REQUEST FOR APPLICATION

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| **“Promoting Immunizations in Underserved Populations Across the Commonwealth of Kentucky”** |
| DEADLINE: October 30, 2024(or when funds are exhausted) | ISSUED BY:Kentucky Cabinet for Health and Family ServicesDivision of Epidemiology and Health Planning, Immunization Branch |
| **ADDRESS QUESTIONS TO:**DPHGrantsCoordination@ky.govDivision of Epidemiology and Health Planning, Immunization Branch | **SUBMIT APPLICATIONS TO**:DPHGrantsCoordination@ky.govOnly Electronic Applications AcceptedNo Hard Copies |

SPECIAL INSTRUCTIONS:

* Eligible entities are 501c3 non-profit organizations, quasi-governmental organizations, and government entities.
* The following are interchangeable: Commonwealth, Commonwealth of Kentucky, Cabinet for Health and Family Services, Immunization Branch
* The following are interchangeable: Application, Proposal, Response, Application Proposal
* The Commonwealth reserves the right to waive minor informalities and/or request clarifications from applicants.

**REQUEST FOR APPLICATION**

**“Promoting Immunizations in Underserved Populations Across the Commonwealth of Kentucky”**

**Announcement**

The Cabinet for Health and Family Services (CHFS), Kentucky Department for Public Health (KDPH), Division of Epidemiology and Health Planning, Immunization Branch is pleased to announce a funding opportunity designed to ensure that all marginalized and vulnerable populations receive equitable distribution and vaccine uptake through education, outreach, and community engagement using best practices and evidenced based tools and interventions, with the intent of improving overall health outcomes across the Commonwealth in the years to come.

Awards are based on each applicant’s ability to promote Immunization Branch and amounts will vary based on the associated costs required to implement the project, from date of execution until June 30, 2025.

Background

On December 27, 2020, the President signed into law the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260). On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). Both laws include supplemental funding for coronavirus vaccine activities to support broad-based distribution, access, and vaccine coverage. More specifically, this supplement will be used to ensure greater equity and access to Coronavirus Disease 2019 (COVID-19) vaccine by those disproportionately affected by COVID-19.

[Health equity](https://www.cdc.gov/chronicdisease/healthequity/index.htm) is achieved when all individuals have the opportunity to attain their full health potential. Data show that long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. There is also evidence that some racial and ethnic minority groups, including non-Hispanic American Indian/Alaska Native persons, non-Hispanic Black persons, and Hispanic persons, are disproportionately affected by COVID-19. Data from APM Research Lab [[January,](https://www.apmresearchlab.org/covid/deaths-by-race) [2021](https://www.apmresearchlab.org/covid/deaths-by-race)] show:

* Pacific Islanders, Latino, Black and Indigenous Americans have a COVID death rate at least double of White and Asian Americans.
* The cumulative COVID-19 death rate per 100,000 population was highest for non-Hispanic American Indian/Alaska Native persons at 168.4 deaths per 100,000.
* Non-Hispanic Black persons had a death rate of 136.5 deaths per 100,000 population, and Hispanic persons had a death rate of 99.7deaths per 100,000 population.

Rural deaths due to COVID-19 continue to be higher on average compared to that for the nation. Replace COVID-19 with Pandemic?

Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 disease, severe illness, and death. As evidenced by the available data to date, populations that have been disproportionately affected by COVID-19 include, but are not limited to:

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

Purpose and Goals

To address these disparities, the purpose of this supplemental guidance, is to fund strategies that ensure greater equity and access to COVID-19 vaccine by those disproportionately affected by COVID. Criteria that can help you prioritize your selection of communities of focus may include:

* Communities 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 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, see CDC website for detailed list)
* Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical barriers, health system barriers)
* Communities likely to have low acceptance of or confidence in COVID-19 vaccines
* Communities where COVID-19 mitigation measures (e.g., mask wearing, social distancing) have not been widely adopted
* Communities with historically low adult vaccination rates
* Communities with a history of mistrust in health authorities or the medical establishment
* Communities that are not well-known to health authorities or have not traditionally been the focus of the Immunization program

Sustainability is a key component of these activities. Vaccination administration of COVID-19 primary series and booster doses for adults and children must be in accordance with CDC guidelines. Activities should improve access to COVID-19 vaccine, as well as other necessary vaccines, for at-risk individuals.

To help achieve the mission, the KDPH Immunization Branch were awarded Centers for Disease Control and Prevention (CDC) grants. The intended outcomes of the grant are to reduce COVID-19 related health disparities, improve and increase equitable access to testing, and vaccine uptake with 501(c)3 non-profit, non-traditional partners, community-based and faith-based organizations, quasi-governmental organizations, and government entities. This RFA focuses on the creation of formal collaborations between critical partners on the ground. Direct funding will be available to existing and new community partners.

The KDPH Immunization Branch’s mission is to prevent, promote and protect through education and collaboration to eliminate vaccine-preventable diseases in Kentucky. As part of the pandemic vaccination response, the Immunization Branch is responsible for increasing vaccination capacity across the Commonwealth, ensuring high quality and safe vaccine administration through provider training and education, and equitable distribution of COVID-19 vaccine. In addition, it is working to increase vaccine confidence through education, outreach, and partnerships, collaborating with partners on developing and implementing community engagement strategies to promote vaccination, and use of KYIR (state immunization information system) to support efficient vaccinations.

**Activity and Approach**

The Immunization Branch will create a formal collaboration between critical community partners on the ground by providing direct funding to existing and new organizations that serve high-risk and underserved populations addressing health inequities. A majority of the awarded funding is to be used to ensure greater equity and access to COVID-19 and other necessary vaccines vaccine by those disproportionately affected by COVID-19.

**Examples of potential community partner organizations (but not limited to these) are:**

* Organizations, and/or academic institutions that have focused on health equity promotion and education.
* Organizations enabling resilient individuals and communities in the Commonwealth to make informed decisions about the health and wellness of themselves and their community.
* Organizations that increase vaccine confidence and uptake in high-risk minority and marginalized and vulnerable communities.
* Organizations that address the intersectionality of behavioral/mental health and Equity.
* Organizations that address social injustices that historically impact the health (COVID-19) of communities of color such as access, transportation, mistrust, etc.

**Supported Activities and Services** may include but are not limited to:

* COVID-19 vaccine administration, information and support
* Increasing vaccine confidence through community engagement and dissemination of factual information
* Implementation of evidence-based policies, systems, and environmental strategies to address COVID-19
* Addressing social determinants of health (SDOH) where they live, work, learn, and play and their impact of health and health outcomes

**Populations of Focus**

* Underrepresented ethnic and racial minority groups
* People living in rural areas
* People with Substance Use Disorders (SUD)
* People identifying as LGBTQ+
* People Age 65+
* People living in congregate settings
* People experiencing homelessness
* People who are incarcerated or are in transitional housing as a result of prior incarceration
* People who have been displaced or are in transitional housing due to other mitigating circumstances
* People with disabilities
* Non-U.S. born persons
* People of a religious minority
* Communities that have experienced disproportionately high rates of COVID-19 infection and severe COVID-19 disease or death
* Communities 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. See CDC website for a detailed list)
* Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical barriers, health system barriers, transportation barriers)
* Communities likely to have low acceptance of or confidence in COVID-19 vaccines
* Communities with historically low adult vaccination rates
* Communities with a history of mistrust in health authorities or the medical establishment
* Communities that are not well-known to health authorities or have not traditionally been the focus of immunization programs

**Racial and Ethnic Populations of Focus**

* Alaska Native
* American Indian
* Asian
* Black or African American
* Hispanic, Latino or Latinx
* Native Hawaiian and Pacific Islanders

**Geographic Area**

* Applicants may find that their efforts encompass both urban and rural areas of the Commonwealth and are encouraged to apply.
* Rural, underserved communities

**Data Resources, Demographic Data Sources & Collaborative Information:**

* [https://kyibis.mc.uky.edu/ehl/dataportal/Introduction.html](https://urldefense.com/v3/__https%3A/nam10.safelinks.protection.outlook.com/?url=https*3A*2F*2Fkyibis.mc.uky.edu*2Fehl*2Fdataportal*2FIntroduction.html&data=05*7C01*7Csue.higgins*40cdrmaguire.com*7Cf9efef50c545464a14a708da3aa7433d*7Cc8dfb04e9546458aa5887e22a23ecee6*7C0*7C0*7C637886787335908936*7CUnknown*7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0*3D*7C3000*7C*7C*7C&sdata=APEpdiKJtnQmVKjKZorCuJtNJByIW6KeOey6I455RXM*3D&reserved=0__;JSUlJSUlJSUlJSUlJSUlJSUlJSUlJQ!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi2yAsOECu$)
* [County Health Rankings and Roadmaps](https://urldefense.com/v3/__http%3A/www.countyhealthrankings.org/__;!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi2x8IN8R5$)
* [Foundation for a Healthy Kentucky](https://urldefense.com/v3/__http%3A/www.kentuckyhealthfacts.org/__;!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi26hmDX2l$)
* [Kentucky Behavioral Risk Factor Surveillance Survey](http://chfs.ky.gov/dph/info/dpqi/cd/kentucky%2Bbrfss%2Bdata%2Breports.htm)
* [Kentucky Cancer Registry](https://urldefense.com/v3/__https%3A/www.kcr.uky.edu__;!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi25SukWpb$)
* [KIPRC](https://urldefense.com/v3/__http%3A/www.mc.uky.edu/kiprc/data-and-links/index.html__;!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi2zITy8pW$)
* [Robert Wood Johnson Foundation](https://urldefense.com/v3/__http%3A/www.rwjf.org/en/library/collections/better-data-for-better-health.html__;!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi28MbpFQ4$)
* [Environmental Public Health Tracking Network](https://urldefense.com/v3/__https%3A/kyibis.mc.uky.edu/ehl/__;!!Db6frn15oIvDD3UI!hhjz_D5D7EC_snxOsDVX6-w59gmVahiaBPJ2uqneYQq6CBvzDalYEkZ3II6sCdrk7Lx4Kn3adwmhLTBi26_Hqx3d$)
* Social Vulnerability Index

**Funding Allocation**

Eligible entities are 501(c)3 non-profit, non-traditional partners, community-based and faith-based organizations, quasi-governmental organizations, and government entities. Funding amounts will vary depending on the number and quality of applications received. Funding to support Immunization efforts will be based on reasonable proposals for which a $6,000,000 allocation of funds is set aside to support multiple awards. Proposals will be reviewed, and the level of the award will be based on their activities and approach to addressing COVID-19 response efforts and other disparities impacting vulnerable and minority populations. Additionally, funds will be allocated on a first-come first-served basis and will continue to be awarded until all funds are exhausted. Once the funding for this initiative is exhausted no other applications will be considered as a result of this RFA.

**Allowable Activities and Expenses**

Funds may be used to:

* Provide or supplement salaries, expand efforts that exist or support completely new Equity efforts
* Travel related to the scope of the contract
* Purchase supplies related to trainings and/or meetings, such as paper, pens/pencils, etc.
* Conduct marketing and recruitment activities and creative methods to reach disparate and/or remote groups

**Unallowable Activities and Expenses**

Funds may not be used for any of the following:

* Capital construction projects
* Food or refreshments
* Office Furniture
* Out of state travel
* Research
* Clothing/Apparel/give-away items

Award

Selected proposal awardees will be notified via email regarding the Commonwealth’s intent to contract for the distribution of funds.

KDPH will establish a memorandum of agreement, with the selected awardee, which will outline the contractual expectations and establish the schedule for reimbursement for activities conducted.

**Application Proposal Submission Instructions**

Formatting

* Proposal should be double-spaced using Arial, Calibri, or similar 12-point font.
* Proposal should not exceed 10 pages, excluding the cover letter and budget template.
* Each component should be clearly labeled and numbered accordingly.
* Failure to include any of the components below may deem your application non-responsive.

**Items to Prepare for Submission [A, B, C below]**

1. **Cover Letter**

Cover Letter on organization letterhead, to include:

* Cover letter
* Name of the organization
* Physical Address
* Telephone number
* Email address
* Contact person
* Signed by organization representative authorized to enter into a contract with the Commonwealth
1. **Responses to the following:**
2. Provide a brief history of the organization. Include if your organization is 501c3 non-profit or quasi-governmental. (Proof of 501c3 status is required.)
3. Is your workforce representative the populations you are serving?
4. Please identify how you determined the geographic area(s) in which your organization plans to deliver the proposed activities outlined in the proposal (i.e., survey data, SVI data, zip code data etc.). If the applicant proposes to provide expanded services in multiple distinct geographic areas, provide this information for each area.
5. Please provide a method or process to capture client engagement and feedback to evaluate and address the unmet needs of your population.
6. Measurable outcomes are critical to help ensure that we are carrying out the most effective programming possible. Please explain how you will capture performance data, analyze, and disseminate for monthly reporting.
7. What is your program plan and what do you hope to achieve? Please remember to utilize SMART (specific, measurable, accessible, realistic and timely) goals. Make sure to quantify data (i.e.. How many, how often etc.).
8. What recruiting methods or service delivery do you utilize to ensure that your services are equitable versus equal?
9. Provide evidence of readiness to implement and provide a feasible sustainability plan.
10. Any additional information you wish to add to support your program plan for data needs and evaluation purposes. [this item not scored]
11. Complete all necessary tabs using theDPH Vendor Budget for Contract. [this item not scored but may be negotiated if considered for award]
12. **Budget Template (must use the attached Excel template)**



1. **Workplan (must use the attached Word template)**

**Submitting the Application Proposal**

Submission of application proposal and required attachment must be received in the CHFS email inbox.  This application process will support funding until June 30, 2025, or when funds are exhausted. Please note that upon receipt of a proposal, the review process may take up to eight (8) weeks for approval, prior to a contract being executed.

1. Scan the completed and signed Cover Letter (A. above) as

C19 IMM Cover Letter [your organization name] C19 IMM 23/24 Cover Letter

* Example: *C19 IMM Cover Letter Acme Association*
1. Save the Responses (B. above) in document or PDF form as

C19 IMM Responses [your organization name] C19 IMM 23/24 Responses

* Example: *C19 IMM Responses Acme Association*
1. Save the Budget Template (C. above) in spreadsheet form as

C19 IMM Budget [your organization name] C19 IMM 23/24 Budget

* Example: *C19 IMM Budget Acme Association*
1. Save the Workplan template (D. above) in Word document or PDF format as

IMM 23/24 Responses [your organization name]

* Example: *IMM 23/24 Workplan Acme Association*
1. Email all 4 items in a single email message to the CHFS Buyer, DPHGrantsCoordination@ky.gov
* \*If your submission has a combined file size of greater than 3MB, please send in separate emails.
* Questions must be sent to the DPHGrantsCoordination@ky.gov .

Applicant may contact DPHGrantsCoordination@ky.gov, to confirm receipt of application proposal.

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**Evaluation of Application**

Qualified DPH personnel will evaluate applications using the criteria established in the RFA.

**COVID-19 Immunizations Health Equity Grant**

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| **EVALUATION CRITERIA** | **POINTS AVAILABLE** |
| **PART 1: ORGANIZATION QUALIFICATIONS** | **10** |
| Applicant provides a description of the organization's experience and qualifications generally, and specifically to the provision of Health Equity and Immunization Vaccination services. |
| **PART 2: POPULATION OF FOCUS AND STATEMENT OF NEED** | **15** |
| Applicant identifies the geographic area(s) in which the organization plans to deliver the expanded Health Equity and Vaccination services and the sites at which these services will be provided. If the applicant proposes to provide expanded services in multiple distinct geographic areas, the applicant provides this information for each area. |
| **PART 3: DESCRIPTION OF PROGRAM SERVICES** | **35** |
| Applicant provides information regarding the proposed Health Equity and Vaccination services that will be delivered in the identified geographic service area(s). Please include a timeline for the project.  |
| **PART 4: IMPLEMENTATION AND SUSTAINABILITY** | **10** |
| Applicant provides evidence of readiness to implement and provide feasible sustainability plan. |
| **PART 5: PERFORMANCE DATA COLLECTION AND REPORTING** | **15** |
| To ensure accountability at all levels of service provision, the articulation and achievement of measurable outcomes is critical to help ensure that we are carrying out the most effective programming possible. Describe how and what data (both process and outcome) will be captured and recorded on the project.  |
| **PART 6: HEALTH EQUITY FOCUS** | **15** |
| Applicants demonstrate how they are using a healthy framework or a Health Equity lens to reach marginalized, vulnerable and minority populations. |

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| **PART 7: BUDGET** [Reviewed but not scored] | **0** |
| * Demonstrates clear connection between activities to develop plan and expenses.
* Reasonably reflects the costs associated with implementing program services.
* Includes a detailed budget that itemizes specific uses of funds.
 |

**Immunizations Health Equity Grant Workplan**

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| Activity Description | Population of Focus | Contributing Partners | Key Deliverables/ OutputsExpected outcomes | Start Date | End Date |
| ***Describe the activity you will implement in support of the strategy. Please include a description of the problem the activity will address (e.g., structural barriers), what you will do to address the problem (e.g., policy change), and the process for implementing the activity. Use SMART Goals (Specific. Measurable, Accessible, Realistic and Timely).*** | ***Identify population and cite data supporting this population*** | ***Identify the names or agency names that are collaborating on the project*** | ***State key milestones to be achieved* during the *project period.*** | ***Beginning date*** | ***Ending date*** |
| Host four, one-hour community forums, one each quarter, at the local church to inform and educate on various communicable diseases and health equity issues to at least 10 pastors. | African American males and females, ranging in ages  | Church names:1234…. | Pastors will be able to clearly articulate \_\_\_Pastors will commit to hosting a half hour health education session for 15 individuals from their congregation to participate in. | July 1, 2023 | May 31, 2025 |
| Facilitate a forum in LatinX community with 20 community members of the need for health screenings and prevention during Hispanic Heritage Month. All participants will complete a survey to assess knowledge and understanding gained. | LatinX males and females in \_\_\_\_, ranging in ages |  | Community members will recognize and describe the benefits and limitations of health screenings and prevention. | Sept 15 | Oct 15 |
| Create a community resource directory to include wrap around services to be routinely quarterly. The electronic version posted on agency’s website and will be electronically disseminated to county CBOs, FBOs, and  | African American males and females, ranging in ages | CHWs from Local Health Departments;Social workers at local hospitals; representative from police department; representative from FQHCs  | Program director will reach out to local CBOs, FBOs and other community entities to collect and compile into a resource directory to be disseminated countywide. Organizations will maintain an electronic and paper version to provide community members. | July 15 | June 30,2025 |

End of Promoting Immunizations RFA