



**U.S. Department of Health and Human Services**

**U.S.-Mexico Border Health Commission**

**Early Warning Infectious Disease Surveillance (EWIDS) Project**

**Guidance to Assist the Mexican Border States and the Mexican Secretariat of Health in Preparing Proposals to Enhance and Upgrade Surveillance and Epidemiology Capabilities for Infectious Diseases Along the U.S.-Mexico Border**

***I. Background***

Terrorism is an ever-present threat in our times. Bioterrorism is of special concern because its human consequences can be so devastating, its weapons relatively easy to obtain and disseminate, and its effects often not detectable for days or even weeks. The ability of a bioterrorist attack to create massive numbers of casualties (on a scale that overshadows other forms of terrorism) makes bioterrorism today's most dangerous threat. For this reason, the U.S. Government has assigned the highest priority to developing nation-wide domestic capabilities to prepare for and respond to bioterrorism and other outbreaks of infectious diseases. A terrorist-triggered outbreak of a dangerous and highly communicable disease such as smallpox would require a concerted response by the public health emergency response system to prevent catastrophic mortality and morbidity. Because pathogens do not recognize or respect geopolitical boundaries and travelers who cross the border into Mexico from the United States (and vice versa) can spread a contagious disease rapidly, early warning surveillance and prompt sharing of findings of concern among the six Mexican and four U.S. states along the U.S.-Mexico border and beyond is a public health and national security imperative.

***II. Introduction***

The Early Warning Infectious Disease Surveillance (EWIDS) project consists of two companion but separate initiatives, the first of which involves the U.S. Mexico Border Health Commission (BHC) and the second of which focuses on the enhancement of

cross-border surveillance and epidemiological capacities within the 20 U.S. states sharing borders with Mexico and Canada.

Along the southern border, EWIDS funds have also been separately awarded to Texas, New Mexico, Arizona and California to improve and strengthen capabilities that will complement those being developed by their Mexican counterparts so that the systems on both sides of the border will be coordinated and interoperable (in this context, the ability of different types of computers, networks, operating systems, and applications to work together effectively). EWIDS related activities undertaken by the four U.S. border states are intended to be an intrinsic element of the overall public health emergency preparedness efforts supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. In a similar vein, BHC EWIDS activities to be carried out by the six Mexican border states and the Secretariat of Health (SOH) of Mexico should reflect relevant priorities on prevention and health promotion as stated in Mexico's National Health Act through the policies established by the National Council for Health Security, and in accordance with the lines of action established in the Mexican National and State Bioterrorism Health Protection Plans as well as in the National Guidelines for Health Security.

Both sets of EWIDS activities (in the United States and in Mexico) are intended to strengthen critical capacities in surveillance and epidemiology, laboratory capacity for biological agents, surveillance related communication and information technology, and surveillance/epidemiology related education and training. The common feature to both of these initiatives is (1) the emphasis on cross-border infectious disease surveillance and epidemiology and (2) the involvement of all ten state health officers and bioterrorism coordinators (or their designated representatives) of the U.S. and Mexico border states in any planned activities. This is to ensure that planning and implementation efforts by the four U.S. southern border states for the EWIDS project are harmonized with comparable efforts by neighboring jurisdictions in Mexico's six northern border states. Thus, the overall goals of both EWIDS projects is to enhance coordination among neighboring states in the U.S. and Mexico; to improve surveillance capabilities at the state, local and tribal level; to launching an epidemiological investigation promptly; to share surveillance (including laboratory) data; and to provide for appropriately trained public health personnel for these activities.

### ***III. Objectives of BHC EWIDS Project***

This guidance focuses on the EWIDS project that is being implemented through the BHC (referred to hereafter as the BHC EWIDS project). The BHC, whose membership includes the two federal secretaries of health, the chief health officers of the ten border states and prominent community health professionals from both nations, is well positioned to help the United States and Mexico bring together the ten border states to solve common public health security problems.

The BHC EWIDS project was initiated by the Secretary of Health and Human Services, Tommy Thompson, in recognition of the need to develop and enhance capabilities along the U.S.-Mexico border to detect, identify and report outbreaks of infectious diseases (whether terrorist-induced or naturally occurring); undertake epidemiological investigations of such outbreaks; share clinical, laboratory and epidemiological information electronically with public health officials in neighboring jurisdictions; and train public health personnel in surveillance and epidemiology related activities. This project, funded by HHS and implemented through the BHC, was announced jointly by Secretary Thompson and Secretary Frenk-Mora in Saltillo, Mexico, on December 12, 2003. Funds provided by HHS have been transferred to the BHC to be allocated to the six Mexican border states (Baja California, Sonora, Chihuahua, Coahuila, Nuevo Leon and Tamaulipas) as well as to the Secretariat of Health of Mexico.

#### ***IV. Roles and Responsibilities***

Annex 5 in this guidance contains the “The Scope of Work and Framework, United States-Mexico Border Health Commission Collaboration with The Department of Health and Human Services for an Early Warning Infectious Disease Surveillance at the United States-Mexico Border” unanimously approved by the United States-Mexico Border Health Commission Members on September 8, 2003. In this document, the section on “Governance Structure for the Program” defines the respective roles and responsibilities of the BHC, the Secretariat of Health of Mexico, the HHS, the Advisory Committee and the Technical Committee which is composed of a selected panel of experts from both countries, appointed by the BHC, to assist it in reviewing implementation proposals from the seven Mexican entities and assessing their progress in relationship to the goals and milestones set forth for the EWIDS project.

#### ***V. Distribution of Funding***

In accordance with the legislation authorizing this project, BHC EWIDS funds are **NOT** intended to support non-infectious disease surveillance or broader border health activities in terrorism preparedness. Furthermore, these funds are not to be used to finance any chemical, radiological, nuclear or other emergency preparedness activities. EWIDS funds are intended strictly for the support of epidemiology and surveillance-related activities to address bioterrorism and other outbreaks of infectious diseases.

BHC EWIDS project activities, focusing on enhancing infectious disease surveillance and epidemiology along the U.S.–Mexico border, may be coordinated and integrated, where appropriate, with other existing binational border infectious disease surveillance and epidemiology activities. Examples include the Border Infectious Disease Surveillance (BIDS) program and Laboratory Response Network (LRN) sponsored by the Centers for Disease Control and Prevention (CDC); and the strategic planning and coordination activities, sponsored by the BHC, to develop a unified, border-wide, bilateral terrorism and public health emergency preparedness framework to support state-to-state efforts.

The scope of this integration may be both vertical and horizontal.

Vertical: Between the state health department of each of the six Mexican states and its local counterparts along the U.S.-Mexico border and between the state health departments and the SOH

Horizontal: Among (across) the six Mexican border states and between any of the six Mexican states and any of the four U.S. border states

Proposed activities must be consistent with not only national laws and regulations of the United States and Mexico but also existing binational agreements and guidelines. For example, a set of Guidelines for US-Mexico Coordination on Epidemiological Events of Mutual Interest, which is currently being developed under the auspices of the US-Mexico Binational Commission, will be coordinated with this project in the near future.

The geographical region targeted by the BHC EWIDS project is the border region, which, in accordance with the La Paz Agreement, is 100 kilometers on either side of the international borderline. However, it is recognized that some of the state health departments in the six Mexican states are located further away from the border, beyond the 100-kilometer range. Since the state health department is responsible for coordinating and integrating statewide surveillance and epidemiology related efforts, its EWIDS related activities might legitimately be supported by the BHC EWIDS funds.

Although the total amount of EWIDS funding (minus BHC administrative costs) will be used to support infectious disease surveillance and epidemiology activities within each of the seven recipient entities, 25 percent (25%) will be set aside to provide supplemental funding for the six Mexican border states for the second year. The award of these supplemental funds will be based on (1) the performance of each entity with respect to its stated goals and objectives, (2) its progress by the end of the first year, (3) additional identified needs, (4) commitment of the state health department to furthering the goals of EWIDS, and (5) the state's share of the border population. Each entity wishing to request supplemental funding at the end of the first year must submit a summary proposal to the BHC that will be reviewed by the Technical Committee. Guidance for preparation of this summary proposal will be provided towards the end of the first year of the project.

### Needs Assessment

By October 1, 2004, following HHS approval of a funding allocation formula, developed in consultation with BHC and SOH, the BHC will make available to Baja California, Sonora, Chihuahua, Coahuila, Nuevo Leon, Tamaulipas and Mexico's Secretariat of Health up to ten percent (10%) of the amount each entity will be receiving in accordance with the formula. These funds will enable each of the recipients to:

- Conduct a needs assessments of the critical capacities listed below
- Prioritize the needs so identified, and

- Prepare an implementation proposal for addressing the highest priority needs.

Included with this guidance are needs assessment guidelines (Annex 1) developed by the SOH, which should apply to all needs assessment studies to be conducted by all seven applicant entities. The SOH will work with the six border states to compile the results of any already completed needs assessments, provide technical assistance for self-assessment by the states, and, as appropriate, conduct assessments directly. Those states that have already completed their needs assessments of surveillance and epidemiological capabilities/capacities (that are consistent with the guidelines in Annex 1) with funding from other sources may apply the initial ten percent (10%) of their EWIDS funding allocation to implementation of **approved** activities within their implementation proposals. All states reporting completion of needs assessments that were supported with funds from a source(s) other than the EWIDS project must identify the amount(s) and the source(s) of such funding in their implementation proposals.

The BHC will retain the remaining ninety percent (90%) or more of the formula-determined funds for each of the seven Mexican entities until it has received and reviewed an implementation proposal from each entity, developed in accordance with this guidance.

The BHC, with the assistance of its Technical Committee, will review the implementation proposals submitted by the six Mexican border states and the SOH. Based on the results of these reviews, the BHC will make available additional funds, in quarterly increments, to the six states and the SOH to support activities that have been approved by the Technical Committee.

The format and content of your state implementation proposal **must** conform to the requirements specified under Section VI and Section VII in this guidance.

#### ***VI. Instructions for Preparation of Implementation Proposals***

Activities eligible for the remaining ninety percent (90%) or more of EWIDS funding are those that correspond to the needs identified in the assessment described above. Please note that, to be considered for EWIDS support, proposed activities **must** be related specifically to infectious disease surveillance and epidemiology. Activities may be proposed in any or all of the four focus areas identified below. For each of the four focus areas, associated critical capacity(ies) are defined, representing the core expertise, capabilities and infrastructure that are essential in responding to either a naturally occurring or a terrorist-triggered infectious disease outbreak.

The four focus areas are:

Surveillance and Epidemiological Capacity

Laboratory Capacity for Biological Agents

Surveillance-Related Communications and Information Technology

Surveillance and Epidemiology Related Education and Training

The Critical Capacity(ies) for each focus area are followed by “Activities That May be Considered” for funding by EWIDS. These lists are provided in the interest of offering examples of activities that EWIDS funding recipients may propose to develop to meet the needs that have been identified through their needs assessment. These lists are not intended to be exhaustive but they serve as a guide regarding capacities that are critical to early warning infectious disease surveillance.

Each applicant should submit one implementation proposal, providing both a Spanish and an English version, which may include up to four sub-projects (each sub-project would correspond to one of the four focus areas). The number of focus areas that a state chooses to address will be a function of its identified needs and the amount of EWIDS funds allocated to the state. However, it is expected that at least one focus area will be addressed by any given state. Each sub-project would be limited to 15 pages. [Note: Additional information may be included as appendices to the implementation proposal. The appendices, which will not be counted toward the page limit, may include Curriculum Vitae, Resumes, Organizational Charts, Letters of Support, etc.]

Your proposal should describe activities to be conducted over the entire two-year project period, starting 3 January 2005 and ending 31 December 2006.

Implementation proposals must be submitted in the form of a narrative in the following format:

- Font size: 12 point Arial
- Double spaced
- Letter size paper
- Printed only on one side of paper
- Pages of proposal should not be bound together

The proposal should include the following sections in the sequence shown below.

A. Identification of Needs With Respect to Enhancing Capacity to Address Infectious Disease Surveillance and Epidemiology

Identify, in order of decreasing priority, the needs in the area of infectious disease surveillance and epidemiology that this proposal addresses and explain how these needs relate to those identified in the completed needs assessment. Provide a summary of the completed needs assessment (as an appendix to the proposal), describing methods and findings. Completion of this needs assessment (in accordance with Annex 1) is considered partial fulfillment of the funding requirements of the U. S. Department of Health and Human Services.

B. Proposed Work Plan

For each sub-project, (1) identify the need(s) to be addressed, (2) describe the tasks that you are proposing to meet the identified needs, (3) provide a timeline for each task and (4) identify the responsible individual(s). Recipient entities should also describe current activities that provide relevant experience and to perform the proposed activities. Describe collaborative relationships, if any, with other agencies and organizations that will be involved in the proposed activities and that are relevant to the achievement of proposed goals and objectives.

C. Schedule of Activities

Describe/define milestones that must be achieved in order to meet/respond to the identified need, and when they are expected to be achieved. Synchronize the milestones with your time line(s) to facilitate management and oversight of the project. Describe any related activities, ongoing or planned, that are likely to affect the completion of any of the sub-projects in accordance with the projected time line, milestones, and budget.

You are required to provide a Schedule of Activities that will assist the Technical Committee in tracking the progress towards and accomplishment of the objectives of each sub-project. This Schedule must be submitted with your proposal. Annex 3 to this guidance contains a template to assist you in providing the required information for each sub-project.

D. Management and Staffing Plan

If more than one sub-project is proposed, identify (provide the name and current title of) the proposed overall Project Director, describe how his/her expertise and experience relate to the project, and provide a copy of his/her curriculum vita as an appendix to your proposal. Identify the leader and other key personnel for each sub-project and provide a copy of each sub-project leader's curriculum vita (CV) as well.

Describe how the program will be effectively managed. Include the following:

1. Management structure including the lines of authority and plans for fiscal control and accountability
2. The staff positions responsible for implementation of the program
3. Qualifications and experience of the designated staff

E. Explain how the proposal aligns with the objectives and lines of action of the State and Jurisdictional Bioterrorism Health Protection Plans. Your implementation proposal must be accompanied by (1) a letter of endorsement from the State Secretary (Director) of Health and (2) documentation that the state

has submitted its State and Jurisdictional Bioterrorism Health Protection Plan to SOH.

- F. Include the organizational structure of the state's *Secretaria de Salud* with (1) a brief description of program units which have a role in infectious disease surveillance, epidemiology, and communicable disease control, and (2) a listing of the principal health facilities in the border region. Include this information as an appendix to your proposal.
- G. Budget and Justification

You may apply for the full amount of the EWIDS funding that has been allocated to your state/organization (see Annex 4).

For each sub-project, provide an estimated budget for the tasks that are required to meet the identified need and/or that are needed to complete each sub-project. Break the budget down into (a) four categories of expenditures (personnel, equipment, travel, and other costs) and (b) phases appropriate to the tasks involved. Provide a short narrative justification for the budget items included in each sub-project. A budget template of each sub-project and for the entire implementation proposal is attached in this guidance as Annex 2. Budgets may include funding requests for epidemiologists, laboratorians, information technology specialists, laboratory equipment and reagents, and communications technology (the latter must also be used for infectious disease surveillance and epidemiology). If a sub-project is to be supported with funds from a source(s) other than EWIDS, identify the amount(s) and the source(s).

BHC EWIDS funds may **NOT** be used for construction of any kind. Nor can EWIDS funds be applied to reimbursement of activities that will have been completed or equipment that will have been acquired prior to January 3, 2004. In accordance with the U.S. legislation that authorizes funds for EWIDS, these funds may be used only to **supplement** but not to **supplant** other (state and/or local) funds.

- H. Describe your state's plan to provide sustainability for the activities for which you are currently seeking BHC-EWIDS funding. Identify sources of matching funds coming from sources other than BHC-EWIDS, in-kind support and other resources for long-term project operations and maintenance.
- I. Your implementation proposal must be submitted no later than 15 November 2004, along with a letter of endorsement from the state Secretary (Director) of Health and documentation that the state has submitted its State and Jurisdictional Bioterrorism Health Protection Plan to SOH. Three (3) hard copies must be submitted to:



U.S.-Mexico Border Health Commission  
Comisión de Salud Fronteriza México-Estados Unidos  
201 E. Main Dr., Suite 1616  
El Paso, Texas 79901

An electronic copy should be sent to both:  
[hmartinez@borderhealth.net](mailto:hmartinez@borderhealth.net) and [emoya@borderhealth.net](mailto:emoya@borderhealth.net)

## ***VII. Proposal Review Criteria***

Your proposal will be evaluated against the following criteria:

### **A. Implementation Proposal and/or Work Plan**

Each sub-project's objectives are specific, measurable and time-phased; tasks and activities are logical; the projected time line is reasonable and realistic; and measures of progress and achievement are described. Each sub-project is expected to address a need identified through the previously completed needs assessment.

### **B. Management and Staffing Plan**

The proposal describes management structure and staff positions with clear lines of authority and plans for fiscal control, and that designated staff have appropriate qualification and experience.

### **C. Budget and Justification**

The proposal provides a detailed budget and budget justification consistent with the sub-project's objectives and activities and in accordance with requirements stated on page 8, item G of this guidance.

## ***VIII. Critical Capacities Relevant to Cross-Border Infectious Disease Surveillance and Epidemiology***

### **A. Surveillance and Epidemiological Capacity**

#### *Public Health Surveillance and Detection Capacity*

**Critical Capacity:** To rapidly detect an infectious disease outbreak (terrorist-triggered or naturally occurring) along the U.S.-Mexico border through a highly functioning mandatory reportable disease surveillance system that includes timely and complete reporting by providers and laboratories.

**Activities That May be Considered:**

- (1) Develop or enhance reporting protocols, procedures, surveillance activities, information dissemination, or analytic methods that improve the usefulness of the reportable disease system on both sides of the border. Develop or improve infectious disease surveillance along the international border by establishing a network of hospitals, clinics, epidemiologists and laboratories to conduct active sentinel surveillance for emerging infectious diseases and syndromes in a uniform manner. If appropriate, involve some or all of the local binational health councils of the U.S.-Mexico border sister city pairs to facilitate planning and execution of these activities. The long-term goal is to coordinate disease tracking for all illnesses and conditions possibly resulting from bioterrorism and other infectious disease outbreaks in the border states.
- (2) Develop and evaluate active sentinel/syndromic surveillance programs in border hospitals and clinics to rapidly detect and distinguish possible bioterrorism-caused illness from other causes and to assist in standardization of case definition through specific clinical entry criteria and differential diagnosis. Enhancing the capability to codify outbreak factors in a standardized manner enables comparison of information/data across health care facilities/settings. This is significant since major outbreaks are infrequent, particularly those caused by bioterrorism agents.
- (3) Assign an epidemiologist trained at the master's or doctoral level or equivalent and/or public health nurse(s) to cross-border infectious disease surveillance activities.

*Public Health Epidemiological Investigation and Response Capacity*

**Critical Capacity:** To rapidly and effectively investigate and respond to a potential bioterrorist event, as evidenced by ongoing, effective state and local responses to naturally occurring individual cases of urgent public health importance or outbreaks of disease along U.S-Mexico border.

**Activities That May be Considered:**

- (1) Collaborate with the U.S. southern border states (Texas, New Mexico, Arizona and California, as appropriate) to design, develop, and adopt a binational surveillance needs assessment tool to be used by public health officials on both sides of the border to identify gaps in the capacity of the state and local health departments to respond to bioterrorism event or infectious disease outbreaks. Specific needs assessment studies may focus on epidemiology and surveillance functions and laboratory capacity to address cross-border epidemiological investigations and response needs.
- (2) With local public health agencies in the border *municipios*, develop or

enhance cross-border surveillance protocols, response procedures, legal or regulatory provisions affecting binational, cross-border public health activities, or communication and information dissemination that improve the effectiveness of the public health epidemiologic response. Particular attention should be paid to binational cooperation in border regions to facilitate sharing of surveillance data and diagnostic specimens/biological samples.

- (3) Convene binational surveillance and epidemiology workshops to discuss and plan cross-border surveillance and/or epidemiology related activities. Such activities could involve a collaborative and regional approach among neighboring Mexican border states (e.g., Baja California and Sonora) and neighboring U.S. border states (e.g., California and Arizona), whenever appropriate.

**B. Laboratory Capacity – Biological Agents**

**Critical Capacity:** To develop and implement a program to provide rapid and effective laboratory services in support of cross-border infectious disease surveillance activities.

**Activities That May be Considered:**

- (1) In coordination with your supporting public health laboratory, develop and implement a strategy to ensure laboratory testing (in clinical or public health laboratories) for rapid and specific confirmation of urgent case reports along the border region.
- (2) Survey and assess the laboratory capacity on each side of the U.S.-Mexico border and the connectivity among these laboratories with a view towards (a) identifying and addressing needs with respect to their consistency or uniformity of testing standards, notification protocols, and laboratory-based surveillance data exchange practices and (b) developing binational regional laboratory response capabilities.
- (3) Ensure adequate and secure lab facilities, reagents, and equipment to rapidly detect and correctly identify agents likely to be used in a bioterrorism incident on the U.S.-Mexico border.

**C. Surveillance-Related Communications and Information Technology**

**Critical Capacity:** To ensure electronic exchange of infectious disease related information (that would include clinical, laboratory and environmental data) in standard formats between the computer systems of your public health department and those of your counterpart agency across the U.S.-Mexico border.

**Activities That May be Considered:**

- (1) In coordination with local public health agencies on both sides of the border, apply information technology to develop or enhance electronic applications for reportable disease surveillance, including electronic laboratory-based disease reporting from clinical and public health laboratories and linkage of laboratory results to case report information.
- (2) Establish or participate in a secure, Web-based information and communications system that provides rapid and accurate reporting and discussion of disease outbreaks and other acute health events that might suggest bioterrorism. Include capabilities for routine communications (e.g., Web access, e-mail) and alert capacity for emergency notification (e.g., phone, pager) of key staff. This may require cross-border technology assessments.
- (3) Achieve an around-the-clock capacity for immediate response to reports of urgent cases or infectious disease outbreaks, including any events that suggest intentional release of a biological agent, by means of cross-border early warning infectious disease surveillance.
- (4) Formulate, develop and, when feasible, test a binational 24-hours-a-day/7-days-a-week infectious disease surveillance plan that uses a health alert network as a basic structure and extends its coverage area to jurisdictions on both sides of the border.

**D. Surveillance and Epidemiology Related Education and Training**

**Critical Capacity:** To provide ongoing, specialized training in infectious disease surveillance, epidemiological investigations and laboratory diagnostics for public health, clinical, and other healthcare professionals to develop subject matter expertise within the public health system for cross-border disease detection, diagnostics, contact tracing, and outbreak analysis.

**Activities That May be Considered:**

- (1) Conduct joint infectious disease surveillance training and exercise sessions involving a broad range of appropriate participants from both sides of the U.S.-Mexico border.
- (2) Develop, train and exercise epidemiological response teams to conduct field epidemiological investigations, rapid needs assessments, exposure assessments, and response activities within the six Mexican border states as well as jointly with the U.S. border states, as the situation may require.

- (3) Convene forums to discuss the planning and implementation of cross-border surveillance and epidemiological response activities. The Mexican border states might consider using teleconferencing capabilities to the extent practical to facilitate the participation of their U.S. counterparts in planning or follow-up sessions.
- (4) Partner with Schools of Public Health and/or other academic health centers to develop training activities that enable health professionals in the Mexican border states to receive introductory or advanced training in surveillance, epidemiology, surveillance-based laboratory methods and surveillance related information technologies.
- (5) Facilitate a program in which epidemiologists, laboratorians and information technologists in any of the Mexican border states can spend a period of time performing on-the-job training and experiential learning field studies in the state health department of a neighboring U.S. border state. Selection of personnel for this program should be made on the relative merits of candidates and matches the most meritorious candidates with previously identified needs within the Mexican border states.

***IX. Reporting Requirements***

- A. Quarterly reports will be submitted to the BHC with (1) a detailed update on progress toward work plan objectives; (2) a description of any obstacles/problems that may have been encountered; (3) an explanation of how those these problems were or were not resolved; and (4) itemized financial expenditures that include but are not limited to personnel, equipment, travel, and other costs.
- B. An annual report will be submitted within 60 days (February 28, 2006) following the conclusion of the first year of the project (January 3, 2005 through December 31, 2005) to the BHC summarizing the progress that has been made regarding each of the sub-projects supported with EWIDS funds. Provide an analysis of the strengths, weaknesses, opportunities, and obstacles/impediments encountered.

Annual reports shall contain, for each sub-project, brief information on each of the following:

1. A narrative report of accomplishments for the first year of the project. A comparison of actual accomplishments with the goals and objectives established for the period and the findings of the project leader or sub-project leader(s).

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2. If certain obstacles or impediments were countered, describe how they were resolved. If any of the established goals and objectives were not met, explain why.
  3. Report on financial expenditures for the first year of the project period. Provide data, at a minimum, on each of the following categories of expenditures: personnel, equipment, travel, and other costs. Show how expenditures in each category related to the activities that have been carried out.
- C. A final report will be submitted within 60 days following the end of the project period. Requirements for this report will be provided to the seven funding recipients six months prior to the conclusion of the project period.
- D. Copies of all quarterly and annual reports submitted by the Mexican Section of the BHC should be provided to the U.S. Section as well as to HHS and SOH.