

August 22, 2022

Addressing COVID-19 Health Disparities Among High Risk, Underserved and Rural Populations Rapid Funding Opportunity for Community-Based Organizations

*Grants ranging from \$10,000 - \$750,000 are available (maximum award for the life of the grant)
Deadline for applications is September 23, 2022*

Application Timeline

- Application Deadline: 5:00 PM MST, Friday, September 23th, 2022**
 - Applicants will receive a confirmation email from the Department.
- Notification of Award: October 14, 2022.
- Anticipated Start Date: November 14, 2022.
- Deadline for spending awards: May 31, 2023.
 - Spending deadline may be extended beyond May 31, 2023, pending legislative budget approval.

Send all questions regarding this funding opportunity to: COVIDhealthequity@DHW.idaho.gov

Objective and Background

The Idaho Department of Health & Welfare seeks to address COVID-19-related health disparities and advance health equity among high risk, underserved and rural populations. Funding is available through the Center for Disease Control and Prevention's (CDC) National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, CDC-RFA-OT21-2103, CFDA #93.391. Some communities and populations face barriers to social, economic, and environmental conditions that support health. Health and social inequities have contributed to increased burden of COVID-19 among certain populations, resulting in disproportionate rates of disease and increased access barriers to testing, treatment and vaccination, including in rural communities and among racial and ethnic minority groups. The pandemic and resulting economic crisis have also created hardships for many individuals and families who continue to struggle to make ends meet. The Department is committed to investing in effective, prevention-focused strategies that influence healthy outcomes for all Idahoans.

The objective of this grant is to:

- 1) Address and reduce COVID-19 health disparities among high risk and underserved populations;
and
- 2) Improve capacity and services to prevent and control COVID-19 transmission and infection among populations that are high-risk and underserved, including increased access to testing and vaccination services and improved contact tracing efforts.

Available Funds

The Idaho Department of Health and Welfare intends to award a total of \$5,433,403.17 to support communities under this initiative. The minimum award amount is \$10,000. The ceiling award based on

population served is \$750,000. All funds requested must meet eligibility and intent of the federal funding award, as described below. Individual award amounts will vary depending on the proposed activities, proposed budget, potential impact, and number of applications received. Applicants will be awarded based on available funding, capacity, and application scores as determined by the review panel. The Department reserves the right to award amounts less than that requested by applicants. Applicants who have received previous funding through this grant will be able to apply for funding that totals up to \$750,000 minus any amount previously awarded.

Funding ranges: Minimum award is \$10,000. If your organization annually serves:

- 2500 people or less: up to \$150,000
- 2501-10,000: up to \$350,000
- 10,000– 25,000: up to \$400,000
- > 25,000: up to \$750,000

Eligibility

Eligible applicants include Idaho-based nonprofits and 501c3 organizations which may include community-based organizations, faith-based organizations, Tribal affiliated organizations, colleges or universities, healthcare organizations including hospitals and clinics, and governmental organizations such as local health departments and municipalities registered to do business in the United States. Collaborative organizations may apply together, as long as one organization is identified as the primary lead and responsible for managing funds and deliverables. Preference will be given to those organizations who serve populations disproportionately impacted by COVID-19, including hard-hit and under-vaccinated communities. Individuals are not eligible to apply for this funding opportunity.

Eligible organizations may not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity/expression, age, or national origin in their staffing policies, use of volunteers, or provision of services.

Intent of Award

The intent of this funding opportunity is to ensure greater equity and access to COVID-19 related services and supports; and to prevent COVID-19 transmission and infection by mobilizing partnerships, building community capacity, and increasing coordinated and holistic community-level supports. Through these efforts, recipients will have the resources necessary to extend services and reach to populations that are high-risk, underserved, and disproportionately affected.

Successful applicants will propose implementation-ready projects using a coordinated approach to reach vulnerable populations. Recipients will commit to implementing and evaluating culturally, linguistically, and locally tailored and responsive strategies that ensure equitable access to COVID-19-related messaging, services, and related supports. Recipients will mobilize partners and collaborators to advance health equity and implement strategies to address Social Determinants of Health (SDOH) needs among specific populations and work collaboratively across public health, health care, and social service providers to address and reduce health disparities related to COVID-19 among populations that have been disproportionately impacted.

Priority will be given to proposals deemed most likely to demonstrate impact and reach populations with disproportionate levels of COVID-19 risk and severity. This includes but is not limited to the following:

- People who live in rural communities
- People over the age of 65
- People with disabilities
- Racial and ethnic minority groups
- BIPOC (Black, Indigenous, Persons of Color) communities
- People who are immigrants and/or refugees
- Migrant/seasonal workers
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people
- People who are isolated or homebound
- People with chronic conditions or who are immunocompromised
- People who are adversely affected by poverty, including unhoused and food insecure
- People living in communities with high social vulnerability index (SVI)
- People who are underinsured
- People with mental and behavioral health challenges impacted by COVID-19

Project Strategies

Proposals must focus on equitably serving communities and populations that have been disproportionately impacted by COVID-19. Projects can focus on programs and strategies addressing individual risk factors for COVID-19 and/or strengthen protective factors (reduce risk and transmission of COVID-19) at the individual and community level, as well as efforts to address immediate health and social needs of the population impacted by the pandemic. Applicants may select one or more of the activities listed below:

- 1. Provide education, assistance and support to mitigate risks, transmission, and long-lasting impacts of COVID-19 as it relates to social determinant of health needs of underserved, high-risk populations:** Activities can include, but are not limited to, the following:
 - Engage community-based organizations to assist and support the provision of mental health supports, address food insecurity, provide housing and job assistance, deliver healthcare services, and link individuals to community resources. Examples include:
 - Transportation services to improve vaccine uptake and access to testing and treatment.
 - Collaboration with food assistance providers to identify individuals experiencing poverty and collaborate to implement targeted and holistic education and connections to services and resources.
 - Support for place-based collaborations to strategically plan for and address the effects of COVID-19 through “upstream” prevention approaches and early intervention.
 - Increase healthcare access for underserved and uninsured individuals by delivering no cost or low-cost services and programs at Free Medical Clinics and Community Health Centers.

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- Expand Community Health Workers services to reach underserved and high-risk populations
 - Other supportive activities identified by the applicant.
 - Support for COVID-19 testing, vaccine administration, and outreach by Emergency Medical Service (EMS) agencies statewide to reach rural, remote, homebound, and underserved populations
 - Leverage and expand support for COVID-19 prevention and control through workforce infrastructure and capacity for health professions students at colleges and universities
 - Example includes:
 - Students conduct outreach and listening sessions in rural and underserved communities
- 2. Provide education, assistance, and support to mitigate impacts, risk, and transmission of COVID-19 and encourage vaccination and testing among migrant and seasonal farm workers :**
Activities can include, but are not limited to, the following:
- Support for employer-sponsored vaccination clinics and testing, assurance of adherence to worker health and safety protocols and policies, education on prevention measures, support alternative housing needs to mitigate transmission risk and quarantine purposes, support lost wages and health and social needs of migrant/seasonal workers due to quarantine or illness.
 - Integrate appropriate, science-based messaging and translation of culturally and linguistically appropriate health information.
 - Identify workers eligible for safety-net/assistance programs.
 - Support Community Health Worker efforts to expand education and assistance in migrant and seasonal farm worker communities.
 - Conducting policy and environmental scans and identifying recommended changes.
 - Other supportive activities identified by the applicant.
- 3. Convene and facilitate multi-sector partnerships to support and address mental and behavioral health needs of school-aged children and youth illuminated by COVID-19.** Activities can include, but are not limited to, the following:
- Identify youth mental and behavioral health needs and opportunities to partner with statewide organizations and agencies to address needs across multiple settings.
 - Identify opportunities to integrate and implement behavioral health resources, training, and support in school settings.
 - Explore opportunities for development and inclusion of universal screening tools to identify students in need and provide referral to school or community-based support services and resources for children and their families.
 - Develop "vaccine confident" messaging for parents/guardians.
 - Support school-based vaccine clinics.
 - Identify and implement actions centered around Positive Community Experiences and community resilience building for children, youth, families.
 - Support training and develop/link to a platform to support and connect children and families in under-resourced schools to existing community resources.
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- Other supportive activities identified by the applicant.

4. Fund Critical Access Hospitals (CAH) and Rural Health Clinics (RHC) for COVID-19 support and response. Activities can include, but are not limited to, the following:

- Resources needed to support their communities' COVID-19 response including personnel support, such as licensed clinical social workers (LCSW) or others, to support behavioral health interventions in response to COVID-19.
- Support Community Health Workers (CHWs) to expand the organization's reach in rural and underserved communities to educate and provide resources related to COVID-19.
- Patient incentives to participate in chronic care management, purchase equipment for remote patient monitoring to support patient follow-up, health maintenance, and monitoring.
- Population health initiatives
- Telehealth training

Allowable Costs/Funding Restrictions

Examples of Allowable Costs

Personnel costs, equipment costs, necessary travel for grant-specific purposes, supplies and materials, translation and printing/production, training and professional development, indirect expenses, wraparound services that support access to vaccines.

Unallowable Costs

Food is generally an unallowable cost. However, in some circumstances food may be considered allowable if compliant with state and federal rules and regulations per the awarding grant. These circumstances will be carefully reviewed during the internal review process. If you have questions regarding allowable food costs, please contact our team prior to submitting your proposal.

Vehicles, construction/capital purchases or leases, direct patient care (mental health services), purchase of vaccines or providing clinical care, purchase of equipment >\$5,000/unit, funding for advocacy or lobbying efforts, research, supplanting agency funds or other grant awards, or as a match for other federal grant programs.

Reporting

Successful applicants agree to conform to all reporting requirements as determined by the Idaho Department of Health & Welfare. This includes progress reporting and evaluation of impact. Examples of activity progress reporting include percentage of activities taking place in rural geographies; reach of intervention such as number of people served, resources disseminated, partners engaged; number of outreach activities employed; number of para-professionals trained to reach priority populations, et al.

Subrecipient and Contractor Determination and Requirements

The Department has determined the nature of the relationship of the applicant agency with the Department is that of a sub-recipient. Due to the nature of sub-recipient relationships, the following items are required to be submitted or acknowledged by applicant agencies:

1. Applicants will be required to provide their Unique Entity ID (UEI) number and must affirm their understanding that no entity, as defined at 2 CFR Part 25,

- Subpart C, may receive award of a subgrant unless the entity has provided its UEI number. 2 CFR 25.110. [An individual is exempt from this requirement.]
2. By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133) and shall provide proof of spending.
 3. Applicant shall comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.
 4. Applicant must prove active, public facing registration with the System for Award Management (SAM), www.sam.gov.

Application Process

Eligible applicants seeking funds through this funding opportunity must submit an application adhering to the following:

Application Requirements:

- Proposals are not to exceed 10 pages.
- All pages must be typed, single-spaced, with 1-inch margins, in 12-point Calibri or Arial font.
- All documents must include headings/subheadings and include the organization name and page number in the footer.
- Proposals and attachments must be submitted as a single document in PDF format.
- Email completed application in PDF format to: COVIDhealthequity@DHW.idaho.gov by Friday, September 23, 2022, 5:00 PM MST.**

Application Review

All applications will undergo initial review for completeness, timeliness and eligibility. Applications that do not meet the initial review will not receive further consideration. Applications will be evaluated and scored by a panel of internal reviewers with knowledge of public health; population health improvement strategies; community engagement; health equity and social determinants of health. All reviewers will independently score applications, all scored applications will be tallied and deliberated by the panel.

Each component of the application has an assigned point value for scoring. Each component will be scored on a scale of 1 (low) – 10 (high) and a total score will be calculated for each proposal. Applicants must receive a minimum of 56 points (80% of total points) to be awarded funding.

Criteria	Total Points
Organization description: Services provided, population(s) served, health disparities and needs related to COVID-19 in proposed population	20
Work Plan: Detailed description of proposed project activities	20
Timeline: Realistic and effective for completing within project period	10
Key staff and partners listed	5

Reach (target pop, number served, services provided)	5
Budget Narrative / Template	10
Total Possible Points	70

Criteria for Funding

Proposals will be scored by reviewers based on the following criteria:

- Applicant description of target population provides evidence of need and disparities
- Applicant description of services provided and how they propose meeting the needs of the vulnerable population(s)
- Applicant work plan includes one or more allowable project activities
- Applicant work plan describes strategies and activities necessary to achieve the goals, objectives and outcomes proposed
- Applicant work plan provides realistic timeline and describes key partners or collaborators
- Budget proposal is appropriate for the timeline and includes required line items

Application Check Sheet:

To be complete, your application must contain the following:

- ✓ Application Cover Sheet
- ✓ Application Narrative (see section I above)
- ✓ Work Plan (see section II above)
- ✓ Budget Narrative/Cost Template (see sections III/IV above)
- ✓ CV/resume of key personnel
- ✓ [UEI Number](#) and confirmation in [SAM](#) (System for Awards Management - Grants.gov)

Agency Contact Information

For questions or assistance, please contact:

Josh Lamansky - Health Equity Project Manager

Idaho Division of Public Health

Email: COVIDhealthequity@DHW.idaho.gov

Website: <https://www.gethealthy.dhw.idaho.gov/covid-grant>

Technical assistance for proposals is available. Please send questions regarding this application to:

COVIDhealthequity@DHW.idaho.gov

Closing Statements:

A. The Department of Health & Welfare reserves the right to accept or reject any or all proposals and to award in its best interest.

B. When an applicant has been selected for award, no work towards proposed project objectives shall commence until the subgrant has been agreed upon by all parties and includes signatures of all authorizing officials from the applicant agency and the Department.