



**2021 COVID-19 Vaccination Equity and Prioritizing Populations  
Disproportionately Affected by COVID-19**

**Guidance and Information Packet**

**Application Deadline: July 30, 2021 at 5:00 p.m.**

**ANNOUNCEMENT OF FUNDING AVAILABILITY**  
**COVID-19 Vaccination Equity and Prioritizing Populations Disproportionately Affected by COVID-19**

<b>KEY INFORMATION</b>	
Date of Release	June 30, 2021
Technical Assistance/Questions	<a href="mailto:BPHGrantApplications@wv.gov">BPHGrantApplications@wv.gov</a>
Application Deadline	July 30, 2021 at 5:00 p.m.
Funding Announcement to be Made	Announcement will be posted on BPH website
Funding Amount Available	\$11,995,688
Anticipated Number of Awards/Amount	Anticipated number of awards is 86 with an average award of \$150,000
Target Area	Statewide
Eligible Applicants	<ul style="list-style-type: none"> <li>• Local Health Departments (LHD)</li> <li>• Community Health Centers (CHC)</li> <li>• Community Based Organizations (CBO)</li> <li>• Multi-jurisdiction or multi-agency collaborative with LHD, CHC or CBO as lead agency</li> </ul>

**Submission Requirements**

1. Applications must be emailed to [BPHGrantApplications@wv.gov](mailto:BPHGrantApplications@wv.gov) no later than July 30, 2021 at 5:00 p.m.
2. Applications must be complete and contain the following forms:
  - a. Application Form (Attachment A)
  - b. Project Narrative Form (Attachment B)
  - c. Budget Worksheet (Attachment C)
3. Multi-jurisdiction/organization applicants must include Letters of Support from partner jurisdictions/organizations.
4. Applicants must agree to quarterly reporting based on the performance measures submitted in the project narrative.
5. Applicants must agree to quarterly invoicing and financial reporting as prescribed by the Bureau for Public Health.

## **Funding Availability:**

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Epidemiology and Prevention Services (OEPS), Immunization Services Division (ISD) has received funding through the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260* and the *American Rescue Plan Act of 2021, P.L. 117-2* to improve COVID-19 vaccine equity, ensure access to vaccine for disproportionately affected populations and to enhance COVID-19 vaccine confidence.

This Announcement of Funding Availability (AFA), in the amount of \$11,995,688 is 100% funded by the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC), National Center for Immunization and Respiratory Disease (NCIRD) of the U.S. Department of Health and Human Services (HHS). The activities awarded from this AFA should be complementary, and not duplicative, of other federally funded COVID-19 projects whether those funds were awarded directly to the applicant from the federal government or from the State of West Virginia.

BPH is issuing this AFA to reduce COVID-19 related disparities. Persons who have been disproportionately affected by COVID-19 include, but are not limited to, the following:

- People in racial and ethnic minority groups
  - Non-Hispanic American Indian
  - Alaska Native
  - Non-Hispanic Black
  - Hispanic
- People living in communities with a high social vulnerability index
- People living in rural communities
- People with disabilities
- People who are homebound or isolated
- People who are underinsured or uninsured
- People who are immigrants and/or refugees
- People with transportation limitations

To address COVID-19 disparities in West Virginia, BPH will make available \$12,785,125 for approximately 86 awards. Eligible applicants include Local Health Departments (LHDs), Community Based Organizations (CBOs) and Community Health Centers (CHCs). Award amounts will be based on the total amount requested and the amount of funding available. While BPH anticipates the average award being \$150,000, applicants are encouraged to apply for the funding they need and can reasonably expend to perform the proposed activities.

Applicants may choose to apply as a single organization addressing a particular geographic area and/or population or may submit a collaborative application with a single lead agency (LHD, CBO or CHC) working with multiple partners. The lead agency must be identified as the primary applicant and collaborating agencies should indicate their consent and involvement by submitting a letter of support (LOS) with the application. Multi-county or jurisdictional applications should only include contiguous counties.

Awards may be made to multiple organizations within a defined geographic area if it is determined it will best meet the needs of the local population. Awardees will be required to

work collaboratively and ensure complementary, and non-duplicative, services within the defined area.

Awardees must work collaboratively with other community efforts to reduce COVID-19 disparities and ensure complementary, non-duplicative, activities are being performed.

Awardees may be asked to participate in specific vaccine equity and vaccine confidence efforts requested by BPH during the implementation of this grant.

Funding will be prioritized to applicants addressing communities or populations that have one or more of the following conditions that may lead to COVID-19 disparities:

- Communities with high or moderate CDC/ATSDR Social Vulnerability Index (SVI) scores.
- Communities or populations with low COVID-19 vaccination rates.
- Communities or populations that have experienced disproportionately high rates of SARS-CoV-2 (the virus that causes COVID-19) infection and severe COVID-19 disease or death.
- Communities or populations with continued significant community transmission of SARS-CoV-2.
- Communities or populations with historically low adult vaccination rates (e.g., annual flu vaccination).
- Communities or populations likely to experience barriers to accessing COVID-19 vaccines (e.g., geographical barriers, health system barriers, physical barriers).
- Communities or populations that have high rates of underlying health conditions that place them at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity).
- Other demonstrated barriers or conditions that may lead COVID-19 disparities.

Data resources for applicants to demonstrate conditions leading to COVID-19 disparities can be found below:

- [CDC's Social Vulnerability Index \(SVI\): Prepared County Maps](#)
- [West Virginia COVID Dashboard](#)
- [CDC COVID Data Tracker](#)
- [Home - Johns Hopkins Coronavirus Resource Center \(jhu.edu\)](#)
- [U.S. COVID Data Atlas](#)
- [WV Behavioral Risk Factor Surveillance System Report Appendix A 2018 rev 8-17-2020.xlsx \(wvdhhr.org\)](#)
- [County Health Rankings & Roadmaps](#)
- [U.S. Census Bureau QuickFacts: United States](#)
- [U.S. Census Bureau American Community Survey - Geography Profile](#)

### **Grant Activities**

The goals of this grant are to ensure equitable access to COVID-19 vaccines, protect at-risk individuals and communities, and prevent hospitalizations and deaths due to COVID-19. Since every community has unique local conditions and needs, community-based and collaborative efforts are required to understand and address local challenges to COVID-19 vaccination. To

that end, activities on this grant will focus on increasing access, eliminating barriers, and expanding community outreach to improve COVID-19 vaccination equity.

Grant funding is available to applicants for implementing the grant strategies listed below. Applicants must conduct activities in each of the strategies listed in the table for the jurisdiction or population being served. The activities listed are eligible for grant funding and can be selected by applicants. Applicants may propose activities that are not on this list, with adequate justification, if they believe it will address local barriers to COVID-19 vaccination.

STRATEGY	ACTIVITIES ELIGIBLE FOR GRANT FUNDING
<p><b>Improve understanding of disproportionately affected populations and barriers to vaccination access and uptake</b></p>	<ul style="list-style-type: none"> <li>• Conduct a rapid community assessment to determine at-risk populations and barriers to vaccination (<a href="#">COVID-19 Vaccine Confidence Rapid Community Assessment Guide   CDC</a>).</li> <li>• Conduct community listening sessions, town halls, or other partner engagement sessions aimed at disproportionately affected populations to identify unique challenges and resource needs.</li> <li>• Conduct a data completeness quality improvement project to improve the reporting of race and ethnicity, other demographic information and location of vaccine administration and residence.</li> <li>• Compile available local data to identify areas and populations at-risk or with barriers to vaccine access.</li> </ul>
<p><b>Leverage and support partnerships with community organizations</b></p>	<ul style="list-style-type: none"> <li>• Develop or participate in local collaboratives among LHDs, CHCs, CBOs and other trusted organizations serving at-risk or hard-to-reach populations.</li> <li>• Leverage other community service providers to share information and educate their client/patient population about the importance of COVID-19 vaccination.</li> <li>• Share data, information, and insight among partner organizations to continue to gain understanding of the barriers to vaccination.</li> <li>• Leverage existing community outreach activities and events to promote COVID-19 vaccination.</li> <li>• Leverage existing, or expand, community health workers or patient navigators to link individuals to COVID-19 vaccine.</li> <li>• Link trusted community vaccine providers with communities of focus through mobile or other COVID-19 vaccine clinics.</li> </ul>
<p><b>Develop, cultivate, and/or strengthen community-based partnerships to reach disproportionately affected populations</b></p>	<ul style="list-style-type: none"> <li>• Identify trusted messengers in the community and develop outreach campaigns to promote vaccination.</li> <li>• Connect vaccination providers to key community institutions (places of worship, food banks/pantries, schools/colleges/universities, grocery stores, major employers, etc.) to set up temporary and/or mobile COVID-19 vaccination sites.</li> <li>• Engage leadership of correctional facilities and law enforcement to facilitate COVID-19 and influenza vaccination as appropriate.</li> </ul>

<p><b>Improve access to COVID-19 vaccines (expand and diversify opportunities for getting vaccinated)</b></p>	<ul style="list-style-type: none"> <li>• Increase access to vaccine by using multiple types of locations and flexible hours that are accessible to and frequented by communities and the population of focus.</li> <li>• Coordinate with local organizations, advisory groups, and CBOs to plan and implement mobile or pop-up vaccination clinics during existing events, particularly for communities of high social vulnerability.</li> <li>• Increase staffing of culturally competent medical personnel that reflect the community to provide COVID-19 vaccine at mobile or pop-up vaccination clinics.</li> <li>• Expand access to information about COVID-19 vaccine and vaccine availability for populations with communication barriers (e.g., limited access to computers, lack of broadband, persons with disabilities).</li> <li>• Partner with local programs and organizations to plan and implement mobile vaccine clinics for homebound individuals.</li> <li>• Expand vaccination options that do not require preregistration.</li> <li>• Offer free or subsidized transportation to vaccination appointments.</li> </ul>
<p><b>Improve and expand messaging, education around vaccination</b></p>	<ul style="list-style-type: none"> <li>• Identify, recruit and train trusted community messengers to educate and provide COVID-19 information.</li> <li>• Develop a testimonial campaign with trusted community messengers.</li> <li>• Implement grassroots outreach campaigns through text messages or safely conducted in-person vaccine availability and education information sharing, appointment sign-up options, and appointment and COVID-safety reminders.</li> <li>• Collaborate with other local entities and advisory groups to provide materials and conduct outreach.</li> </ul>
<p><b>Enhance local coordination of vaccine equity efforts</b></p>	<ul style="list-style-type: none"> <li>• Coordinate vaccine equity efforts with local relevant organizations in the community</li> <li>• Coordinate vaccine equity efforts with BPH Vaccine Equity Official</li> </ul>

Note: Providers of COVID-19 vaccine must have a signed COVID-19 Vaccination Provider Agreement on file before receiving vaccine allocations.

**Performance Measurement and Reporting**

Funded applicants will be required to provide quarterly progress reports based on the activities proposed in the workplan. Quarterly progress reports will be due 30 days after the close of each quarter. A standard reporting format will be developed and communicated to all successful applicants.

Progress reports will be based on the performance measures proposed in the application. Applications will be scored, in part, based on the quality and completeness of the performance measures proposed and whether they correspond with all activities listed in the workplan.

All applicants will be required to select at least one performance measure that indicates the percent of the population that will have received a complete series of COVID-19 vaccine, the percent of the population receiving a single dose and/or the number of doses of COVID-19 vaccine that will be delivered as a result of the proposed intervention(s).

Applicants must **choose at least one** required performance measure from the list below:

<b>Required Performance Measures (RPM)</b>
RPM1: Percent of population of focus/jurisdiction with complete COVID-19 vaccine series.
RPM2: Percent of population of focus/jurisdiction with one dose of COVID-19 vaccine.
RPM 3: Number of persons in population of focus/jurisdiction with complete COVID-19 vaccine series.
RPM 4: Number of persons in population of focus/jurisdiction with one dose of COVID-19 vaccine.

Applicants will be required to provide a measurable objective for the RPM selected and report progress quarterly. An example of a measurable objective can be found below:

*RPM 3: The number of homebound persons in Any County, West Virginia having completed the entire series of COVID-19 vaccine will increase from 100 to 750 between July 1, 2021 and June 30, 2022.*

Supplemental Performance Measures (SPM):

The list below includes SPMs that correspond with grant eligible activities. All applicants should select relevant SPMs based on each activity proposed in the workplan. If an applicant proposes an activity that is not on the grant eligible activity list in this AFA, they must propose a performance measure that matches the activity.

<b>Supplemental Performance Measures (SPM)</b>
SPM1: Describe work in the past quarter to complete a rapid community assessment.
SPM2: Describe work in the past quarter to identify and prioritize disproportionately affected populations for vaccination.
SPM3: Completeness of race and ethnicity, other demographic data, and location of administration and residence data elements on COVID-19 vaccine records.
SPM4: Describe work in the past quarter to partner with local organizations to promote vaccine awareness and uptake.
SPM5: Provide a description of the work and successes/challenges of community-based partnerships in reaching the high risk and underserved populations in the past quarter.
SPM6: Provide a description of the work and successes/challenges of local partnerships in supporting community engagement and vaccine promotion in the past quarter.
SPM7: Describe mobile COVID-19 vaccination efforts in the past quarter in communities facing disparities, including the number of events and the number of days the events were held.
SPM8: Describe the vaccination services available through CBOs and other trusted local partners in the past quarter.
SPM9: Describe work in the past quarter to partner with community organizations, and other trusted sources to promote vaccine awareness and uptake.

SPM10: Describe the work in the past quarter to simplify COVID-19 vaccine registration processes, including successes and challenges. Describe existing non-digital options for COVID-19 registration.

SPM11: Describe work in the past quarter to work with trusted messengers to engage their communities.

SPM12: Describe work to expand and diversify opportunities to receive COVID-19 vaccine, including the implementation of flexible hours, culturally diverse staff, and efforts to reduce physical and transportation challenges.

SPM13: Describe work and successes/challenges to coordinate COVID-19 vaccine equity efforts among relevant local and state organizations.

## Proposal Instructions and Requirements

All proposals for funding will be reviewed for minimum submission requirements to be eligible for further evaluation. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The initial review will ensure applications were received on or before the due date and time, include all required forms and attachments, and was submitted complete.

Proposals must contain the following components:

1) A completed Proposal for Funding Application (Attachment A)

2) A completed Project Narrative Form (Attachment B) that contains the following scored elements:

- Statement of Critical Need and Population of Focus (25 points): Describe the need for the proposed interventions and activities. Applicants should identify and provide relevant data on the population(s) of focus and jurisdiction to be served. The jurisdiction or area should be clearly defined in the proposal, as well as any community populations that are the specific focus of the intervention (e.g., disabled populations, homebound, essential workers). The statement of need should clearly outline why the specific populations have been identified and any known barriers or challenges they have accessing COVID-19 vaccine. The description should also include local level data that describes the conditions leading to COVID-19 disparities in the geographic area or among the specific population of focus, including the following (as applicable):
  - CDC/ATSDR Social Vulnerability Index (SVI) score
  - COVID-19 vaccination rates
  - SARS-CoV-2 (the virus that causes COVID-19) infection rates and/or severe COVID-19 disease (hospitalization) or deaths
  - Current level of community transmission of SARS-CoV-2
  - Historic adult vaccination rates (e.g., annual flu vaccination)
  - Geographical, health system and other barriers to COVID-19 vaccine
  - Rates of underlying health conditions that place persons at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity)
  - Other demonstrated barriers or conditions that may lead COVID-19 disparities
- Activities Being Proposed (15 points): For each Strategy Area, select the activities to be undertaken to address the needs identified in the proposal (see Activities Eligible for



Grant Funding). If proposing an activity that is not listed in this AFA, describe how the activity is necessary to meet the unique needs of the jurisdiction or population.

- **Proposed Implementation Approach (20 points):** For each activity proposed, describe how the applicant intends to implement the proposed service(s) in the community or among the population of focus. This section should describe the community or population specific approach to address issues of vaccine equity and the timeline. The implementation approach should address questions such as the following:
  - How will partner organizations be leveraged for each activity?
  - How will the applicant gain access to the population of focus?
  - How will trusted community messengers be identified and utilized in the community?
  - How will information be effectively disseminated to populations of focus?
  - How will current vaccine accessibility be expanded to meet the needs of the jurisdiction or population of focus?
  - How will you gain additional data, information and insight into the community or population of focus?
  
- **Organizational Experience (15 points):** Describe the applicant organization including the following: size and scope of the organization, the primary focus of day-to-day work, the population served, existing partnerships and community collaboration, experience working with communities and populations most affected by COVID-19, experience addressing the social determinants of health, and the capacity to perform COVID-19 vaccine equity and implementation activities. If the applicant is the lead agency in a multi-jurisdictional or multi-agency collaborative, describe the collaborative and all the participating organizations. Letters of Support should be provided from each collaborating agency and jurisdiction acknowledging their participation and indicating their support for the lead agency of the collaborative.
  
- **Performance Measurement (15 points):** Select an RPM for the population of focus or jurisdiction in the proposal. Ensure a measurable objective is provided as the proposed outcome of activities being proposed. Under each Strategy Area, identify SPMs from the list provided for each activity proposed. Applicants may propose additional performance measures in the space provided. Describe how progress will be monitored and documented and the person(s) responsible for measuring and reporting progress.
  
- **Budget Narrative(s) (10 points):** Applicants should submit the DHHR Detailed Line-Item Budget worksheet with their application. The form should be completed in its entirety and in accordance with the Instructions to Complete the Budget Worksheet (Attachment C).

<b>CATEGORY</b>	<b>VALUE</b>
<b>Statement of Need and Population of Focus</b>	25 points
<b>Strategies and Activities Proposed</b>	15 points

<b>Proposed Implementation Approach</b>	20 points
<b>Organization Experience</b>	15 points
<b>Performance Measurement</b>	15 points
<b>Budget Narrative</b>	10 points
<b>TOTAL</b>	100 points