# 2021 Addressing COVID-19 Health Disparities Among Racial and Ethnic Minorities in West Virginia

## Announcement of Funding Availability

## Guidance and Information Packet

**Application Deadline: November 18, 2021, 5:00 p.m. ET**

**ANNOUNCEMENT OF FUNDING AVAILABILITY**
**2021 Addressing COVID-19 Health Disparities Among Racial and Ethnic Minorities in West Virginia**

| KEY INFORMATION | |
|---|---|
| Date of Release | October 4, 2021 |
| Technical Assistance/Questions | A virtual pre-application conference to discuss the application process, expectations and intent for this award, and technical assistance questions will be held on Friday, October 15 from 1:00 PM – 2:00 PM, via Zoom.<br>Meeting Link: https://berrydunn.zoom.us/j/91864491499<br>Meeting ID: 918 6449 1499<br>All other questions can be submitted to:<br>BPHGrantApplications@wv.gov |
| Deadline for Questions | November 1, 2021, by 5:00 PM, ET |
| Application Deadline | November 18, 2021, by 5:00 PM, ET |
| Funding Announcement to be Made | AFA will be announced on Bureau for Behavioral Health website:<br>https://dhhr.wv.gov/BBH/funding/Pages/Current-Funding-Announcements.aspx |
| Funding Amount Available | Approximately $1,846,322 |
| Anticipated Number of Awards | Up to 8 awards |
| Funding Period | TBD through May 31, 2023 |
| Target Area | Statewide |
| Eligible Applicants | • Community-Based Organizations (CBOs)<br>• Civic Organizations<br>• Academic Institutions and Universities<br>• Organizations Serving Racial and Ethnic Minorities<br>• Faith-Based Organizations<br>• Non-Governmental Organizations<br>• Social Service Providers<br>• Health Care Providers<br>• Multi-Organization Collaboratives<br>• Local businesses and business community networks |

**Submission Requirements**
1. Applications must be emailed to BPHGrantApplications@wv.gov
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 and account for funding to all partner organizations in their budgets if applicable.
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) has received funding through the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M) to, in part, fund strategies to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, including racial and ethnic minority groups and people living in rural communities.

This Announcement of Funding Availability (AFA), in the amount of $1,846,322, is 100% funded by the Centers for Disease Control and Prevention (CDC), Center for State, Tribal, Local, and Territorial Support (CSTLTS) of the U.S. Department of Health and Human Services (HHS).  Funding is available through May 31, 2023. The entire grant period will be funded through one statement of work (SOW) and one work plan. 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 in racial and ethnic minorities. This includes all minority groups who have been disproportionately affected by COVID-19.

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 CDC/ASTDR Social Vulnerability Index (SVI)
- 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 $1,846,323 for approximately 8 awards. Eligible applicants include the following:

- Community-Based Organizations (CBOs)
- Civic Organizations
- Academic Institutions and Universities
- Faith-Based Organizations
- Non-Governmental Organizations
- Social Service Providers
- Health Care Providers
- Other Organizations Serving Racial and Ethnic Minorities
- Multi-Organization Collaboratives

- Local businesses and business community networks

Award amounts and number of awards will be based on total amount requested and amount of funding available. Applicants are encouraged to apply for funds they need and can reasonably expend to perform proposed activities over the performance period.

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 working with multiple partners or subgrantees. 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 with the application. Collaborating entities intended to receive funding from this proposal should be treated as a contractual service provider. The Budget Worksheet provides instructions and a template to capture the name of the entity, description of services, rate/cost per service, and the total cost of the services to be provided. Applicants may include infrastructure funding to help manage multi-organization applications within the funding tiers provided in this AFA.

Funding will be awarded based on population reach. Population reach is the number of unique individuals in a racial and ethnic minority group who will receive a direct benefit as a result of this award. Direct benefits include, but are not limited to, the following:
- COVID-19 testing
- Receipt of PPE
- Translation services
- Delivery of services from a healthcare provider
- Transportation services
- Visit by a community provider (e.g., community health worker, social worker)
- Receipt of housing assistance
- Receipt of food assistance

Estimates of direct benefits to an individual do NOT include general community or population activities that may or may not reach the population of interest (racial and ethnic minorities). For example, community advertisement of COVID-19 testing sites that results in 200 tests delivered to racial and ethnic minorities will have a reach of 200.

Applicants should reference the tiered funding structure below to determine maximum funding available:

| Funding Tiers | Population Reach | Base Awards per Tier | Maximum Award per Tier |
|---|---|---|---|
| Smallest Reach | Up to 500 | $50,000 | $175,000 |
| Medium Reach | 501 – 2,000 | $175,001 | $700,000 |
| Largest Reach | 2,001 and Above | $700,001 | $1,400,000 |

Awards may be made to multiple organizations within a defined geographic area. Multiple awardees in the same geographic area 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. As per the CDC Grant Guidance, this funding is a non-construction federal award and construction or facility costs are not permitted. Grant funds may be used for the lease, but not purchase, of a vehicle that may be necessary to carry out other grant activities. Additional allowable and non-allowable costs outlined in the table below:

| Allowable Costs (which must be included in the itemized budget narrative) | Non-allowable Costs/Funding Restrictions |
|---|---|
| <ul><li>Personnel costs</li><li>Salaries, wages, etc.</li><li>Fringe benefits</li><li>Consultant costs</li><li>Equipment (must be clearly identified)</li><li>Supplies</li><li>Travel<ul><li>Tolls, meals, mileage, etc.</li></ul></li><li>Contractual costs</li><li>Rental or lease of vehicle(s)</li></ul> | <ul><li>Research</li><li>Clinical care (except as allowed by law)</li><li>Purchase of vehicle(s)</li><li>Construction or facility costs</li><li>Publicity or propaganda designed to support or defeat the enactment of legislation before any legislative body</li></ul> |

Applicants proposing to address COVID-19 disparities among racial and ethnic minorities will be required to describe conditions in the community, or among the population, related to the following factors that may lead to COVID-19 disparities:

- Communities with high or moderate CDC/ATSDR Social Vulnerability Index (SVI) scores.
- 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 likely to experience barriers to accessing COVID-19 services (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 to COVID-19 disparities.

Additionally, BPH, at its discretion, may prioritize funding based on geographic areas in need of services.

Data resources for applicants to demonstrate conditions leading to COVID-19 disparities include the following:
- 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 Quick Facts: United States](#)
- [U.S. Census Bureau American Community Survey - Geography Profile](#)

**Grant Activities**

The goals of this grant are to 1) reduce COVID-19-related health disparities; 2) improve and increase testing and contact tracing among racial and ethnic minority groups; 3) build community capacity to prevent and control COVID-19; and 4) build community capacity to prevent severe COVID-19 among high-risk persons.

Grant funding is available to applicants for implementing the grant strategies and activities listed below. Applicants may propose activities not on the list, with adequate justification, that such activities will address local COVID-19 disparities and the barriers leading to those disparities. COVID-19 vaccine-related activities will not be funded from this award but may be funded from a separate AFA, *2021 COVID-19 Vaccination Equity and Prioritizing Populations Disproportionately Affected by COVID-19.*

| STRATEGY | ACTIVITIES ELIGIBLE FOR GRANT FUNDING |
|---|---|
| **Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.** | <ul><li>Expand opportunities for testing (including home test kits and organizing mobile testing sites).</li><li>Expand access to personal protective equipment (PPE).</li><li>Assist with COVID-19 quarantine and isolation housing options.</li><li>Organize or provide preventive care and disease management.</li><li>Connect community members to programs, healthcare providers, services, and resources (e.g., transportation, housing support, food assistance programs, mental health and substance use services).</li><li>Build community capacity to prevent or manage underlying conditions and reduce risk for severe COVID-19 (e.g., expand the use of community health workers to help community members prevent or manage underlying chronic conditions).</li></ul> |
| **Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.** | <ul><li>Improve data collection and reporting for testing for populations at higher risk and that are underserved.</li><li>Develop strategies to educate providers, community partners, and programs on:<br>1) the importance of race and ethnicity data<br>2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and<br>3) why this information is important to prevent and control the spread of COVID-19</li></ul> |

| | |
|---|---|
| | • Disseminate COVID-19 information and related data in an accurate and culturally competent manner, location, and/or through trusted community messengers. |
| **Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.** | • Convene and facilitate community partners to plan and implement activities to improve COVID-19 prevention and control.<br>• Leverage, hire, or contract with people from the community (e.g., community health workers, social workers, other trusted community members) to assess and address the needs of community members.<br>• Expand community infrastructure and capacity to prevent or manage underlying risk factors for severe COVID-19 (e.g., expand transportation networks to allow persons with underlying conditions to receive routine care).<br>• Expand community capacity to address barriers to access to care and other services necessary to prevent severe COVID-19 (e.g., translation services). |
| **Mobilize partners and collaborators to advance health equity and reduce COVID-19 health disparities among populations at higher risk and that are underserved.** | • Build and implement cross-sectoral partnerships to align interventions that decrease risk for COVID-19 (e.g., transportation, healthcare, major employers, social service providers).<br>• Build community capacity for health equity interventions by providing training and technical assistance. |

**Performance Measurement and Reporting**

Funded applicants are 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 activities listed in the workplan. Performance measures should be proposed as measurable objectives, if possible. Examples of performance measures can be found below:

- Distribute 3,000 COVID-19 home test kits to essential workers in XYZ community by May 31, 2021.
- Increase the number of testing sites in XYZ community from 1 to 5 by October 31, 2021.
- Provide isolation and quarantine housing assistance to 20 XYZ community members within 2 hours of identification of positive test or notice of an exposure to a case.
- Between July 1, 2021, and December 31, 2021, applicant will improve race, ethnicity, and location data on test forms from 55% to 85% at community test sites.
- By August 31, 2021, applicant will hire two community health workers to provide outreach to 200 disabled persons in XYZ community to assess needs associated with COVID-19 prevention and mitigation.

**Proposal Instructions and Requirements**

Only proposals for funding that meet minimum submission requirements will be eligible for further evaluation. Proposals must include all required forms and attachments as described herein. Proposals that fail to meet any of the minimum criteria will receive notification and will be given the opportunity to correct administrative deficiencies in order to proceed with the review.

Minimum Submission Requirements:

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

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

- 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 presentation of statewide data would not meet this intent. 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 testing, necessary materials, or services to prevent the spread of COVID-19 (e.g., PPE, housing, food). 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 prevention
  - 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 to COVID-19 disparities

- Proposed Activities (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. Applicants do not have to propose activities in every strategy area and should choose activities that meet local community needs. There is no required number of activities.

- 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 the barriers related to COVID-19 prevention and

mitigation. This section should include the proposed timeline for the project. 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 testing or PPE 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 issues of health equity, and the capacity to implement COVID-19 prevention activities. If the applicant is the lead agency in a multi-organization collaborative, describe the collaborative and all the participating organizations. Letters of support should be provided from each collaborating agency acknowledging their participation and indicating their support for the lead agency of the collaborative.

- Performance Measurement (15 points): Develop at least one measurable performance objective for the population of focus and/or jurisdiction in the proposal. The measurable performance objective should correspond with the activities proposed and state the desired outcome of the intervention. Applicants should provide performance measures for all activities proposed. Describe how progress will be monitored and documented and the person(s) responsible for measuring and reporting progress.

- Budget Narrative(s) (10 points): Applicants must submit the DHHR Detailed Line-Item Budget worksheet with their application. The form must be completed in its entirety and in accordance with the Instructions to Complete the Budget Worksheet (Attachment C). In addition to the budget worksheets, all DHHR negotiated grant agreements must contain a detailed budget narrative explaining the need/use for each line item in the budget. The budget narrative submitted with the agreement must match the dollar amounts provided on the budget worksheets and include calculations supporting the budgeted amount.

| SUMMARY OF APPLICATION EVALUATION CRITERIA AND SCORING | |
|---|---|
| **CATEGORY** | **VALUE** |
| **Statement of Need and Population of Focus** | 25 points |
| **Strategies and Activities Proposed** | 15 points |
| **Proposed Implementation Approach** | 20 points |
| **Organization Experience** | 15 points |
| **Performance Measurement** | 15 points |
| **Budget Narrative** | 10 points |
| **TOTAL** | 100 points |

Following the formal evaluation of the applications, BPH, at its discretion, may choose to request additional information or an explanation from any applicant in order to address issues that were encountered during the evaluation. Where it is determined that the requests for additional information could have an unfavorable effect on any of the other proposals being considered for funding, the additional information may only be considered in funding decisions made after the initial round of awards. The Bureau reserves the right to reject any applicant's proposal for a failure to respond to a request for additional information in the required timeframe. Types of additional information that may be requested include, but are not limited to:

- Answers to outstanding questions submitted by the review team
- Audited financial statements for the most recent fiscal year
- Proof of eligibility status
- Current roster of the Board of Directors, showing name, address, phone numbers, and positions held
- A copy of the federally negotiated indirect cost rate or the basis for calculation of indirect costs
- Letters of support from previous or ongoing partners or collaborating community organizations