



Announcement of Funding Availability:

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

Guidance and Information Packet

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

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

KEY INFORMATION	
Date of Release	October 4, 2021
Technical Assistance/Questions	A virtual pre-application conference will be held Monday, October 18 from 11:00 AM – 12:00 PM, via Zoom. Meeting Link: https://berrydunn.zoom.us/j/93037288558 Meeting ID: 930 3728 8558 All other questions can be submitted to: 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	Announcement will be posted on the Bureau of Behavioral Health website: https://dhhr.wv.gov/BBH/funding/Pages/Current-Funding-Announcements.aspx
Funding Amount Available	\$10,339,276
Anticipated Number of Awards/Amount	Anticipated number of awards is 51 with an average award of \$200,000
Period of Performance	TBD through June 30, 2024
Target Area	Statewide
Eligible Applicants	<ul style="list-style-type: none"> ● Local Health Departments (LHDs) ● Community Health Centers (CHCs), including Federally Qualified Health Centers (FQHCs) ● Community-Based Organizations (CBOs) ● Multi-jurisdiction or multi-agency collaborative with LHD, CHC or CBO as lead agency
Submission Requirements	
<ol style="list-style-type: none"> 1. Applications must be emailed to BPHGrantApplications@wv.gov no later than November 18, 2021, at 5:00 p.m. ET. 2. Applications must be complete and contain the following forms: <ol style="list-style-type: none"> 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 include 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), 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 \$10,339,276, is 100% funded by the Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry, National Center for Immunization and Respiratory Disease (NCIRD) of the U.S. Department of Health and Human Services (HHS). Funding is available through June 30, 2024. The entire grant period will be funded through one statement of work (SOW) and one workplan. 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 \$10,339,276 for approximately 51 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 \$200,000, 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 as contractual service providers. 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. The Budget Worksheet provides instructions and a template to capture contractual service providers including the name of the entity, description of services, rate/cost per service, and the total cost

of the services to be provided. Multi-county or jurisdictional applications should only include contiguous counties.

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 are outlined in the table below:

Allowable Costs (must be included in the itemized budget narrative)	Non-allowable Costs/Funding Restrictions
<ul style="list-style-type: none"> ● Personnel <ul style="list-style-type: none"> ▪ Salaries, wages, projected overtime ● Fringe benefits ● Consultant costs ● Equipment (must be clearly identified) ● Supplies ● Travel <ul style="list-style-type: none"> ▪ Tolls, meals, mileage, etc. ● Services ● Contractual costs ● Rental or lease of vehicle(s) 	<ul style="list-style-type: none"> ● Research ● Clinical care (except as allowed by law) ● Reimbursement for pre-award costs ● Purchase of vehicle(s) ● Construction ● Publicity or propaganda designed to support or defeat the enactment of legislation before any legislative body

BPH may request awardees participate in specific vaccine equity and vaccine confidence efforts 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.

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

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

- CDC/ATSDR Social Vulnerability Index - <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- CDC/ATSDR SVI County Maps - [CDC's Social Vulnerability Index \(SVI\): Prepared County Maps](#)
- West Virginia COVID Dashboard - <https://dhhr.wv.gov/COVID-19/Pages/default.aspx>
- CDC COVID Data Tracker - [CDC COVID Data Tracker](#)
- Johns Hopkins Coronavirus Resource Center - [Home - Johns Hopkins Coronavirus Resource Center \(jhu.edu\)](#)
- U.S. COVID Data Atlas - <https://theuscovidatlas.org/map>
- WV Behavioral Risk Factor Surveillance System Report - [Appendix A 2018 rev 8-17-2020.xlsx \(wvdhhr.org\)](#)
- County Health Rankings & Roadmaps - [County Health Rankings & Roadmaps](#)
- U.S. Census Bureau - [U.S. Census Bureau Quick Facts: United States](#)
- U.S. Census Bureau American Community Survey - [Census - 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 for those who have not received COVID-19 vaccine.

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 served. The activities listed for each strategy are eligible for grant funding. Applicants may propose activities that are not enumerated below with adequate justification that the activity will address local barriers to COVID-19 vaccination.

STRATEGY	ACTIVITIES ELIGIBLE FOR GRANT FUNDING
<p>Improve understanding of disproportionately affected populations and barriers to vaccination access and uptake</p>	<ul style="list-style-type: none"> ● Conduct a rapid community assessment to determine at-risk populations and barriers to vaccination (COVID-19 Vaccine Confidence Rapid Community Assessment Guide CDC). ● Conduct community listening sessions, town halls, or other partner engagement sessions aimed at disproportionately affected populations to identify unique challenges and resource needs. ● 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. ● Compile available local data to identify areas and populations at-risk or with barriers to vaccine access.
<p>Leverage and support partnerships with community organizations</p>	<ul style="list-style-type: none"> ● Develop or participate in local collaboratives among LHDs, CHCs, CBOs and other trusted organizations serving at-risk or hard-to-reach populations. ● Leverage other community service providers to share information and educate their client/patient population about the importance of COVID-19 vaccination. ● Share data, information, and insight among partner organizations to continue to gain understanding of the barriers to vaccination. ● Leverage existing community outreach activities and events to promote COVID-19 vaccination. ● Leverage existing, or expand, community health workers or patient navigators to link individuals to COVID-19 vaccine. ● Link trusted community vaccine providers with communities of focus through mobile or other COVID-19 vaccine clinics.
<p>Develop, cultivate, and/or strengthen community-based partnerships to reach disproportionately affected populations</p>	<ul style="list-style-type: none"> ● Identify trusted messengers in the community and develop outreach campaigns to promote vaccination. ● 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. ● Engage leadership of correctional facilities and law enforcement to facilitate COVID-19 and influenza vaccination as appropriate.
<p>Improve access to COVID-19 vaccines (expand and diversify opportunities for getting vaccinated)</p>	<ul style="list-style-type: none"> ● 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.

	<ul style="list-style-type: none"> • 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. • Increase staffing of culturally competent medical personnel that reflect the community to provide COVID-19 vaccine at mobile or pop-up vaccination clinics. • 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). • Partner with local programs and organizations to plan and implement mobile vaccine clinics for homebound individuals. • Expand vaccination options that do not require pre-registration. • Offer free or subsidized transportation to vaccination appointments.
<p>Improve and expand messaging, education around vaccination</p>	<ul style="list-style-type: none"> • Identify, recruit and train trusted community messengers to educate and provide COVID-19 information. • Develop a testimonial campaign with trusted community messengers. • Conduct community outreach and education campaigns through safely conducted in-person, online or mobile efforts to provide vaccine information, availability, appointment sign-up options, and COVID-safety reminders. • Collaborate with other local entities and advisory groups to provide materials and conduct outreach.
<p>Enhance local coordination of vaccine equity efforts</p>	<ul style="list-style-type: none"> • Coordinate vaccine equity efforts with local relevant organizations in the community. • Coordinate vaccine equity efforts with BPH Vaccine Equity Official.

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

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, on the quality and completeness of the performance measures proposed and whether they correspond with all activities listed in the workplan.

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

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

Required Performance Measures (RPM)
RPM1: Percent of unvaccinated population of focus/jurisdiction with complete COVID-19 vaccine series.
RPM2: Percent of unvaccinated population of focus/jurisdiction with one dose of COVID-19 vaccine.
RPM 3: Number of unvaccinated persons in population of focus/jurisdiction with complete COVID-19 vaccine series.
RPM 4: Number of unvaccinated 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: 650 unvaccinated homebound persons in Any County, West Virginia will complete the COVID-19 vaccine series between December 15, 2021 and June 30, 2024.

Invoices and Expenditure Reports

Grantees must submit invoices and expenditure reports at least quarterly. Failure to provide BPH with the required reports may result in suspension of payments or termination of the grant agreement. All reports must be signed and dated by the appropriate authorized representative.

Grantees will be required to submit required financial reports to:

West Virginia Department of Health and Human
Resources
Bureau for Public Health/ Central Finance Unit
350 Capitol Street, Room 206
Charleston, WV 25301

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.

Proposals from applicants that have received funding from DHHR during the last three years may be subject to an administrative review that assesses the grantees' programmatic and administrative performance during that timeframe.

Applicants that meet minimum submission requirements will be further reviewed by a Proposal Review Team.

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. 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 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
 - 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. 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 issues of vaccine equity. This section must also include a 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 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 Supplemental Performance Measures (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 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 BPH 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
Proposed Activities	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 applications, BPH 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. BPH may 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 names, addresses, 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