the following situations: Is the staff member a primary caretaker to minor children or other vulnerable household member; Do they have vulnerability to infection and complications due to age or pre-existing conditions? These [#] staff members will be designated upon learning of the pandemic and expectations should be clearly explained prior to sheltering in place. These three staff members will be living on site and be on 8 hour rotating shifts. They will take direction from Shelter Manager or Senior Leadership and reciprocate contact continually and as often as necessary. **[Agency]** will provide the live-in staff with gloves, cleaning supplies, and other needed items to help aid with illness prevention. Shelter, containment, and antiviral medication assistance will be the primary services. No case management or other services will be provided during a shelter in place period. Documentation will be limited to these three activities.

III. Should any of the above listed procedures prove inadequate, Program Managers will take direction from Senior Leadership or governmental agencies on specific and most current procedures that may have been identified since the publication of this plan.

# Interim Guidance for Homeless Service Providers

## Plan, Prepare and Respond to Coronavirus Disease 2019 (COVID-19)

This interim guidance is based on what is currently known [about Coronavirus Disease 2019 \(COVID-19\)](#). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

### In this guidance

- Before a COVID-19 outbreak occurs: Plan
- During a COVID-19 outbreak: Act
- After a COVID-19 outbreak: Follow-up
- Readiness Resources

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

COVID-19 is caused by a new virus. There is [much to learn about the transmissibility, severity, and other features of the disease](#). Everyone can do their part to help plan, prepare, and respond to this emerging public health threat.

CDC has developed recommendations for homeless service providers about how to protect their staff, clients, and guests. The Before, During, and After sections of this guidance offer suggested strategies to help homeless service providers plan, prepare, and respond to this emerging public health threat.

## Before a COVID-19 outbreak occurs in your community: Plan

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, preparing now is the best way to protect people experiencing homelessness, homeless service provider staff, and volunteers from this disease. An outbreak of COVID-19 in your community could cause illness among people experiencing homelessness, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among homeless service provider staff. community, take time to improve your household's plan. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your household also have an important role to play in ongoing planning efforts.

**Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak.**

Having an emergency plan in place can help reduce the impact of the outbreak. During your planning process, homeless service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect their staff, clients, and guests. Set a



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

time to discuss what homeless service providers should do if cases of COVID-19 are suspected in their facility, if a confirmed case of COVID-19 is identified in a client, or if a confirmed case of COVID-19 in a person experiencing homelessness is discharged from a local hospital. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility.

## Connect to community-wide planning

Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before an outbreak may provide your organization with the support and resources needed to respond effectively. Also, in recognition of the “[whole community](#)” approach to emergency planning and management, your input as community leaders and stakeholders helps ensure that your local government’s emergency operations plan is complete and represented.

## Develop or update your emergency operations plan

- ✓ **Identify a list of key contacts** at your local and state health departments.
- ✓ **Identify a list of healthcare facilities** and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care.
- ✓ **Include contingency plans** for increased absenteeism caused by employee illness or by illness in employees’ family members that requires employees to stay home. These plans might include extending hours, cross-training current employees, or hiring temporary employees.

## Address key prevention strategies in your emergency operations plan

- ✓ **Promote the practice of everyday preventive actions.** Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC). Read more about [everyday preventive actions](#).
- ✓ **Provide COVID-19 prevention supplies at your organization.** Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and disposable [facemasks](#). Plan to have extra supplies on hand during a COVID-19 outbreak.  
*Note: Disposable facemasks should be kept on-site and used only when someone is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear while staying at the shelter.*
- ✓ **Plan for staff and volunteer absences.** Develop flexible attendance and sick-leave policies. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.  
*Note: Use a process similar to the one you use when you cover for staff workers during the holidays.*
- ✓ **Be prepared to report cases of respiratory illness that might be COVID-19 to your local health department and to transport persons with severe illness to medical facilities.** Discuss reporting procedures ahead of time with a contact person at your local health department.
- ✓ **If possible, identify space that can be used to accommodate clients with mild respiratory symptoms and separate them from others.** Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness. Designate a room and bathroom (if available) for clients with mild illness who remain at the shelter and develop a plan for cleaning the room daily.

- ✓ **Identify clients who could be at [high risk for complications](#)** from COVID-19 (those who are older or have underlying health conditions) to ensure their needs are taken into consideration.
- ✓ **Prepare [healthcare clinic staff](#)** to care for patients with COVID-19, if your facility provides healthcare services and ensure facility has supply of personal protective equipment.
- ✓ **Plan for higher shelter usage during the outbreak.** Consult with community leaders, local public health departments, and faith-based organizations about places to refer clients if your shelter space is full. Identify short-term volunteers to staff shelter with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries, etc.) and surge staff, ensuring they have personal protective equipment.

### Communicate about COVID-19 and everyday preventive actions

- ✓ Create a communication plan for distributing timely and accurate information during an outbreak. Identify everyone in your chain of communication (for example, staff, volunteers, key community partners and stakeholders, and clients) and establish systems for sharing information. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization. You also can learn more about [communicating to workers in a crisis](#).
- ✓ **Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve.** Learn more about [reaching people of diverse languages and cultures](#).
- ✓ **Help counter [stigma and discrimination](#) in your community.** Speak out against negative behaviors and engage with stigmatized groups.
- ✓ **People experiencing homelessness may be at increased risk of adverse mental health outcomes,** particularly during outbreaks of infectious diseases. Learn more about [mental health and coping](#) during COVID-19.

### Get input and support for your emergency operations and communication plans

- ✓ **Share your plans** with staff, volunteers, and key community partners and stakeholders and solicit feedback on your plans.
- ✓ **Develop training and educational materials** about the plans for staff and volunteers.

## During a COVID-19 outbreak in your community: Act

### If cases or clusters of COVID-19 disease are reported in your community, put your emergency plan into action, to protect your clients, staff, and guests.

Early action to slow the spread of COVID-19 will help keep staff and volunteers healthy and help your organization maintain normal operations.

### Put your emergency operations and communication plans into action

- ✓ **Stay informed about the local COVID-19 situation.** Get up-to-date information about local COVID-19 activity from public health officials. Be aware of [temporary school dismissals in your area because these may affect your staff, volunteers, and families you serve](#).  
*Note: Early in the outbreak, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe COVID-19 is spreading in your community. Temporary school dismissals also can help slow the spread of COVID-19.*

- ✓ **Implement everyday preventive actions and provide [instructions to your workers about actions to prevent disease spread](#).** Meet with your staff to discuss plans to help clients implement personal preventive measures.
- ✓ **Communicate with your local health department** if you are concerned that clients in your facility might have COVID-19. Learn more about COVID-19 symptoms at: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>.
- ✓ **Download [COVID-19 posters and CDC Fact Sheets](#) and keep your clients and guests informed about public health recommendations** to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
  - Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
  - Providing educational materials about COVID-19 for non-English speakers, as needed.
  - Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
- ✓ **Minimize the number of staff members who have face-to-face interactions with clients** with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them. *Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.*
- ✓ **Staff and volunteers at high risk of severe COVID-19** (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- ✓ **If staff are handling client belongings, they should use disposable gloves.** Make sure to train any staff using gloves to [ensure proper use](#).
- ✓ **Limit visitors to the facility.**

### **Ensure that clients receive assistance in preventing disease spread and accessing care, as needed**

- ✓ **In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart,** and request that all clients sleep head-to-toe.
- ✓ **Provide access to fluids, tissues, plastic bags** for the proper disposal of used tissues.
- ✓ **Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.** Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- ✓ **At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.**
  - If there is person to person spread in your local community, clients may have COVID-19.
- ✓ **Monitor clients who could be at high risk for complications** from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
- ✓ **Confine clients with mild respiratory [symptoms](#) consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.**

- Follow CDC [recommendations](#) for how to prevent further spread in your facility.
- If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
- In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe.
- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.

Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

- ✓ **If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care.** If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:
  - Extremely difficult breathing (not being able to speak without gasping for air)
  - Bluish lips or face
  - Persistent pain or pressure in the chest
  - Severe persistent dizziness or lightheadedness
  - New confusion, or inability to arouse
  - New seizure or seizures that won't stop
- ✓ **Ensure that all common areas within the facility follow good practices for environmental cleaning.** Cleaning should be conducted in accordance with CDC [recommendations](#).

## After a COVID-19 outbreak has ended in your community: Follow Up

Remember, a COVID-19 outbreak could last a long time, and the impact on your facility may be considerable. When public health officials determine the outbreak has ended in your community, take time to talk over your experiences with your clients and staff. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your organization have an important role to play in ongoing planning efforts.

### Evaluate the effectiveness of your organization's plan of action

- ✓ **Discuss and note lessons learned.** Were your COVID-19 preparedness actions effective at your organization? Talk about problems found in your plan and effective solutions. Identify additional resources needed for you and your organization.
- ✓ **Participate in community discussions about emergency planning.** Let others know about what readiness actions worked. Maintain communication lines with your community (e.g., social media and email lists).
- ✓ **Continue to practice everyday preventive actions.** Stay home when you are sick; cover your coughs and sneezes with a tissue; wash your hands often with soap and water; and clean frequently touched surfaces and objects daily.

**Maintain and expand your emergency planning.** Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for an infectious disease outbreak in the future.

### COVID-19 Readiness Resources

- Visit [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19) for the latest information and resources
- COVID 2019 Situation Summary <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
- Prevention and Treatment <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>
- What to Do If You Are Sick <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>
- Pregnant Women and COVID FAQs <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html>
- Stigma Related to COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html>
- Mental Health and coping during COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>
- Handwashing: A Family Activity <https://www.cdc.gov/handwashing/handwashing-family.html>
- Handwashing: Clean Hands Save Lives <http://www.cdc.gov/handwashing>

### CDC Interim Guidance for Specific Audiences

- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>

### CDC Communication Resources

- Communication Resources <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>
- Print Resources <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
- Buttons and Badges <https://www.cdc.gov/coronavirus/2019-ncov/communication/buttons-badges.html>
- Additional Resources Specific to Homeless Shelters
- Infection Control in Homeless Shelters in the State of Alaska. July 2018 ([http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations\\_Nov%202018.pdf](http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations_Nov%202018.pdf))
- City of Toronto. Infection Prevention & Control Resources for Homelessness Service Settings (<https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>)
- U.S. Department of Veterans Affairs. Disaster Preparedness Toolkit. Disaster Preparedness to Promote Community Resilience: Information and Tools for Homeless Service Providers and Disaster Professionals (<https://www.va.gov/HOMELESS/nchav/education/VEMEC-Toolkit.asp>)

## **COVID-19 Response Guidance for GMD's Victim Assistance Subrecipients**

As professionals in the victim services field, we understand that for victims, staying at home may not be the safest option right now. The KY Justice & Public Safety Cabinet Grants Management Division (GMD) wants to say thank you for continuing to deliver lifesaving services to the most vulnerable within our communities. We understand that this is a time filled with anxiety of the unknown. We thank you for your selfless service and for continuing to respond to those in need.

GMD leadership is gathering information from the CDC, the Cabinet for Health and Family Services, Office for Victims of Crime, Office on Violence Against Women, the Department of Health and Human Services, and the Department of Public Health to address the concerns that are specific to victim service providers and shelter service programs. We encourage programs to contact their local health department for the most updated information and guidance to assist in the decision-making process for their agency. This is the only guidance we have at this time, but we will be updating our guidance as more information becomes available.

### **FAQs**

**Question 1:** Will our agency be able to submit reimbursement requests, grant adjustment requests (GANs), etc.?

**Answer 1:** Yes. In lieu of recent concerns around the spread of COVID-19, we are following the lead of the Governor's Office and GMD has implemented a telework schedule for staff. GMD has implemented an electronic workflow that accommodates the processing of payments and GANs while working remotely. Please submit all grant reimbursement requests in Intelligrants eGMS per usual, and follow the established GAN Request Process outlined in your award documents and in the attached GAN one-sheeter. GMD team members will be as responsive as possible. Please email GMD team members for the most expedient response. GMD team members will be checking their voice mail and email regularly during this time.

**Question 2:** Will GMD continue in-person meetings or site visits?

**Answer 2:** GMD has postponed and/or cancelled all scheduled meetings, site visits, and other in-person meetings until further notice. GMD has begun piloting an Enhanced Desk Review process in order to perform required compliance monitoring remotely during the COVID-19 state of emergency.

**Question 3:** Will GMD extend deadlines for initiatives, solicitation submissions, applications, etc.?

**Answer 3:** At this time, GMD wants to maintain as much consistency as possible, but we have extended deadlines upon request.

Office of Justice Programs has communicated that solicitations with application due dates between March 16<sup>th</sup> and March 31<sup>st</sup> will have a 2-week extension for submission. OJP program offices are in the process of updating those due dates now. OJP will continue to monitor the situation and determine if additional adjustments to closing dates will be needed. [Grants.gov](https://www.grants.gov) and OJP's Grants Management System remain open to continue to accept applications.

**Question 4:** What if we need to temporarily close our shelter or other programs because of the COVID19 virus?

**Answer 4:** Programs should encourage social distancing per instructions from the [Governor's Office](#) and implement prevention efforts to contain the spread of the virus. All efforts should be made to coordinate alternative placement for new/emergency clients. Shelter management may consider assigning live-in staff members to remain onsite during the quarantine with the shelter clients. Non-shelter direct service programs such as sexual assault centers and children's advocacy centers should consider developing an emergency plan to deliver as many services as possible in a remote or mobile manner. GMD encourages all agencies to communicate with their local health department to aid in their decision-making process. Closures and action plans will likely differ community to community.

Should any agency or program need to close its office and provide services remotely, GMD requests that an emergency action plan explaining the changes to service delivery and how services will be delivered be submitted to their assigned Program Manager.

**Question 5:** What if our agency has a staff member or participant that has contracted COVID-19? What if we are asked to disclose information about our participants? What information can be shared about individuals who have contracted COVID-19, those suspected of exposure to COVID-19, and those with who information can be shared?

**Answer 5:** TBD \*See Question #25 for Resource

**Question 6:** What if there are interruptions in the performance of work under the grant?

**Answer 6:** Subrecipients should review the DOJ Grants Financial Guide and the Part 200 Uniform Requirements (2 C.F.R. Part 200, as adopted by DOJ) (see, for example, 2 CFR 200.430 and 2 C.F.R. 200.431, under Subpart E – Cost Principles), and the subgrantee's established policies, to help in determining how the subgrantee's personnel costs may be treated during any period(s) of interruption to the performance of work under the award. You should direct any questions about allowability of costs to your grant's Program Manager, Financial Analyst, or their supervisors.

**Question 7:** Should I notify GMD about any office or shelter closures?

**Answer 7:** Yes, please notify GMD about any impending office or shelter closure. See FAQ Question/Answer 4.

**Question 8:** What should be done with shelter clients with suspected or confirmed COVID-19?

**Answer 8:** Per the CDC, decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

**Question 9:** Can a shelter program begin reducing in shelter participants in order to provide individual rooms for survivors/families should participants need to quarantine?

**Answer 9:** Please see CDC guidance and resources released by NNEDV (FAQ Question 26). Whenever possible residential housing programs should provide individual quarters per survivor/family. Programs should make every effort to provide emergency services including emergency housing in shelter or via hotel stays.

**Question 10:** Can programs limit participant transportation to essential travel requests while federal guidance is in place to limit movement to support containment and limit spread of the virus?

**Answer 10:** Yes. Programs may limit access to transportation assistance to essential transportation needs of participants. Essential travel includes access to safe shelter, medical appointments, work or transportation for necessary groceries/supplies. Federal guidance asks the public to do their part to slow the spread of the coronavirus. “Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow down the spread of coronavirus.” [https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20\\_coronavirus-guidance\\_8.5x11\\_315PM.pdf](https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf)

#### Court-Ordered Visitation

At this time, DCBS is honoring court-ordered visitation for foster children. With the understanding of Kentucky’s courts, the means by which visitation takes place (or, familial contacts are made) are temporarily changing and may include methods mentioned under Home Visits and Face-to-Face Contacts. Service Region Administrators are contacting their respective judges as courtesy notice of this change in practice.

**Question 11:** Can programs limit program participants traveling outside of the shelter facility to essential travel, even if participants have their own mode of transportation?

**Answer 11:** If a program has an approved policy, programs may limit program participants travel outside of the shelter facility to essential travel. Essential travel includes access to safe shelter, medical appointments, work or transportation for necessary groceries/supplies. Federal and state guidance asks the public to do their part to slow the spread of the coronavirus. “Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow down the spread of coronavirus.” [https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20\\_coronavirus-guidance\\_8.5x11\\_315PM.pdf](https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf)

If a participant fails to comply with the policy, the program may involuntarily exit the participant. GMD recognizes the need for agencies to implement measures to protect the safety and well-being of its staff and other participants. If the participant fails to adhere to the policy, the agency may advocate for other emergency housing options.

**Question 12:** If an agency needs emergency assistance funds for hotel stays or emergency supplies, are funds accessible to programs for emergency needs?

**Answer 12:** Supplemental funds may be available for emergency requests for client assistance. Please contact your GMD Financial Analyst to obtain additional information about the request process.

**Question 13:** Can agencies ask victims screening questions such as: Are you feeling ill? Have you been running a fever? Have you traveled outside of the country in the past 30 days? To your knowledge, have you been exposed to COVID-19?

**Answer 13:** Programs should not screen for coronavirus except for information that is critical to providing essential victim services including, but not limited to, shelter services, medical forensic care, and telehealth mental health services where the COVID-19 State of Emergency may be a trigger. Also, programs should not use health status to discriminate in access to any programs or services.

**Question 14:** What if our agency is receiving conflicting requirements to comply with grant programs, i.e. screening?

**Answer 14:** The question has been submitted to federal partners for review. TBD.

**Question 15:** Can agencies pay their grant funded staff (even those without leave)?

**Answer 15:** If programs must reduce services due to a health crisis resulting in quarantines, programs should use their existing leave policies to address employee absences. If you don't currently have policies regarding working remotely and paid administrative leave, please develop those policies. Provided your organization has policies in place and all staff (Federally funded and non-Federally funded) are treated equally, we can continue to reimburse the grant-funded project even if services are temporarily reduced. Please send any developed policies to your Program Manager.

**Question 16:** Can agencies use grant program funds to pay overtime?

**Question 16:** GMD understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs. Please submit GAN requests accordingly with any evolving needs. GMD will provide other information and resources as we are able.

**Question 17:** Can agencies use grant program funds to pay for administrative leave?

**Answer 17:** Yes, so long as the leave is in compliance with agency policy and available to all staff members, not just federally-funded positions.

**Question 18:** As colleges/universities are cancelling classes or going online, agencies who depend on volunteer hours for match may have struggles as their student interns/volunteers get sent home and cannot fulfill their practicum hours. Will GMD be flexible with the match requirements on federal awards?

**Answer 18:** If a program is unable to meet match through volunteers, we would work with them to see if they can meet match in other ways. If not, we may consider approving an emergency match waiver if the situation is well-documented.

**Question 19:** Should we limit non-essential travel?

**Answer 19:** Yes. GMD, in concurrence with instructions from the Governor's Office, strongly encourages that subrecipients limit travel to essential travel for client services. Also see Question/Answer 9.

**Question 20:** If our agency needs to cancel upcoming travel, will federal funds cover cancellation fees for reserved travel for canceled conferences and training events?

**Answer 20:** Grantees should contact their Financial Analyst to address issues resulting from postponed or canceled meetings, such as using grant funds to cover hotel or travel related cancellation fees and penalties.

Grantees should try to have the airline reimburse the canceled ticket(s) in cash. However, if the airline will only refund the cancellation as a credit:

- The grantee should apply the credit to a future trip for the same grant or project.
- If that is not possible, the grantee should use the credit for another GMD administered grant program or project and reimburse the original grant or project with the equivalent dollar amount.
- If neither of those options is possible, then the grantee should process the trip as a COVID-19-related cancellation, which GMD approves to be charged to the grant due to this mitigating circumstance.

**Question 21:** What do programs/shelters do if they run out of cleaning supplies and/or necessary supplies for operation?

**Answer 21:** If you are unable to find supplies of hand sanitizer or other hygiene and cleaning products please contact your local health department and notify GMD. Agencies may make requests for community support for needed supplies. Agencies may also transfer program participants to available hotels to shelter in place if operational supplies are unavailable. GMD

understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs.

**Question 22:** Can programs/shelters request reimbursement for specialized cleaning?

**Answer 22:** GMD understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs. Please submit GAN requests accordingly with any evolving needs.

**Question 23:** What type of plan should our agency put in place to respond to pandemics?

**Answer 23:** Please see Attachments I & II for Interim Guidance for Homeless Shelters to Respond to Coronavirus-19, and an example Pandemic Emergency Action Plan.

**Question 24:** How does my agency cover the crisis line during a shelter in place situation?

**Answer 24:** An agency may utilize staff members that are working remotely and not serving in the shelter. To ease the burden on on-site staff, programs may plan to forward calls to staff members teleworking. The crisis line should be forwarded to an agency issued cell phone that is provided by the agency. The staff member should answer the phone indicating that the caller has reached a crisis line for (Agency). The agency may develop a rotation for various staff members to respond to crisis line calls.

**Question 25:** What resources can our agency access for planning and response to COVID-19?

**Answer 25:**

- <http://reachingvictims.org/events/>
- [https://nnedv.org/latest\\_update/resources-response-coronavirus-covid-19/](https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/)
- <https://learn.nationalchildrensalliance.org/covid>
- <https://www.techsafety.org/digital-services-during-public-health-crises>
- <https://www.techsafety.org/remote-work-public-health-crisis>
- <https://www.gcn.org/articles/Emergency-planning-for-nonprofits-Coronavirus-and-beyond>
- <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Shelters.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html>
- <https://foodfinder.us/>
- <https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf>
- Cabinet for Health & Family Services Guidance: <https://chfs.ky.gov/Pages/cvres.aspx>
- Telehealth Services Guidance: <https://chfs.ky.gov/agencies/ohda/Pages/thcv.aspx>
  - VAWA recipients, please remember to take into account VAWA's confidentiality provisions
- KY Court of Justice Guidance: <https://kycourts.gov/pages/Coronavirus.aspx>

- Kentucky Emergency Management and Homeland Security: <https://kyem.ky.gov/Pages/default.aspx>
- Kentucky Department of Public Health: <https://govstatus.egov.com/kycovid19>
- Governor Beshear's Office COVID-19 Hotline: <https://kycovid19.ky.gov>
- Attachment I (CDC Plan-Prepare-Respond for Shelters) & II (Sample Pandemic Emergency Action Plan)

**Question 26:** Can GMD reimburse expenditures that provide tools to implement remote teleworking for non-essential staff?

**Answer 26:** GMD understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs. Please submit adjustment requests accordingly with any evolving needs.