

Question and Answer Document CDC-RFA-OT21-2103, March 30, 2021 Informational Calls
*National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved,
Including Racial and Ethnic Minority Populations and Rural Communities*

Eligibility

- 1. *Would an eligible city need to apply separately from the state health department? Can the local health department apply as part of the state application, if the local is part of the state system?***

Attachment A in the notice of funding opportunity (NOFO) lists the eligible applicants. The expectation is that eligible applicants would apply for funding separately to meet the specific needs of their service area. However, there are instances in which an eligible city or county applicant would have to apply as part of the state health department application. If this situation applies, please contact us at OT21-2103Support@cdc.gov as soon as possible to discuss.

- 2. *Are states expected to coordinate with local health department applicants on applications from a given geographic area?***

Eligible applicants are encouraged to coordinate activities to ensure that activities are complementary and nonduplicative.

- 3. *If we are not listed as an eligible applicant on the NOFO, will we be automatically disqualified?***

Yes, eligible applicants are listed on Attachment A in the NOFO. Please coordinate with eligible applicants to see how your organization can partner with them.

- 4. *Which recipients are required to include a financial carve-out for rural communities?***

Each state health department recipient award includes funding that is specifically intended to support rural communities within the state. This funding, referred to as the rural carve-out, will be reflected on the Notice of Award for all state health department recipients. This amount is the required *minimum* amount that must be allocated to serve rural communities. State recipients are welcome to allocate more funding to support rural communities if they choose. Please note, city, county, and territorial health department recipient awards do not include a rural carve-out. However, city/county/territorial health department recipients are expected to allocate funding based on the prioritized needs of the communities and populations they serve.

- 5. *If local jurisdictions within our state apply, does it affect the total amount awarded to the state?***

No, funding awarded to local eligible applicants will not affect the amount awarded to state eligible applicants as local health departments will receive their own respective allotment.



- 6. Can you provide an example of “Freely Associated States” and “Territories”?**
The freely associated states are the Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau; the territories are the US Virgin Islands, Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands.
- 7. If a metropolitan city is eligible but is served by a county health department that encompasses more than that city, can the health department extend services to the entire county? If not, can the state health department include the rest of the county?**
The intent of this national initiative and grant is to address COVID-19 health disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities in each jurisdiction. The intent is not to cover an entire individual city, county, or state. As the health official, if you believe there is jurisdictional overlap of services within a defined high-risk and underserved community, it is highly recommended that you convene a meeting of the leaders of the adjoining health authorities to discuss coordinating services to avoid duplication and to maximize the reach and support given to the high-risk and underserved populations within your overlapping jurisdictions.
- 8. Whose definition of “rural” will be used?**
This grant adopted the Federal Office of Rural Health Policy’s FY21 [definition of rural](#).

Partnerships

- 1. If a neighboring county is listed in the eligible applicants and we share borders of rural areas of need, could we partner with them, or would it be recommended to coordinate with the state health department?**
For enhanced coordination, it is recommended you reach out to both the local- and state-level eligible applicants within your respective jurisdictions.
- 2. How can academic centers partner with health departments for this grant?**
Academic centers are encouraged to contact the eligible applicant you seek to partner with listed in Attachment A of the funding opportunity.
- 3. We have community-based organizations (CBOs) waiting for community health working request for applications (RFA); thinking of partnering with them and writing with them. We are wondering if we can include that work in this RFA?**
Yes, eligible applicants are strongly encouraged to engage key partners, such as CBOs, to carry out activities that best address their jurisdiction’s respective priorities and needs. Except for clinical care, activities associated with community health work are allowable as a part of this grant.

4. *Are you saying that an urban municipality must serve the rural population in the surrounding counties?*

No, the funds identified in the appropriations language for this funding opportunity specify dollars be awarded to the state health departments, or their bona fide agents, to address the needs of their specific rural populations.

Application

1. *If an organization has not submitted the letter of intent, can they still apply?*

Yes, letters of intent are requested, but *not required*. You may still submit a letter of intent now to OT21-2103Support@cdc.gov.

2. *Are the letters of intent publicly available?*

No, but you can find a complete list of eligible applicants in Attachment A of the [NOFO](#).

3. *Can we attach letters of support?*

Letters of support are not required but appreciated.

4. *Direct and primary recipients must perform a substantial role and not only serve as a conduit to a provider who is ineligible. Can you be more specific? Is there a percentage threshold (e.g., would 20% of the funding need to be in the primary organization, or are there any parameters?)*

Funding should not be used as a passthrough for your agency. You should have direct involvement in activities and, as the primary recipient, you should be involved in carrying out activities and ensuring the activities happen. There are no defined parameters as it can vary by jurisdiction. If you have concerns about addressing this requirement as you put together your application package, please send an email message to OT21-2103Support@cdc.gov to request additional guidance.

5. *Could you clarify the Phase II review and selection process (some of the criteria are repeated and don't include the workplan) on page 34 of the NOFO?*

For this grant, CDC will conduct an internal technical review process to assess eligible applications for completeness and responsiveness. For a listing of the application requirements, please refer to Attachment C: Application Requirements Checklist.

6. *Could you please clarify what is expected for the project narrative? In the announcement, it states "background, approach, applicant evaluation and performance measurement plan, organizational capacity of applicants to implement the approach, and work plan" must be included. But in a previous slide, it said only the organizational capacity statement and work plan should be in the project narrative.*

Only the following items are required for the project narrative component:

- **Organizational capacity statement/documents:** Acceptable documentation includes, but is not limited to, a signed letter by the health department leader or their designees on organizational letterhead explaining the existing capacity and capability; departmental organizational charts; an incident management structure organizational chart; and resumes or CVs for key personnel positions that are currently filled (including position descriptions for vacant positions). Applicant must name this file “Organizational Capacity” and upload it as a PDF as part of their application. For additional details, please see the “Organizational Capacity of Recipients to Implement the Approach” section of the NOFO.
- **Work plan:** Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan Template. Applicant must name this file “[Name of Jurisdiction] Work Plan” and upload it as an attachment.

Please note that some of this is standard language from our NOFO template and we apologize for any confusion.

7. *Given that the due date is soon, is CDC expecting states to have a fully baked plan upon application, or can we say we are going to do planning during the early stages of the work plan and will share a plan for implementation in the future?*

Please provide as much detail as you can for your application. If you need to make additional refinements post-award, you can work with your assigned project officer to modify and further develop the plan.

8. *Should we use the requirements in the PDF guidance or the requirements on the App C checklist? They are different.*

We apologize for the confusion. CDC uses a template for the announcement of the funding opportunity in Grants.gov that we are unable to modify.

Please refer to Attachment C: Application Requirements Checklist for the **required** components of your application, including:

- Application for Federal Assistance (SF-424)
- Budget Information for Non-Construction Programs (SF-424A)
- Risk Assessment Questionnaire
- Project Abstract Summary
- Project Narrative to include **ONLY** the
 - Organizational Capacity Statement
 - 2-year Work Plan Template
- Budget Narrative
- Disclosure of Lobbying Activities (SF-LL)

Please also note the following are **not required**:

- Table of Contents

- Evaluation and Performance Measurement Plan
- Data Management Plan

Strategies, Activities, and Outcomes

1. *For states that have adequate funding for testing and vaccination and may not want to put all funding towards that, is there flexibility in how they spend funding to address drivers?*

Yes, this funding opportunity was written with flexibility in mind to encourage innovation and to support activities that best address each jurisdiction's respective priorities and needs.

2. *Will recipients be required to implement activities in all four strategy areas?*

Applicants are *not* required to implement *all four* strategies and should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Please note that the strategies you select should engage representatives of the populations and communities to be served by this grant. Finally, applicants should not propose to allocate all funding to one *activity* (e.g., such as specifying that all funding would be used for one vaccination or testing event only).

3. *If a state applicant is not in need of the priority activity listed under a strategy but has some need in other activity areas under that strategy, should we still address it, or try to weave it in with another strategy?*

Although testing and contact tracing among populations at high risk and underserved is written in as a priority activity, we encourage eligible applicants to focus on the strategies and activities that best meet the needs and priorities of their jurisdiction.

4. *This grant is related to COVID-19, so I am wondering how you look at the grant applications—how much do you look at the short-term vs. how that work extends long-term?*

The intended outcomes are to reduce COVID-19 related health disparities, improve and increase testing and contact tracing and improve health department capacity and services. CDC will provide technical assistance workshops and fund 3–5 national partners to support this grant. CDC and national partners will share best practices for reducing health disparities, improving public health infrastructure, and enhancing program sustainability.

5. *As we all know, COVID-19 exposed existing health inequities and disparities that made communities more vulnerable. How much focus should be placed on short-term deliverables directly related to COVID-19 and how much grant funding can we use to reduce vulnerabilities for future health events based on what we learned from COVID-19 (in addition to achieving the short-term results)?*

All strategies should aim to strengthen infrastructure and capacity in ways that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

6. *The 2-year period seems inconsistent with your desire to do long-term development. If we hired people for a 2-year period, because of the restrictions, those people are gone at the end of 2 years. Can you please comment on this?*

The project period of two years is mandated by Congress. We will discuss this question during future orientation meetings. CDC will provide technical assistance to address options for future sustainability.

7. *For the strategies and activities that support COVID-19 contact tracing efforts, can funds be used to continue current contact tracing efforts, or is there a requirement that contact tracing efforts using funds from this NOFO have a focus on minority/at-risk populations?*

Funds from this grant should be used for the populations of focus as identified within the NOFO.

8. *You mentioned frontline/essential/critical workers, homeless populations, and incarcerated populations as groups disproportionately impacted by COVID-19; however, the slide listing priority populations does not include this specifically and focuses on racial-, religious-, and gender-based minority populations. Can you speak to this balance a bit more? For example, if we propose a section of work that focuses on populations based on occupation/industry or people who are incarcerated or people experiencing homelessness, does this meet the funding's goals?*

Yes, this NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the eligible applicant, may include African American, Latino, Indigenous and Native American, Asian American, and Pacific Islander and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities people over the age of 65; and people who are otherwise adversely affected by persistent poverty or inequality. Applicants' population(s) of focus may vary depending on local priorities, needs, and COVID-19 burden.

9. *For the strategies and activities that support COVID-19 contact tracing efforts, can funds be used to continue current contact tracing efforts, or is there a requirement that contact tracing efforts using funds from this grant have a focus on minority/at-risk populations?*

Funds from this grant should be used for the populations of focus as identified within the NOFO.

10. *Could the 16–24 age population be targeted in this grant opportunity due to the high rates of positivity and vaccine hesitancy? Or do the target populations need to focus on what is listed on the NOFO?*

Yes. This grant relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, Indigenous and Native American, Asian American, Pacific Islander, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities, people over the age of 65; and people who are otherwise adversely affected by persistent poverty or inequality. Applicants' population(s) of focus may vary depending on local priorities, needs, and COVID-19 burden.

11. *Beyond the populations listed, are we able to include sexual and gender minorities (LGBTQ+) as part of our proposal?*

Yes. This NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, Indigenous and Native American, Asian American, and Pacific Islander, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65; and people otherwise adversely affected by persistent poverty or inequality. Applicants' population(s) of focus may vary based on local priorities, needs, and COVID-19 burden.

12. *Please elaborate on the requirement to include strategies within rural communities.*

Each state health department recipient award will include funding that is specifically designated to support rural communities within the state. As such, applicants that serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs, or services) to those communities. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent in planning and implementing their activities and describe in their application how their SORH or equivalent will be involved.

Funding

1. *Is the budget a 24-month or 12-month period?*

Issued awards will have a 24-month period of performance, and recipients will receive funding to cover the 24 months at the time of the initial award. Recipients will receive a one-time award and have until September 30, 2023, to spend the funds.

2. *What is the difference between the \$50 million cap for states and the \$35 million cap you mentioned?*

The \$50 million cap or ceiling is the maximum estimated amount that an eligible state health department applicant may receive, and the \$35 million cap or ceiling is the maximum estimated amount that an eligible local health department applicant may receive. These are estimates only and may vary based on total awards made and availability of funds.

3. *Since some rural hospitals have received some funding in the past, if we try to develop a coalition with the health department, is it helpful to discuss critical access hospital funding?*

All eligible applicants within a respective jurisdiction are encouraged to coordinate and collaborate with one another to ensure proposed activities are complementary and non-duplicative.

4. *What is the funding range for territories?*

The funding range amount for territories and freely associated states is \$500,000–\$10 million, and the average award amount is \$3 million.

5. *Can a for-profit organization, CBO, etc., serve as a subcontractor to a prime contractor on this grant?*

Eligible applicants are encouraged to establish and/or supplement existing funding relationships with partners and CBOs that have experience working with communities most affected by COVID-19 and have the capacity to implement the selected strategies and activities outlined in the NOFO.

Monitoring and Evaluation

1. *While the evaluation plan is not required at this time, do we need to make any statements about the evaluation plan in the project narrative? What guidance do you have for setting aside a budget for performance and evaluation? For example, should we set aside some percentage of funds for this work?*

Eligible applicants are welcome to include monitoring and evaluation activities as a part of their work plan and may also provide an evaluation narrative if they so choose. However, it is not required. In terms of budgeting for performance monitoring and evaluation, every applicant's situation is different. Each applicant is encouraged to think about the following when developing their budget: 1) resources needed to participate in CDC-led grant evaluation activities, 2) resources needed for data collection, management, and reporting associated with the CDC performance measures, which will be provided within 45 days of funding award, and 3) resources needed to implement recipient-initiated/local evaluation plans.

For additional information, please visit:

<http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html>

Allowable Costs and Reporting

1. What are the audit expectations?

An annual audit is *required* for any organization that *expends* at least \$750k federal funds during their fiscal year.

2. Can you define publicity? Are public service announcements (PSAs) considered publicity?
PSAs are not considered publicity and are allowable under this opportunity as they are used as a tool for educating the community and can be part of your health education or health communications activities.

3. Is there a limit to what is put in the budget for media?

There is no predetermined limit on what can be included in budgets for media. All proposed costs should be allowable, allocable, reasonable, and necessary.

4. Are mass-reach and targeted communication campaigns an allowable use of funds?

Yes, in general, communications campaigns are allowable.

5. We don't have an established indirect cost rate agreement. Nor do we use the de minimus rate of 10%. We use actual rates up to the amount allowable by the grant. Can we use our admin rate as an approved cost allocation plan?

State or local governments that don't have a negotiated indirect cost rate agreement may submit their approved cost allocation plan for claiming central service costs (i.e., costs that benefit the operating agency and allocated on some reasonable basis).

Contact the lead Grants Management Officer, Ms. Shirley Byrd, at akbyrd@cdc.gov to discuss your jurisdiction's methodology for calculating these types of costs.

6. Is there cost reimbursement on a quarterly basis or is funding all upfront? Also, are all grants administered with advances or are reimbursements allowed?

Instructions for drawing down funds will be in the notice of award (NOA) (if not in the NOFO). You can pay the bill and reimburse yourself. Or you can also pay for it first and get reimbursed for it. CDC does not dictate how often a recipient should draw funds from Payment Management System (PMS). You can advance draw for immediate need; normally immediate need is defined as three days. The other option is to reimburse the organization for costs incurred. Reimbursement draws are done at the recipient's discretion. Quarterly draws for reimbursement are allowable.

7. My question is regarding reimbursement. One of the biggest challenges with funding for some of our local CBOs is being able to conduct the work and wait for payment after invoice. Can advanced payments be made to partner organizations? Will there be an upfront, lump sum payment to counties to allow for advances to partner organizations?

The preferred method of payment for subrecipients is reimbursement. However, when reimbursement is not feasible, advance payment can be provided. The subrecipient agreement should outline the method of disbursement of funds and include a

monitoring plan to ensure that the subaward is used for authorized purposes and that it maintains compliance with federal statutes, regulations, and the terms and conditions of the subaward.

- 8.** *We don't have a cost rate and we do not use the de minimis rate. We use actual admin costs backed up with time sheets and invoices. Can we use this system, or do we have to use the indirect cost rate or de minimis 10% rate?*

State or local governments that don't have a negotiated indirect cost rate agreement may submit their approved cost allocation plan for claiming central service costs (i.e., costs that benefit the operating agency and allocated on some reasonable basis).

Contact the lead Grants Management Officer, Ms. Shirley Byrd, at skbyrd@cdc.gov to discuss your jurisdiction's methodology for calculating these types of costs.

- 9.** *Please define "clinical care" in the statement on page 31 that prohibits funds for clinical care. Please provide some examples of "wrap around services" (as referenced on page 9 of the NOFO).*

Clinical care is defined as direct treatment of an individual. Wrap-around and supportive services costs may include, but are not limited to, transportation assistance (including incentives such as transportation vouchers) to encourage participation in testing and/or vaccination and quarantine and isolations support necessary to prevent the spread of COVID-19 (including hoteling, laundry, mental health services, etc.).

- 10.** *Since "expand testing" is listed as a desired strategy in the NOFO, I assume testing is not considered "clinical"?*

No, testing is *not* considered clinical care.

- 11.** *Can funds be used for vaccination?*

Recipients may *not* use grant funds for vaccine administration. However, coordination activities that support vaccine administration are allowable.

- 12.** *Can funding be spent on staff administering vaccines? Can funds be spent on staff supporting testing? Can funds be spent on test kits?*

Funding should not be used for administering vaccines but can be used for administrative support of vaccination and reporting. Funding can be used for test kits and to support testing.

- 13.** *Would behavioral health services be considered clinical care?*

Behavioral health services, both in-person and remote, are considered clinical care.

- 14.** *Clinical care is not allowed. How about chronic disease classes that would include screening (e.g., random blood sugar testing, A1C point-of-care checks, etc.) Will these be covered?*

Clinical care is defined as direct treatment of an individual. Chronic disease classes could be allowable as a public health intervention if they tie into the strategies and outcomes outlined in the NOFO.

- 15.** *COVID-19 has had an adverse impact on the overdose epidemic, especially among minority communities and other vulnerable populations. May some of the funding be used to address substance use disorder (non-clinical), which is among the social and economic consequences of COVID-19 for which we are deeply concerned?*

Funding from this opportunity should be used to:

- a. Reduce COVID-19-related health disparities
- b. Improve health department capacity and services in states, localities, territories, and freely associated states to prevent and control COVID-19 infection (or transmission) among populations that are at higher risk and underserved
- c. Improve and increased testing and contact tracing among populations that are at high risk and underserved.

- 16.** *Are there federal rules prohibiting funding support going to offices of policy/advocacy?*

Grant recipients are prohibited from using CDC/HHS funds to engage in lobbying activities. Please see this link for the full text on lobbying restrictions:

<https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

- 17.** *Are funds allowed for staff doctoral training/research if all research is rural health-specific (COVID-19 and/or social determinants of health related to COVID-19)? / Will you further clarify the definition of research. Are surveys included in this?*

The cost of training and education provided for employee development may be allowable when these costs are directly tied to the strategies aimed to strengthen infrastructure and capacity that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

- 18.** *Will surveillance data collection be allowed with the grant funds, or is that considered "research"?*

Surveillance data collection is not considered research and falls within the scope of strategy 2 in the NOFO: ***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: Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting.***

19. Can the funds be used to provide telemedicine services?

Awarded funds cannot be used for the actual execution of services but can be used to support the infrastructure and administration to support telemedicine.

Other

1. Can you put the link to the CDC Health Equity website into the chat box?

The CDC Health Equity website can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/index.html>.

2. Where can we access the COVID-19 Community Vulnerability (CCVI) Index? Are these data available at the census tract level in open access GIS systems (e.g., ArcGIS Online)?

The CCVI Methodology can be found at [https://COVID-static-assets.s3.amazonaws.com/US-CCVI/COVID-19+Community+Vulnerability+Index+\(CCVI\)+Methodology.pdf](https://COVID-static-assets.s3.amazonaws.com/US-CCVI/COVID-19+Community+Vulnerability+Index+(CCVI)+Methodology.pdf).

3. Where can we find the link for the COVID-19 Community Vulnerability Index (CCVI) scores for states?

The CCVI scores can be found at <https://precisionforcovid.org/ccvi>.