DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Office of Minority Health

Funding Opportunity: National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities

Opportunity Number: MP-CPI-20-006

Application Due Date:

Monday, May 11, 2020 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

Office of the Assistant Secretary for Health and the Office of Minority Health

FUNDING OPPORTUNITY TITLE

National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities

ACTION

Notice

ANNOUNCEMENT TYPE

Competitive Cooperative Agreement

FUNDING OPPORTUNITY NUMBER

MP-CPI-20-006

CFDA NUMBER AND PROGRAM:

93.137 Community Program to Improve Minority Health

DATES

Application Deadline: Monday, May 11, 2020 by 6:00 PM Eastern.

Technical Assistance: Webinar Tuesday, May 05, 2020, at 3:00 PM Eastern.

EXECUTIVE SUMMARY

The Office of Minority Health announces the availability of funds for Fiscal Year (FY) 2020 cooperative agreement awards under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6).

This notice solicits applications for the National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities Initiative. The purpose of the initiative is to develop and coordinate a strategic and structured national network of national,

state/territorial/tribal and local public and community-based organizations that will mitigate the impact of COVID-19 on racial and ethnic minority, rural and socially vulnerable populations through: (1) the coordinated development and dissemination of culturally and linguistically diverse information; (2) dissemination of information on available COVID-19 testing and vaccination, other healthcare, and social services, especially in geographic communities highly impacted by COVID-19 and at highest risk for adverse outcomes; and (3) dissemination of effective strategies for COVID-19 response, recovery, and resilience. The initiative is expected to result in: (1) improved reach of COVID-19-related public health messaging to racial and ethnic minority, rural and socially vulnerable populations; (2) increased connection to healthcare and social services for racial and ethnic minority, rural and socially vulnerable populations; (3) decreased disparities in COVID-19 testing and vaccination rates among racial and ethnic minority populations in highly impacted geographic areas; and (4) enhanced state/territorial/tribal capacity and infrastructure to support response, recovery, and resilience for racial and ethnic minority, rural and socially vulnerable populations. OMH anticipates funding one award for a project period of up to 3 years and total project funding up to $40 million.

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

FUNDING OPPORTUNITY DETAILS

A. DATES

1. Application Deadline

Your application is due Monday, May 11, 2020 by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management (GAM). To obtain an exemption, you must request one via email from the HHS/OASH/GAM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to OASH_Grants@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. As a result of the public health emergency for COVID-19, the requirement for an active SAM registration at the time of application submission has been relaxed (see Section F.4). However, if you do not have a

DUNS number at this time, you should contact the Grants.gov to establish a temporary DUNS number. Your application will not be accepted through Grants.gov without this number. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH/GAM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section F.8 ("Other Submission Requirements") for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section F.6 Intergovernmental Review.

To ensure adequate time to submit your application successfully, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. You must register an authorizing official for your organization. HHS/OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

2. Technical Assistance

A technical assistance webinar for potential applicants will be held on Tuesday, May 05, 2020 at 3:00 PM Eastern.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so you receive any amendments, question and answer documents, or other updates.

B. PROGRAM DESCRIPTION:

The Office of the Assistant Secretary for Health and the Office of Minority Health (OMH) announce the availability of funds for Fiscal Year (FY) 2020 cooperative agreement awards under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6). OMH is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Through its demonstration grants, OMH supports the identification of effective approaches for improving health outcomes with the ultimate goal of promoting dissemination and sustainability of these approaches. OMH also works to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from socially vulnerable backgrounds, including racial and ethnic minority groups. This particular cooperative agreement aligns with the federal government priority on COVID-19 response and HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work and Play. [1]

1. Background

Past public health crises, like the H1N1 pandemic and Zika epidemic, have demonstrated that racial and ethnic minority populations bear a disproportionate burden of these events. Racial and ethnic minority individuals suffered significantly higher rates of illness, hospitalization and death due to H1N1 and Zika compared with whites.[2,3,4,5,6] Racial and ethnic minority and other populations are more vulnerable generally to negative impacts from public health emergencies and disasters. Studies show that racial and ethnic minorities experience higher rates of injury, disease, traumatic stress, death and loss due to public health emergencies than non-minority populations.[7] A number of health and social challenges place racial and ethnic minority populations at high risk for poor health in a pandemic, including higher mortality, more complications, limited access to health care, lower annual influenza vaccination rates, and greater socioeconomic, cultural, educational, and linguistic obstacles to adoption of pandemic interventions.[8]

Emerging data suggests that racial and ethnic minority populations bear a disproportionate burden of illness and death from COVID-19. As of April 28, 2020, black individuals accounted for 29.5% of confirmed COVID-19 cases (with known race/ethnicity) despite making up 13.4% of the U.S. population.[9,10] Hispanic individuals accounted for 24.5% of confirmed cases but represent 18.3% of the U.S. population.[9,10] A recent Centers for Disease Control and Prevention (CDC) analysis found that 33% of hospitalized patients with lab-confirmed COVID-19 were black compared to 18% in the community, suggesting an overrepresentation of blacks among hospitalized patients.[11] Data from some states and localities have suggested substantially higher rates of confirmed cases and deaths for black, Hispanic and American Indian/Alaska Native (AI/AN) individuals than for white or Asian persons.[12,13] However, small differences were observed in a few states for Asians (Iowa, Alabama, Washington), when comparing the share of

cases or deaths to their share of the population.[13] In California, Native Hawaiians and Pacific Islanders (NHPIs) comprise 1.3% of cases and 1.1% of deaths despite representing 0.3% of the state population.[14] Mortality rates in particular paint an alarming picture of disparity. For instance, black individuals in Wisconsin made up an over six-times higher share of deaths (39% vs. 6%) compared to their share of the total population.[13] In Louisiana, black individuals account for 59% of deaths but make up 38% of the population.[13] Among AI/AN populations, Navajo Nation (located in Arizona, Utah and New Mexico) has been particularly affected. In Arizona, AI/AN individuals accounted for five times more deaths compared to their share of the total population (21% vs. 4%).[13] While fully understanding the impact of COVID-19 on racial and ethnic minority populations is limited by missing race/ethnicity data for a number of CDC-reported cases, the available data underscores a disproportionate burden of illness and death.[9]

A number of factors contribute to the disproportionate burden of public health crises on certain populations, with many factors described in the disaster management context as social vulnerability. Social vulnerability "is defined in terms of the characteristics of a person or community that affect their capacity to anticipate, confront, repair, and recover from the effects of a disaster."[15] Factors that might affect a person's social vulnerability include socioeconomic status, age, minority status, English language proficiency, housing type, vehicle access, and other individual and social characteristics.[15,16] Racial and ethnic minorities are at greater risk for exposure to and adverse outcomes from COVID-19 due to these social determinants of health and living and working conditions. Such conditions limit their ability to comply with public health measures to prevent infection like physical distancing, handwashing and quarantine measures.[17] For instance, they are more likely to live in densely populated areas, live in overcrowded housing, live in multi-generational homes, use public transport, lack plumbing and access to clean water,

have jobs which do not allow them to work from home, and be overrepresented in jails, prisons and detention centers.[12,18,19,20,21,22] Other exposure risks for racial and ethnic minority populations include a greater likelihood of being employed in the essential workforce (e.g., service industry, agriculture) and lack of paid sick leave.[12] Systemic and structural factors also play a major contributing role for disparities (e.g., chronic underfunding of the public health infrastructure and inequitable resource allocation) and contribute to risk and persistent disadvantage for racial and ethnic minority and socially vulnerable populations.[23]

A greater prevalence of underlying health conditions also put racial and ethnic minorities at higher risk for severe illness and death from COVID-19. Preliminary data indicate that persons with a discrete set of chronic health conditions are at higher risk for severe illness from COVID-19, including those: with chronic lung disease or moderate to severe asthma; with serious heart conditions; who are immunocompromised; with severe obesity (body mass index [BMI] of 40 or higher); with diabetes; with chronic kidney disease undergoing dialysis, and/or with liver disease.[24] Racial and ethnic minority populations are more likely to experience many of these chronic health conditions than non-Hispanic whites.[25,26,27,28,29,30] When combined with a greater baseline prevalence of underlying health conditions, a public health crisis like COVID-19 further exacerbates the higher morbidity and mortality for racial and ethnic minority communities.

Persistent disparities in access to healthcare pose challenges for racial and ethnic minority, rural and socially vulnerable populations for receiving COVID-19 services. Racial and ethnic minority populations are more likely than whites to lack health insurance coverage, to report going without needed care due to cost, to experience distrust of the healthcare system, and to encounter language barriers and discrimination.[12,31,32] Approximately eight percent of U.S. residents reports speaking English less than very well, and one in five U.S. residents speaks a foreign language at

home, which equates to more than 61 million people.[33,34] One in five adults in the U.S. have low English literacy levels, of which 34% are Hispanic and 23% are black.[35] Racial and ethnic minority and rural populations also live in areas that are further from medical facilities or where medical facilities are under-resourced.[12,36,37] Certain groups like tribal and justice-involved populations are at particular disadvantage due to experiencing many of these social determinants and risk factors.[12,38]

Challenges also exist for supporting recovery and resilience among racial and ethnic minority, rural and socially vulnerable populations. Economic insecurity due to high rates of poverty and greater likelihood of holding low-paying jobs among racial and ethnic minority populations poses barriers to addressing health and other needs and recovering from COVID-19 economic implications.[32] Existing disparities in vaccination rates could mean racial and ethnic minorities may experience continued susceptibility to COVID-19, even after a vaccine is available.[39,40]

OMH is particularly interested in mechanisms and strategies that support effective communication of and access to services for racial and ethnic minority, rural and socially vulnerable populations highly impacted by COVID-19 and that address risk factors associated with greater susceptibility for COVID-19 and worse health outcomes. Engaging community based organizations that are trusted messengers within these communities is critical to ensuring the rapid coordination and connection of racial and ethnic minority communities with culturally and linguistically diverse information and needed healthcare and social services to mitigate the effects of public health crises like COVID-19.[41]

As the pandemic takes a disproportionate toll on racial and ethnic minority communities in some areas of the country, there is an urgent need to deliver culturally and linguistically appropriate

messages directly to the communities that are highly impacted by COVID-19. There is also a need to distribute information using varied communication methods to ensure all racial and ethnic, rural and socially vulnerable communities are receiving and acting upon HHS messages (e.g., related to COVID-19 physical distancing, prevention, treatment and, ultimately, recovery).

When the anticipated, longer-term effects of COVID-19 occur (e.g., unemployment, food insecurity, decline in physical and mental health, and housing instability), individuals and families will need more health care and social services. Racial and ethnic minority communities rely on trusted, culturally and linguistically competent community organizations to obtain health care and social services. Infrastructure or networks may not already exist in states, tribes or territories to support rapid coordination and connection to services in a culturally and linguistically appropriate manner.

The goal and activities of this initiative align with guiding principles and recommendations outlined by the National Consensus Panel on Emergency Preparedness and Cultural Diversity (National Consensus Panel). From 2006 to 2008, the National Consensus Panel developed a comprehensive framework and specific guidance for engaging communities to inform the integration of issues related to race, ethnicity, culture, language and trust into preparedness plans, programs and actions.[7] The framework and guidance highlighted the importance of taking specific actions that recognize and integrate distinct, individual and especially community-focused race, ethnic, cultural, and language priorities and perspectives into mainstream emergency preparedness, response and recovery plans and programs.[7] The National Consensus Panel report recommends establishing sustainable partnerships between community representatives and public health systems for efforts such as assessment of community needs; design and implementation of communications strategies; and coordination of information, resources and actions across

organizations and diverse communities. The report also notes that it is essential to include funding strategies for community engagement.[7]

2. Expectations

OMH expects the recipient to:

a. Develop and coordinate a national strategic information dissemination network of national, state/territorial/tribal and local organizations.

A goal of this initiative is to build a network of national, state/territorial/tribal and local organizations to mitigate the impact of COVID-19 on racial and ethnic minority, rural and socially vulnerable populations through: (1) the coordinated dissemination of culturally and linguistically diverse information; (2) dissemination of information on available COVID-19 testing, vaccination, other healthcare, social services in highly impacted or at-risk geographic areas; and (3) dissemination of effective strategies for response, recovery and resilience. Engagement of Network partners at all levels who are trusted and usual information sources for racial and ethnic minority, rural and socially vulnerable communities is vitally important to ensuring culturally and linguistically diverse information is not only targeted to these communities, but also is received by these communities to effect improved outcomes and linkages to needed services.

A diverse range of partners and stakeholders is critical to establishing a sustainable network supporting information dissemination and other response, recovery and resilience activities: (1) generally in racial and ethnic minority communities in each state, territory and tribe; and (2) specifically in racial and ethnic minority, rural and socially vulnerable populations highly impacted by or at risk for worse outcomes due to COVID-19. National, state, territorial, tribal,

local and community-based organizations vary in the composition of their stakeholder networks, with each playing a unique role in contributing to the reach and sustainability of this effort. State, territorial and tribal departments of health in particular are central to driving COVID-19 response, recovery and resilience efforts. For states, partnership with State Offices of Minority Health and state chapters of minority health care professional associations can ensure access to important local networks of racial and ethnic minority populations. Organizations with existing relationships with state/tribal/territorial health agencies and local organizations across the nation may be uniquely positioned to develop, coordinate and sustain this network supporting information dissemination and other response, recovery and resilience activities.

OMH expects the recipient to implement a collaborative partnership framework within 3 months of award. Partnerships should include significant roles for the state offices of minority health/health equity and/or other state entity with a similar function.

OMH also expects the recipient to develop a nationwide strategic and structured bi-directional information dissemination network (Network) comprised of a range of national, state, territorial, tribal and local organizations, to include the following.

- Network members have demonstrated capacity to reach and effectively communicate: (1) with racial and ethnic minority populations across the nation in general; and/or (2) with racial and ethnic minority, rural and socially vulnerable populations in highly impacted geographic areas or at risk for worse outcomes due to COVID-19. The Network must be centered on a health equity perspective. In addition, Network members should be representative of and have demonstrated relationships with racial and ethnic minority, rural and socially vulnerable sub-populations at-risk for not receiving COVID-19 public

health and other messages (e.g., youth/young adults, the elderly and others without digital access, those with limited English proficiency (LEP), justice-involved individuals, and individuals who are homeless).

- The Network will support three tiers of focus for project activities: 1) national-level information dissemination; 2) state/territorial/tribal-level targeted information dissemination; and 3) community-level information dissemination on availability of COVID-19 testing, vaccination, other healthcare, and social services in highly impacted or at-risk geographic areas.
- Continuous assessment of Network membership, quantification of Network reach, and engagement of additional organizations as areas of need emerge.

OMH expects the recipient to act as the central Network coordinating body that: (1) ensures the Network serves as an effective infrastructure for disseminating national COVID-19 messages, with substantial involvement of OMH, from the national level to the state/territorial/tribal level and ultimately to local community level; (2) ensures project activities are community-centered as informed by the Network; and (3) successfully mobilizes Network members to conduct other Initiative activities in order to achieve Initiative objectives.

b. Identify state, territories and tribes with highly impacted geographic areas of racial and ethnic minority, rural and/or socially vulnerable individuals at substantially greater risk for COVID-19 infection and adverse outcomes.

Targeting resources and efforts to communities of greatest need supports effective and equitable allocation to promote optimal outcomes for response, recovery and resilience.

Populations and communities who have higher prevalence of underlying health conditions (e.g., hypertension, heart disease, diabetes, obesity, asthma, and COPD/lung disease); who experience structural and systemic barriers for complying with public health mitigation measures (e.g., housing and neighborhood conditions, employment in essential workforce, dependence on public transportation, etc.); who experience challenges accessing healthcare and social services (e.g., low socio-economic status; lack of health insurance coverage; lack of availability of culturally and linguistically appropriate, accessible, quality service providers; etc.); and who are socially vulnerable due to community and social conditions (e.g., poverty, systemic discrimination, community disinvestment, etc.) are at greater risk for COVID-19 infection and adverse outcomes. OMH expects the recipient to apply criteria for assessing risk (including those previously outlined) for COVID-19 and adverse outcomes to identify states, territories and tribes with highly impacted geographic areas of racial and ethnic minority, rural and/or socially vulnerable individuals in which project activities, in particular information dissemination on available healthcare and social services, and intensive response, recovery and resilience efforts can be targeted. The recipient should monitor surveillance and data on an ongoing basis throughout the project period to identify new and emerging areas of need.

c. Develop and disseminate culturally and linguistically diverse multi-media outreach and education.

Communication and information dissemination are critical to ensuring individuals and communities are informed with the latest and most accurate information about COVID-19 to slow the spread of infection and to mitigate its effects, including information on how individuals can protect themselves, on when and how to seek care, and on how to access other supports needed.

However, to reach diverse populations effectively, information needs to be provided in a manner that is culturally responsive, in the languages spoken by individuals, at accessible literacy and health literacy levels, and through communications methods by which individuals are most likely to receive, understand and act upon the information. Communication efforts also need to overcome barriers such as stigma, distrust of government, and the perpetuation of myths. OMH expects the recipient to develop and disseminate culturally and linguistically diverse multi-media materials and execute an outreach and education effort in collaboration with the Network, to include the following.

- Identification of populations and communities of greatest need for information, based on current or anticipated impact of COVID-19, known challenges/barriers to receipt and comprehension of public health information, known information dissemination infrastructure gaps, and other relevant factors. The recipient should focus on racial and ethnic minority, rural and socially vulnerable populations, and also consider sub-groups for which messaging requires special consideration and/or is limited (e.g., those employed in work sectors such as the meat and poultry processing industry or non-clinical healthcare [e.g. janitors, food service workers, etc.], those who are limited English proficiency (LEP), those with limited literacy and health literacy, etc.)
- Assessment of population-specific information needs and gaps among populations of greatest need, including in highly impacted geographic areas
- Identification of strategies to address information needs and gaps
- Development of culturally and linguistically diverse (including in-language), accurate, actionable, plain language messaging and information

(e.g., information on COVID-19 prevention, testing, treatment, vaccination, etc.) for a variety of settings (e.g., home, work, etc.), informed and tested by Network members and tailored to populations and communities of greatest need (at national, state/territorial/tribal and community levels). Message testing should be representative of target populations and comply with OMB Paperwork Reduction Act (PRA) requirements, securing applicable approvals. Message development may include augmentation of national/HHS messages with state/territory/tribe/community-specific guidance.

- Strategic dissemination and delivery of information through the Network in a variety of formats (e.g., electronic, print, audio, etc.) and through communications channels (e.g., websites, social media, public service announcements (PSAs), print and radio media, ethnic media, fact sheets, infographics, newsletters, grassroots channels, events, etc.) deemed most effective for reaching specific populations and communities of focus. OMH expects recipients to disseminate information on a national scale to all state, territorial, tribal and community partners. The recipient is also expected to conduct intensive outreach and information dissemination in highly impacted geographic areas.
- Design and execution of a strategic paid media effort, with a focus on targeted geographic areas. The paid media campaign should cover radio, mobile, online and social media advertising in languages spoken in the target areas.
- Assessment of receipt, comprehension and utilization of information by populations and communities of focus, including barriers and facilitators

- Development of performance targets which specify and allow documentation of the reach of culturally and linguistically diverse materials

d. Partner with community-based organizations (CBOs) to disseminate information and ensure CBOs link at-risk individuals to testing, vaccination, other healthcare, and social services, in particular in highly impacted geographic areas.

- CBOs (e.g., faith-based organizations, cultural associations, neighborhood centers, and community health clinics) who are trusted voices in the community are essential partners for ensuring the saturation and receipt of information and for assisting with identifying and addressing the needs of racial and ethnic minority, rural and socially vulnerable populations. CBOs often have developed substantive relationships with community members, healthcare providers and social service agencies; are knowledgeable about the characteristics, preferences, beliefs and needs of the community; and are representative of the community itself. OMH expects the recipient to engage CBOs, in particular those in identified highly impacted geographic areas, in the Network and as key partners to inform and conduct project activities and achieve project objectives. OMH expects the recipient, in coordination with CBO partners in particular in identified highly impacted geographic areas to:
- Disseminate public health messaging and information to communities of greatest need

- Assess and inventory community assets for COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services
- Assess and document community gaps for COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services
- Develop strategies to identify at-risk individuals, assess their needs and link them to COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services
- Assess and track the utilization of COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services) and social services among individuals linked to testing, vaccination, other healthcare, and social services

e. Identify and disseminate successful state, tribal, territorial and local strategies addressing immediate response, recovery and resilience; and

implement risk reduction strategies for vulnerable populations in highly impacted geographic areas.

Promoting knowledge exchange among states, tribes, territories and communities of effective and promising approaches for response, recovery and resilience for racial and ethnic minority, rural or socially vulnerable populations can support increased implementation of these approaches to effect improved outcomes among these populations. OMH expects the recipient to identify and disseminate successful state, tribal, territorial and local strategies, in coordination with the Network, to include:

- Assessment of effective strategies utilized in past public health crises and disasters (e.g., H1N1 pandemic, Zika epidemic, Hurricane Katrina, etc.) for application to COVID-19 response, recovery and resilience
- Development and implementation of a protocol for the identification of best practices, promising approaches and effective strategies for COVID-19 response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations. Response, recovery and resilience best practices, approaches and strategies may include those specific to COVID-19 (e.g., prevention, screening, testing, contact tracing, treatment, vaccination, etc.) and those addressing risk and protective factors, collateral consequences and systemic issues (e.g., social needs and social determinants of health, chronic disease prevention and management, mental health promotion, substance use prevention, suicide prevention, community resilience, vaccine education and acceptance, surveillance and data, public health infrastructure and workforce

development, culturally inclusive preparedness, cultural competence and implicit bias training, etc.).

- Documentation of best practices, promising approaches and effective strategies and development of appropriate materials to support dissemination, to include the creation of a community-informed, comprehensive, cross-cultural toolkit to promote community resilience. The recipient should ensure best practices, promising approaches and effective strategies are documented in a manner that is clear and actionable by states, tribes, territories or communities.
- Facilitation of the exchange of best practices, promising approaches and effective strategies across states, tribes, territories and communities, in particular those hardest hit by and at greater risk for COVID-19 and adverse outcomes
- Assessment of the facilitation of the sharing of best practices, promising approaches and effective strategies, including barriers and facilitators

Furthermore, targeted implementation of strategies that can reduce or mitigate risk of COVID-19 exposure and adverse outcomes for those who are particularly vulnerable and who live in highly impacted geographic areas can help address critical gaps left by under-funded and under-resourced public health systems. OMH expects the recipient to support the implementation of innovative strategies or approaches in up to five highly impacted geographic areas, to include:

- Identification of up to five communities in highly impacted geographic areas with particularly vulnerable subpopulations at greater risk for COVID-19 and adverse outcomes, due to factors such as occupation (e.g., meat processing workers, transit workers, farmworkers, hospital cleaning staff, etc.), living

arrangements (e.g., overcrowding, multi-generational housing, etc.), dependence on public transit, underlying health conditions, limited English proficiency, and lack of access to healthcare.

- Support of the implementation of innovative strategies or approaches for reducing or mitigating risk of exposure to COVID-19 and adverse outcomes among vulnerable subpopulations in each community. Strategies or approaches should be identified based on community need.
- Assessment of awareness and adoption of public health practices (e.g., physical distancing, COVID-19 testing, vaccination, chronic disease management, etc.) among vulnerable subgroups in the selected communities.

The budget to support the implementation of the innovative strategies or approaches in these highly impacted geographic areas should not exceed 5% of the total award.

f. Develop and implement a Monitoring, Evaluation and Quality Improvement plan.

OMH expects the recipient to develop and implement a comprehensive plan for monitoring, process and outcomes evaluation and quality improvement. The plan should reflect how the recipient will continuously monitor, evaluate, and improve the project. For this FOA, the purpose of monitoring and evaluation is to focus on assessing the impact of project activities and ensuring the quality of all aspects of the project, which may include outcomes related to participant engagement, assessing whether the project is meeting the needs of the community, etc. The recipient will be required to meet performance metrics developed with and agreed to by OMH. OMH expects project outcomes to address:

- The extent to which public health messaging and information materials developed under this initiative are demonstrated to be comprehended by target populations and are culturally and linguistically appropriate
- The degree to which population-specific information gaps among populations of greatest need were reduced through the production and dissemination of culturally and linguistically diverse materials (e.g., number of in-language materials disseminated; number of languages into which COVID-19 materials are translated/produced/number of languages into which COVID-19 materials are needed)
- The extent to which racial and ethnic minority, rural and socially vulnerable populations are reached by culturally and linguistically appropriate public health messaging and information developed and disseminated through the Network
- The extent to which racial and ethnic minority, rural and socially vulnerable populations are linked to healthcare and social services and receive necessary healthcare and social services (e.g., amount and types of health care and social services received by those tested)
- The extent to which disparities in COVID-19 testing and vaccination rates among racial and ethnic minority populations are decreased in highly impacted geographic areas (e.g., number of tests and vaccinations per 100,000 population by race and ethnicity)
- The extent to which state/territorial/tribal capacity and infrastructure are enhanced to support response, recovery, and resilience for racial and ethnic

minority, rural and socially vulnerable populations as evidenced through receipt of materials/technical support regarding promising approaches and effective strategies for COVID-19 response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations (e.g., number of states, territories and tribes receiving materials and technical support)

- The extent to which awareness and adoption of public health practices (e.g., physical distancing, COVID-19 testing, vaccination, chronic disease management, etc.) is increased among vulnerable subgroups in the selected communities.

OMH expects the recipient to use performance measures not only to support project monitoring, but also to inform continuous improvement of project activities.

g. Document and disseminate lessons learned, successes, challenges and other project knowledge and findings.

While common themes have been observed for the experiences of racial and ethnic minority, rural and socially vulnerable populations in past public health crises and emergencies, COVID-19 has posed unique challenges as this new infectious disease has made its way across an increasingly diverse nation. OMH anticipates the project will give rise to new knowledge about response, recovery and resilience in racial and ethnic minority, rural and socially vulnerable populations. The recipient should document project knowledge and findings, to include lessons learned, successes and challenges as related to infrastructure development, information development and dissemination, partner and community engagement, connection to healthcare and social services, promising approaches and effective strategies, and sustainability. OMH expects

the recipient to communicate and disseminate project knowledge and findings in collaboration with the Network, to include dissemination to federal, state, territorial and tribal public agencies; policymakers; community organizations; community members; and other stakeholders.

3. Substantial Involvement

The award will be in the form of a cooperative agreement with the recipient. Cooperative agreements are a form of assistance that allows for substantial involvement between OMH and the recipient during the project period. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, periodic site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), OMH substantial programmatic involvement will include:

- Review of recipient progress during the planning period and approval to move forward with full implementation. Note funding levels for subsequent budget periods will depend on status of plan approvals and may be negotiated between HHS/OASH and the recipient.
- Quarterly review of priorities and work plans for award activities and approval to move forward with implementation of those activities.
- Review and approval of the design, questions, and success measures for the project evaluations.
- Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key personnel are those individuals who either because of their specialized expertise or because of the specific role

they fulfill in the project (e.g., Evaluator, Data Coordinator) are essential to the conduct of the project.

- Assisting the awardee in development of the Network, including identification and engagement of Network members.
- Serving as a resource to provide programmatic support during the implementation of the project by participating in the design of the activities, and contributing with subject matter expertise.
- Identifying and recommending other organizations with whom the awardee may be asked to develop cooperative and collaborative relationships and partnerships.
- Assisting the awardee in the identification of highly impacted geographic areas of racial and ethnic minority, rural and socially vulnerable individuals at substantially greater risk for COVID-19 infection and adverse outcomes.
- Reviewing selected communications materials to ensure information is scientifically accurate, culturally and linguistically appropriate, in plain language and at accessible literacy and health literacy levels.
- Providing input on methods/mechanisms for disseminating information/messaging and best practices, promising approaches and effective strategies.
- Collaborating on the development of measures, methods, and materials to be tested or used.
- Review and approval of appropriate targets for measurement of impact on project outcomes.

- Assisting the awardee to monitor the progress of the project, which includes but is not limited to collecting, reporting and analyzing data and required comprehensive reporting during the three-year project period.
- Participating in the preparation of publications and public presentations of the data obtained under this Cooperative Agreement as well as assisting in the dissemination of any materials or products produced at the conclusion of the project.
- Reviewing all communications or disseminated work-product co-branded with HHS, OASH, OMH, or any other HHS component, any will require prior approval of the communication method and its contents.

C. AUTHORITY

Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6)

D. FEDERAL AWARD INFORMATION

The Office of Minority Health intends to make funds available for competing cooperative agreement.

We will fund awards in annual increments (budget periods) and generally for a project period up to 3 years, although we may approve shorter project periods. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors. Funding for all approved budget periods beyond the first is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available: $40,000,000 over three years

Anticipated Number of Awards: 1

Award Ceiling (Federal Funds including indirect costs): $22,000,000 in year 1

Award Floor (Federal Funds including indirect costs): $10,000,000 in year 1

Anticipated Start Date: June 15, 2020

Estimated Period of Performance: Not to exceed 3 years

Anticipated Initial Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency substantial involvement outlined above in Program Description.

Type of Application Accepted: Electronic via Grants.gov ONLY unless an exemption is granted

E. ELIGIBILITY INFORMATION

1. Eligible Applicants.

All entities are eligible except for-profit institutions of higher education and for-profit organizations including small businesses. Eligible applicants includes the U.S. territories and private non-profit institutions of higher education.

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

3. Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening. The responsiveness criteria are as follows:

The applicant demonstrates the ability to establish and manage a national initiative of this scope, to include engagement of and coordination across national, state, tribal, territorial and local partners.

4. Application Disqualification Criteria

If you successfully submit an application, we will screen it to ensure it meets the below requirements. If we determine your application fails to meet the criteria described below we will disqualify it, that is, we will **not** review it and will give it **no** further consideration.

a) You must submit your application electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section (A.1) of this announcement.

b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.

c) HHS/OASH/GAM deems your application eligible according to section E.1 Eligible Applicants.

d) You must complete the required forms in the application package: SF-424, SF-424A, SF-424B, SF-LLL, and Project Abstract Summary.

e) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ ” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.

f) Your Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).

g) Your total application, including the Project Narrative plus Appendices, must not exceed 75 pages. NOTE: items listed in “(f)” immediately above do not count toward total page limit.

h) Your Federal funds request including indirect costs must not exceed the maximum indicated in Award Ceiling.

i) Your Federal funds request including indirect costs must not be below the minimum indicated in Award Floor.

j) Your application must meet the Application Responsiveness Criteria outlined above.

F. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at http://www.grants.gov/. You can find it by searching on the CFDA number shown on page 2 of

this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants and Acquisitions Management

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section E.4. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5" X 11" paper by HHS/OASH/GAM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

b. Appendices Format

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading "Appendices" in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

d. Budget Narrative Format

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

3. Application Content

Applications should contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components: 1) Reaching Racial and Ethnic Minority Communities Nationally and Highly Impacted/At-risk Populations Locally; 2) Technical Approach and Work Plan; 3) Organizational Capability and Project Management.

1) Reaching Racial and Ethnic Minority Communities Nationally and Highly Impacted/At-risk Populations Locally

- How are you ensuring that you are reaching racial and ethnic minorities in all states/territories/tribes with national COVID-19 information in a culturally and linguistically appropriate manner?
- How are you ensuring that you are reaching highly impacted/at-risk racial and ethnic minority, rural and socially vulnerable populations and addressing risk factors associated with greater susceptibility for COVID-19 and worse health outcomes? Describe the communities and/or the specific populations that will be targeted by project activities. For each community/population of focus, the applicant should clearly describe the geographic boundaries used and the needs of the community and population.

- What assessments and data have been gathered to understand highly impacted/at-risk communities and/or populations to be served? Who was involved in conducting the assessments and/or providing the data? Using the assessments and the data gathered, describe:
    - The needs of the community related to COVID-19, risk factors, and existing disparities.
    - Areas and subpopulations of elevated need within the community.
    - The social determinants of health and co-occurring risk factors that impact susceptibility for COVID-19 and adverse outcomes.
    - The current availability of resources in the community for response, recovery and resilience, including testing, vaccination, other healthcare and social services.
- How will you identify highly impacted geographic areas in which to especially implement enhanced communication methods to inform on available CBO-led services? How will you include consideration for risk factors for COVID-19 and adverse outcomes?

2) Technical Approach and Work Plan

- Describe in detail how your project will meet the purpose and expectations of this initiative, specifically addressing the following.

(a) Partnerships and Collaboration

- What experience do you have establishing partnerships and leveraging existing systems and networks to support, at the national level, broad information dissemination, healthcare and social service access improvement, and other national scale efforts? Provide examples of the types of partners you have engaged in the past, the outcomes of those partnerships and those partners you would engage in this effort.
- How will you identify, or how have you identified, national, state, territorial, tribal, local and community partners and stakeholders to ensure an active information dissemination network (Network) with whom to collaborate on project activities? Describe your approach for ensuring the Network is comprised of members that have demonstrated capacity to reach and effectively communicate: (1) with racial and ethnic minority populations across the nation in general; and/or (2) with racial and ethnic minority, rural and socially vulnerable populations in highly impacted geographic areas or at risk for worse outcomes due to COVID-19. How will you identify and engage community-based organizations in highly impacted geographic areas and coordinate project activities in partnership with these organizations?
- For all state office of minority health/health equity (and/or other state entity with a similar function) partners and other partners

identified, provide a detailed description of the partners' roles and responsibilities, commitment, capacity, and readiness to support the project. Include in the Appendix a signed Memorandum of Agreement or a signed Letter of commitment to document the partners' roles and responsibilities, commitment, capacity, and readiness to support the project. If not available at the time of application, executed MOAs will be required within 30 days after the issuance of any award.

- How will relationships with partners be fostered and maintained through the Network? How will the Network be managed and new members engaged as needs emerge?
- Describe how your project is health equity- and community-centered. Describe how Network partners will ensure representation of and reach to the communities and populations to be served. How will you ensure engagement of community members and community-based organizations is done in a meaningful and authentic manner, and is reflective of the communities and/or populations to be served? How will your approach involve community representatives in the planning, implementation, and evaluation of the overall project?

(b) Information Development and Dissemination

- How will you ensure that national COVID-19 information is disseminated locally to racial and ethnic minorities in all states/territories/tribes in a culturally and linguistically appropriate manner?

- How will you assess information needs and gaps among highly impacted/at-risk racial and ethnic minority, rural and socially vulnerable populations? How will you assess needs for vulnerable subgroups (e.g., youth/young adults, the elderly and others without digital access, those with limited English proficiency (LEP), justice-involved individuals, and individuals who are homeless)?
- How will you identify strategies to address identified information needs and gaps, and how will you engage Network members in this process?
- How will you develop and deliver information and messaging, and ensure it is culturally and linguistically diverse (including in-language), accurate, and in plain language? How will you assess which communication formats and channels will be most effective for reaching specific populations and communities of focus? How do you intend to tailor and deliver information and messaging in a variety of formats (e.g., electronic, print, and audio), through communications channels (e.g., websites, social media, PSAs, print and radio media, ethnic media, fact sheets, infographics, newsletters, grassroots channels and events), and for a variety of settings (e.g., home and work)? How will you determine how state/territorial/tribal/community-specific guidance can augment national/HHS messages? Describe your approach for ensuring information and messaging is informed and tested by Network members and tailored to communities of greatest need. Describe how you support national dissemination, and how you will determine how to target geographic areas strategically and support state/territorial/tribal-level and community-level dissemination.

- How will you mobilize and coordinate strategic dissemination and delivery of information through the Network? Describe your approach for maximizing saturation, receipt, and action upon information in communities and populations of focus. Provide an estimate of the number of individuals from racial and ethnic minority, rural and socially vulnerable populations that will be reached through this project. Provide specific details on how the estimates were obtained.
- How will you assess the reach, comprehension and utilization of information and messaging by the populations and communities of focus? How will you identify barriers and facilitators?
- How will you set performance targets which specify and allow documentation of the reach of culturally and linguistically diverse materials?
- How will you engage and support CBOs in highly impacted geographic areas to disseminate information on available services related to COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services?
- How will you collaborate with CBOs in highly impacted geographic areas to assess and inventory community assets for COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services?

- How will you collaborate with CBOs in highly impacted geographic areas to assess and document community gaps for COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services?
- How will you support CBOs in highly impacted geographic areas in reaching at-risk individuals, assessing their needs and linking them to COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services?
- How will you ensure community-based organizations and other service focused partners are linking racial and ethnic minority, rural and socially vulnerable populations in highly impacted geographic areas at risk for worse outcomes due to COVID-19 to needed and appropriate services?
- How will you assess and track the utilization of COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services) and social services among individuals linked to testing, vaccination, other healthcare, and social services by CBO?

(c) Effective Response, Recovery and Resilience Strategies

- How will you identify effective strategies utilized in past public health crises (e.g., H1N1 pandemic, Zika epidemic, etc.) and assess them for application to COVID-19 response, recovery and resilience?

- How will you identify best practices, promising approaches and effective strategies for COVID-19 response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations? How will your protocol support the identification of best practices, promising approaches and effective strategies that are appropriate for the populations of focus, can be feasibility implemented by the dissemination audience, and have a reasonable expectation for improving outcomes?
- How will you document and develop materials to support the sharing of best practices, promising approaches and effective strategies? Describe your approach for ensuring strategies are documented in a manner that is clear and actionable. Describe your approach for creating a community-informed, cross-cultural toolkit for community resilience.
- How will you disseminate and facilitate sharing of promising approaches and effective strategies across states, tribes, territories and communities, in particular those hardest hit by and at greater risk for COVID-19 and adverse outcomes, in collaboration with the Network? Describe the mechanism(s) you will use to facilitate sharing and dissemination.
- How will you assess the implementation/utilization of promising approaches and effective strategies after they are disseminated? How will you identify barriers and facilitators to implementation/utilization?
- How will you identify of up to five communities in highly impacted geographic areas with particularly vulnerable subpopulations at greater risk for COVID-19 and adverse outcomes, due to factors such as occupation (e.g., meat processing

workers, transit workers, hospital cleaning staff, etc.), living arrangements (e.g. overcrowding, multi-generational housing, etc.), dependence on public transit, underlying health conditions, limited English proficiency, and lack of access to healthcare?

- How will you support the implementation of innovative strategies or approaches for reducing or mitigating risk of exposure to COVID-19 and adverse outcomes among vulnerable subpopulations in each community? How will you ensure strategies or approaches are identified based on community need?
- How will you assess awareness and adoption of public health practices (e.g., physical distancing, COVID-19 testing, vaccination, chronic disease management, etc.) among vulnerable subgroups in the selected communities?

(d) Monitoring, Evaluation and Quality Improvement

- Describe your Monitoring, Evaluation and Improvement Plan for the project. Describe the data you will collect and use to ensure the project activities are meeting their intended outcomes. Describe how you will collect your data, including performance measurement data, and how you will overcome any potential obstacles to data collection.
- Describe how you will use the data collected for continuous monitoring and improvement of the project.
- Describe how you will document COVID-19 testing by race and ethnicity and, when available, vaccination rates by race and ethnicity.

- How will you measure the extent to which public health messaging and information materials developed under this initiative are demonstrated to be comprehended by target populations and are culturally and linguistically appropriate?
- How will you measure the degree to which population-specific information gaps among populations of greatest need were reduced through the production and dissemination of culturally and linguistically diverse materials (e.g., number of in-language materials disseminated; number of languages into which COVID-19 materials are translated/produced/number of languages into which COVID-19 materials are needed)?
- How will you measure the extent to which racial and ethnic minority, rural and socially vulnerable populations are reached by culturally and linguistically appropriate public health messaging and information developed and disseminated through the Network?
- How will you measure the extent to which racial and ethnic minority, rural and socially vulnerable populations are linked to healthcare and social services and receive necessary healthcare and social services (e.g., amount and types of health care and social services received by those tested)?
- How will you measure the extent to which disparities in COVID-19 testing and vaccination rates among racial and ethnic minority populations are decreased in highly impacted geographic areas (e.g., number of tests and vaccinations per 100,000 population by race and ethnicity)?

- How will you measure the extent to which state/territorial/tribal capacity and infrastructure are enhanced to support response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations as evidenced through receipt of materials/technical support regarding promising approaches and effective strategies for COVID-19 response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations (e.g., number of states, territories and tribes receiving materials and technical support)?
- How will you measure the extent to which awareness and adoption of public health practices (e.g., physical distancing, COVID-19 testing, vaccination, chronic disease management, etc.) is increased among vulnerable subgroups in the selected communities?

(e) Documentation and Dissemination of Project Findings

- Describe how you will document project knowledge and findings, to include lessons learned, successes and challenges as related to infrastructure development, information development and dissemination, partner and community engagement, connection to healthcare and social services, promising approaches and effective strategies, and sustainability.
- Describe your approach for communicating and disseminating project knowledge and findings in collaboration with the Network, to include dissemination to federal, state, territorial and tribal public agencies; policymakers; community organizations; community members; and other stakeholders.

(f) Work Plan

- You should submit a detailed work plan (as an Appendix) for the three-year project period that shows how the project will meet all expectations as outlined in Section B.2 of the FOA. The work plan should include goals, SMART objectives (specific, measureable, achievable, realistic, and time-framed), and activities to accomplish each objective, as well as how they will be measured. The work plan should also identify, for each activity, the person(s) responsible, timeline for completing activities, and measures of success. The work plan should align with the budget.

3) Organizational Capability and Project Management

(a) Describe your demonstrated ability to successfully lead:

- Public health policy, practice, programming, and knowledge sharing efforts at the national level?
- Coordination of, collaboration with, and management of networks including national, state, territorial, tribal and local partners?
- Health and health equity promotion, and meaningfully and authentically engaging racial and ethnic minority, rural and socially vulnerable populations and organizations that serve these populations?
- How does this project align with the organization's mission and the capacity of the organization's leadership to support implementation of the project?

- What is the organization's mission and vision and how does it align with the goals and activities of the proposed project, especially in terms of target population and long-term outcomes?
- What is your organizational infrastructure and how is it able to support and manage a program of this size and scope within the existing infrastructure? How is your current organizational infrastructure prepared to start project activities shortly after award? How will you manage, implement, and monitor the overall project? How will you manage and monitor partners? How will you manage challenges associated with changing needs and growth?
- How do you and your partners have the collective experience and expertise needed to successfully accomplish the goals and objectives of the project?
- Describe the roles and responsibilities of the project team and how they will contribute to achieving the program's objectives and outcomes. What experience and expertise do proposed staff have, especially as it pertains to developing and coordinating a national network, managing and fostering relationships with partners (in particular, those representing and serving racial and ethnic minority, rural and socially vulnerable populations), developing and disseminating public health information and messaging, identifying and disseminating effective public health strategies, collecting and using data to monitor and improve a project, and documenting and disseminating findings?
- The application should include an organizational chart (in the Appendix) that reflects the management structure for the project.

- The application should include resumes or CVs for project staff already employed by the organization and position descriptions for all open positions that will need to be filled if funds are awarded (in the Appendix). The applicant should describe its process and timeline for recruiting and hiring staff.
- How will you ensure that all staff responsible for implementing the project, including partner staff, are well trained and prepared to successfully fulfill their roles and responsibilities?

b. Budget Narrative Content

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section F.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs. Funds awarded cannot be used to pay for COVID-19 testing or any health care services.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not** include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a

columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	$100,000	$25,000	$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

1) Object Class Descriptions and Required Justifications

(a) Personnel Description

Costs of staff salaries and wages, excluding benefits.

(b) Personnel Justification

Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent: annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of

delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	$100,000	$50,000	$0	$50,000
Data Assistant, Susan R. Smith	10%	$30,000		$3,000	$3,000

(c) Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

(d) Fringe Benefits Justification:

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

(e) Travel Description

Costs of travel by staff of the applicant organization only.

(f) Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

(g) Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. (Note: Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

(h) Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

(i) Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than $5,000.

(j) Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

(k) Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

(l) Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at $250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, you must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title,

along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

(m) Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

(n) Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

(o) Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

- Per 45 CFR § 75.414(f) Indirect (F&A) costs, "any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, … may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time."

  This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

(p) Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

(q) Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but

is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

(r) Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

(s) Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily

propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

(t) Non-federal Resources Justification

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding ($)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards). If your application does not include the required supporting documentation for a matching requirement, it will not be disqualified from competitive review; however, it may impact your score under the evaluation criteria in Section G.1 of this announcement.

2) Plan for Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application.

1) Work Plan

Your Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the project period. However, each year's activities should

be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

2) Memorandums of Agreement and/or Letters of Commitment from Partners, Subrecipient Organizations, and Agencies.

If available at the time of submission, signed MOAs or signed Letters of Commitment (LOCs) may be submitted for each state office of minority health/health equity (and/or other state entity with a similar function) partner and other partner (or one signed MOA with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. If the applicant is unable to submit signed MOAs, the applicant should submit an unsigned MOA(s). The signed LOCs must detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the LOC. Fully executed MOAs will be required within 30 days following the issuance of any award made under this announcement.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together

in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

3) Organizational Chart

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

4) Curriculum Vitae/Résumé for Key Project Personnel and Position Descriptions

You must submit with your application curriculum vitae and/or résumés of the Project Director/Principal Investigator and all other Key Personnel. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Manager/Program Coordinator. We encourage individuals to use their full name (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records. You must also submit position descriptions for all open positions that will need to be filled if funds are awarded.

4. Unique Entity Identifier and System for Award Management (SAM)

You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain. If you do not currently have a DUNS number, please contact Grants.gov to create a temporary DUNS number if you are unable to complete the SAM registration process prior to submitting your application.

You will find instructions on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.

Your organization must register online in the System for Award Management (SAM). Under normal operating procedures Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. Because of the public health emergency with COVID-19, the requirement for SAM registration at the time of submission has been waived. Grants.gov will temporarily allow submissions without a current SAM registration. A completed registration in SAM may be required prior to receiving any award based on your application.

If you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.GOV For detailed instructions on the content of the letter and process for domestic entities see: https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183

A quick start guide for registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

If your organization is already registered in SAM, you must renew your SAM registration each year. Organizations registered to apply for Federal awards through http://www.grants.gov

will need to renew their registration in SAM. SAM has extended the expiration dates for registration renewals that may be delayed because of the public health emergency. Please review your status in SAM.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm_kbid=c3d982af6fb8d5006f348d412e3ee47e

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements as modified under the public health emergency. If you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number (permanent or temporary) at the time you, the recipient, make a sub-award.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated in Section A.1 of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov . Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A "system problem" does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

6. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, ''Intergovernmental Review of Federal Programs,'' as implemented by 45 CFR part 100, ''Intergovernmental Review of Department of Health and Human Services Programs and

Activities.'' As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at https://www.whitehouse.gov/wp-content/uploads/2017/11/SPOC-Feb.-2018.pdf. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 100, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH/GAM at 240–453–8822.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 CFR part 75 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards," Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 CFR § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at https://rates.psc.gov/fms/dca/map1.html.

a. Pre-Award Costs

Pre-award costs (per 45 CFR § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are

allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the HHS awarding agency.

Pre-award costs are not allowed.

b. Salary Rate Limitation

Each year's appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2020, the Executive Level II salary is $197,300. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual's *actual* base full time salary: $350,000 50% of time devoted to project, i.e. .5 FTE	
Direct salary ($350,000 x .5)	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation: Individual's base full time salary *adjusted* to Executive Level II: $197,300	
Direct salary ($197,300 x .5)	$98,650
Fringe (25% of salary)	$24,663
Total amount allowed	$123,313

Appropriate salary rate limits will apply as required by law.

c. Other Funding Restrictions

Funds awarded cannot be used to pay for COVID-19 testing or any health care services.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of

electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at http://www.grants.gov.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions

will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important Grants.gov Information

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-grants.html . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Contacts below. See Section D.3 for requirements related to DUNS numbers and SAM registration.

G. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria

a. Reaching Racial and Ethnic Minority Communities Nationally and Highly Impacted/At-risk Populations Locally (10 points)

The application will be assessed based on the degree to which it:

- Describes the communities and/or the specific populations to be reached with national messages, clearly describing the needs and defining the geographic boundaries for each community/population.
- Describes the highly impacted/at-risk communities and/or populations to be reached with targeted messages, clearly describing the needs, risk factors, existing disparities and geographic boundaries for each community/population.
- Describes a thorough and comprehensive process to understand the need within the communities and/or populations, including what assessments were conducted, who was involved and engaged in conducting the assessments and/or providing the data.
- Describes the needs of the communities and/or populations related to COVID-19 and existing disparities and/or social determinants of health. Demonstrates need through the social determinants of health and co-occurring risk factors; and the current availability of resources for response, recovery and resilience (including testing, healthcare and social services.

- Describes a thorough and comprehensive process to identify highly impacted geographic areas in which to especially target project activities. Process includes identification and consideration of risk factors for COVID-19 and adverse outcomes.

b. Technical Approach and Work Plan (75 points)

The application will be assessed based on the degree to which it:

1) Partnerships and Collaboration (10 out of 75 points)

- Demonstrates relevant experience in establishing partnerships and leveraging existing systems and networks to support broad information dissemination at the national level and other national scale efforts.
- Describes a thorough and comprehensive process for identifying national, state, territorial, tribal, local and community partners who are representative of and can reach and effectively communicate: (1) with racial and ethnic minority populations across the nation in general; and/or (2) with racial and ethnic minority, rural and socially vulnerable populations in highly impacted geographic areas or at risk for worse outcomes due to COVID-19, including CBOs. Describes appropriate partners who will ensure an active Network and will contribute substantively to project activities.
- Demonstrates the partners' roles and responsibilities, commitment, capacity, and readiness to support the project.
- Clearly describes how the Network with be managed and partnerships will be initiated, fostered and maintained throughout the project period.

- Clearly describes a health equity- and community-centered focus for the project. Describes a clear plan to ensure engagement of community members and community-based organizations is done in a meaningful and authentic manner, and is reflective of the communities and/or populations to be served. Demonstrates an approach that involve community representatives in the planning, implementation, and evaluation of the overall project.

2) Information Development and Dissemination (20 out of 75 points)

- Describes a thorough and comprehensive process for assessing information needs and gaps among the communities and populations of greatest need, and for engaging Network members in the development of strategies to address identified information needs and gaps.
- Describes a thorough and comprehensive process for the development of culturally and linguistically diverse (including in-language), accurate and plain language information and messaging, the augmentation of national/HHS messages with state/territorial/tribal/community-specific guidance, and the assessment of communication formats and channels most effective for reaching specific populations and communities of focus. Includes a clear protocol for message testing.
- Describes a thorough and comprehensive process for tailoring and delivering information and messaging in a variety of formats (e.g., electronic, print, audio, etc.) and through a variety communications channels (e.g., websites, social media, PSAs, print and radio media, ethnic media, fact sheets, infographics, newsletters, grassroots channels, events, etc.) based on community/population

need. Includes a clear plan for how messaging will be informed and tested by Network members and tailored to communities of greatest need. Demonstrates the capacity to support national-, state/territorial/tribal- and community-level dissemination and describes a clear process for determining how to target geographic areas strategically.

- Describes a clear and feasible approach for mobilization and coordination of strategic dissemination and delivery of information through the Network; and for maximizing saturation, receipt, and action upon information in communities and populations of focus. Provides a data-informed estimate of individuals to be reached commensurate with described need and proposed project activities.
- Describes a thorough and comprehensive process, including appropriate measurement tools, for the assessment of the reach, comprehension and utilization of information and messaging by the populations and communities of focus and for the identification of barriers and facilitators.
- Provides a clear and feasible approach for setting performance targets which specify and allow documentation of the reach of culturally and linguistically diverse materials.
- Describes a thorough and comprehensive process for engaging and supporting CBOs in highly impacted geographic areas to disseminate information and coordinate dissemination of information on available COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services.

- Provides a clear and feasible approach for collaborating with CBOs in highly impacted geographic areas to assess and inventory community assets for COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services.
- Provides a clear and feasible approach for collaborating with CBOs in highly impacted geographic areas to assess and document community gaps for COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services.
- Describes a thorough and comprehensive process for supporting CBOs in highly impacted geographic areas in reaching at-risk individuals, assessing their needs and linking them to COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services, etc.) and social services.
- Provides a clear and feasible approach for assessing the utilization of COVID-19 testing, vaccination, other healthcare (e.g., treatment, symptom management, chronic disease management, mental health and substance use treatment services) and social services among individuals linked to testing, vaccination, other healthcare, and social services.

3) Effective Response, Recovery and Resilience Strategies (10 out of 75 points)

- Describes a thorough and comprehensive process for identification and assessment of effective strategies utilized in past public health crises for application to COVID-19 response, recovery and resilience.
- Describes a thorough and comprehensive process for identifying best practices, promising approaches and effective strategies for COVID-19 response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations; for documenting these best practices, promising approaches and effective strategies; and for developing materials to support sharing. Protocol will feasibly result in the identification of best practices, promising approaches and effective strategies that are appropriate for the populations of focus, can be feasibly implemented by the dissemination audience, and are reasonably expected to support improved outcomes. Includes a clear approach for the development of a community-informed, cross-cultural toolkit for community resilience.
- Describes a thorough and comprehensive process for the dissemination and sharing of best practices, promising approaches and effective strategies across states, tribes, territories and communities, in particular those hardest hit by and at greater risk for COVID-19 and adverse outcomes. Proposes mechanisms that will facilitate sharing and dissemination for the target audiences. Includes collaboration with the Network in the dissemination approach, and clear

approach for ensuring strategies are clear, actionable, and appropriate for the populations and communities of focus.

- Provides a clear and feasible approach for assessing the implementation/utilization of best practices, promising approaches and effective strategies after they are disseminated; and for identifying barriers and facilitators to implementation/utilization.
- Provides a clear and logical approach for the identification of up to five communities in highly impacted geographic areas with particularly vulnerable subpopulations at greater risk for COVID-19 and adverse outcomes, due to factors such as occupation (e.g., meat processing workers, transit workers, hospital cleaning staff, etc.), living arrangements (e.g. overcrowding, multi-generational housing, etc.), dependence on public transit, underlying health conditions, limited English proficiency, and lack of access to healthcare.
- Describes a thorough and comprehensive process for supporting the implementation of innovative strategies or approaches for reducing or mitigating risk of exposure to COVID-19 and adverse outcomes among vulnerable subpopulations in each community. Provides a clear approach for ensuring strategies or approaches are identified based on community need.
- Provides a clear and logical approach for assessing the extent to which awareness and adoption of public health practices (e.g., physical distancing, COVID-19 testing, vaccination, chronic disease management, etc.) is increased among vulnerable subgroups in the selected communities.

4) Monitoring, Evaluation and Quality Improvement (25 out of 75 points)

- Describes a thorough and comprehensive Monitoring, Evaluation and Improvement Plan for the project. Proposes relevant data to be collected to ensure the project activities are meeting their intended outcomes. Describes a clear and feasible process for data collection, including measures/indicators, instruments, data sources and an approach for overcoming any potential obstacles to data collection.
- Provides a clear and feasible approach for how data collected will be used for continuous monitoring and improvement of the project.
- Includes a clear, feasible and logical approach for measuring the extent to which public health messaging and information materials developed under this initiative are demonstrated to be comprehended by target populations and are culturally and linguistically appropriate.
- Includes a clear, feasible and logical approach for measuring the degree to population-specific information gaps among populations of greatest need were reduced through the production and dissemination of culturally and linguistically diverse materials (e.g., number of in-language materials disseminated; number of languages into which COVID-19 materials are translated/produced/number of languages into which COVID-19 materials are needed).
- Includes a clear, feasible and logical approach for measuring the extent to which racial and ethnic minority, rural and socially vulnerable populations are reached

by culturally and linguistically appropriate public health messaging and information developed and disseminated through the Network.

- Includes a clear, feasible and logical approach for measuring the extent to which racial and ethnic minority, rural and socially vulnerable populations are linked to healthcare and social services and receive necessary healthcare and social services (e.g., amount and types of health care and social services received by those tested).
- Includes a clear, feasible and logical approach for measuring the extent to which disparities in testing and vaccination rates among racial and ethnic minority populations are decreased in highly impacted geographic areas (e.g., number of tests and vaccinations per 100,000 population by race and ethnicity).
- Includes a clear, feasible and logical approach for measuring the extent to which state/territorial/tribal capacity and infrastructure are enhanced to support response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations as evidenced through receipt of materials/technical support regarding promising approaches and effective strategies for COVID-19 response, recovery and resilience for racial and ethnic minority, rural and socially vulnerable populations (e.g., number of states, territories and tribes receiving materials and technical support).
- Includes a clear, feasible and logical approach for measuring the extent to which awareness and adoption of public health practices (e.g., physical distancing, COVID-19 testing, vaccination, chronic disease management, etc.) is increased among vulnerable subgroups in the selected communities.

5) Documentation and Dissemination of Project Findings (5 out of 75 points)

- Describes a through and comprehensive process for documenting project knowledge and findings, to include lessons learned, successes and challenges as related to infrastructure development, information development and dissemination, partner and community engagement, connection to healthcare and social services, promising approaches and effective strategies, and sustainability.
- Provides a clear and feasible approach for communicating and disseminating project knowledge and findings in collaboration with the Network, to include dissemination to federal, state, territorial and tribal public agencies; policymakers; community organizations; community members; and other stakeholders.

6) Work Plan (5 out of 75 points)

- Includes a detailed work plan (as an Appendix) for the three-year project period that aligns with the budget and shows how the project will meet all expectations as outlined in Section B.2 of the FOA; includes goals, SMART objectives (specific, measureable, achievable, realistic, and time-framed), and activities to accomplish each objective, as well as how they will be measured; and identifies for each activity, the person(s) responsible, timeline for completing activities, and measures of success. Demonstrates the timeline is feasible within the three year project period and scope of the project; shows likelihood to complete all major activities within the timeline outlined.

c. Organizational Capability and Project Management (15 points)

The application will be assessed based on the degree to which it:

- Provides strong evidence of the organization's demonstrated ability to successfully lead:
    - Public health policy, practice, programming, and knowledge sharing efforts at the national level;
    - Coordination of, collaboration with, and management of networks including national, state, territorial, tribal and local partners; and
    - Health and health equity promotion, and meaningfully and authentically engaging racial and ethnic minority, rural and socially vulnerable populations and organizations that serve these populations
- Demonstrates the alignment of project goals and activities with the organization's mission and vision, especially in terms of the target population and long-term outcomes. Provides strong evidence of the capacity of the organization's leadership to support implementation of the project.
- Clearly describes the organizational infrastructure and demonstrates the ability, capacity and expertise to support and manage a national program of this size and scope within the existing infrastructure. Demonstrates infrastructure readiness to start project activities shortly after award. Provides a clear, thorough, comprehensive and feasible approach for project management, implementation and monitoring. Describes a clear and feasible approach for

managing and monitoring partners. Provides a feasible approach for managing challenges associated with changing needs and growth.

- Demonstrates substantial collective experience and expertise, among applicant and partners, needed to successfully accomplish the goals and objectives of the project.
- Clearly and thoroughly describes the roles and responsibilities of the project team and how they will contribute to achieving the program's objectives and outcomes. Demonstrates adequate experience and expertise of proposed staff have, especially as it pertains to developing and coordinating a national network, managing and fostering relationships with partners (in particular, those representing and serving racial and ethnic minority, rural and socially vulnerable populations), developing and disseminating public health information and messaging, identifying and disseminating effective public health strategies, collecting and using data to monitor and improve a project, and documenting and disseminating findings.
- Includes a clear organizational chart (as an Appendix) demonstrating management structure for the project.
- Include complete resumes or CVs for project staff already employed by the organization and position descriptions for all open positions that will need to be filled if funds are awarded (in the Appendix). Describes a clear and feasible process and timeline for recruiting and hiring staff.

- Describe a clear and feasible approach for ensuring that all staff responsible for implementing the project, including partner staff, are well trained and prepared to successfully fulfill their roles and responsibilities.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Minority Health will provide recommendations for funding to the Grants Management Officer to conduct risk analysis.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate, in accordance with 45 CFR § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal

award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. OASH will use a risk-based approach and may consider any items such as the following:

a) Your financial stability;
b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
c) History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
d) Reports and findings from audits performed; and
e) Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently $250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)).You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other

information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If an we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 CFR §75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must "demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics." 45 CFR § 75.205(a)(2); see also 45 CFR §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, HHS/OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including level of funding if an award is made, are final and you may not appeal.

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B "Federal Award Information," as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later project period start date.

H. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

HHS/ OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH/GAM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the project period, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and

may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, or other Department regulations and policies in effect at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services,

closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

3. Closeout of Award

Upon expiration of your project period, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the Principal Investigator/ Project Director, we may elect to complete a unilateral closeout. (See F.3 Reporting below for closeout reporting requirements.) As a result, we may determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

4. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or

designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

5. Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance for complying with civil rights laws that prohibit discrimination. https://www.hhs.gov/civil-rights/index.html.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English

proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) You must ensure your contractors and subrecipients also comply with federal civil rights laws.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

6. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding and HHS Rights to Materials and Data

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including

but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

> This publication (journal article, etc.) was supported by Award No. _____ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

8. Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

9. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/

10. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

11. Human Subjects Protection

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of

protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 CFR part 46. You may find it online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

Applicants that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to www.hhs.gov/about-research-participation.

12. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at ori.hhs.gov/assurance-program.

13. Reporting

a. Performance Reports

You must submit monthly progress reports for the first six months which is necessary for the effective monitoring of the Federal award under the current public health emergency. Monthly reporting could be extended if necessary. Afterward you must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final performance report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

b. Performance Measures

In addition to the submission of quarterly reports in our grants management system, OMH expects the awardee to report program process and outcome data electronically to OMH on a quarterly basis. Performance process and outcome data allow OMH to evaluate the performance of its initiatives across awardees. The awardee will be required to meet performance metrics developed with and agreed to by OMH. The awardee under this initiative is required to report project performance process and outcome data on a quarterly basis through Grant Solutions. No performance measure reporting will be required without OMB approval. Training will be provided to all new grantees on the collection and reporting of performance data during the Performance Data Technical Assistance meeting.

Note: An awardee may be required to report project-related data as part of in the Office of Minority Health's collection of initiative Performance Data (OMB No. 0990-0275, Expiration date 8/31/2022). Performance data include measures of program participation and service provision/encounters.

For each monthly and quarterly report of this initiative, you should be able to:

1) Describe accomplishments and progress toward program purpose and objectives.
2) Summarize the status of the project's staffing situation.
3) Describe the role and activities of each partnering organization.
4) Describe accomplishments, current or anticipated problems, changes and progress on the monitoring, evaluation and quality improvement plan.

c. Financial Reports

You must report as part of your monthly reports in Section H.13.a, your previous month's incurred costs and your forecasted cash needs for the next month but budget category. You will also be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

d. Audits

If your organization receives $750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

g. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds $10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and

Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

h. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

I. CONTACTS

1. Administrative and Budgetary Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Robin Fuller

Office of Grants Management

1101 Wootton Parkway, Suite 100

Rockville, MD 20852

Phone: 240-453-8822

Email: robin.fuller@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Juliet Bui

Office of Minority Health

1101 Wootton Parkway, Suite 100

Rockville, MD 20852

Phone: 240-453-6166

Email: Juliet.bui@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: www.grants.gov

Phone: 1-800-518-4726

Email: support@grants.gov

J. OTHER INFORMATION

1. Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Assurances for Non-construction Programs (SF-424B)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application**.
    - Work Plan
    - Memorandums of Agreement and/or Letters of Commitment from Partners
    - Letters of Commitment from Subrecipient Organizations and Agencies
    - Organizational Chart
    - Curriculum Vitae/Résumé for Key Project Personnel and Position Descriptions



May 1, 2020

RADM Felicia Collins
Deputy Assistant Secretary for Minority Health

Date

K. GLOSSARY

Socially vulnerable groups refers to individuals, communities or populations that have characteristics that affect their capacity to anticipate, confront, repair, and recover from the effects of a disaster.[10] Such characteristics include: [10,11,42,43]

- Individual and household traits such as low socioeconomic status, being a racial or ethnic minority, having limited English proficiency, being a child or elderly, being unemployed, lacking access to a vehicle or being dependent on public transportation, having low educational attainment, living in overcrowded conditions, or being homeless
- Systemic and structural factors such as residing in areas that are densely populated, lack healthcare facilities and resources, are rural or urban, or have weak economies

L. REFERENCES

1. U.S. Department of Health and Human Services. Strategic Plan 2018-2022. Retrieved April 23, 2020 from: https://www.hhs.gov/about/strategic-plan/index.html

2. Centers for Disease Control and Prevention. Deaths related to 2009 pandemic influenza A (H1N1) among American Indian/Alaska Natives—12 states, 2009. MMWR Morb Mortal Wkly Rep. 2009;58(48):1341–4. Retrieved April 24, 2020 from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5848a1.htm

3. Dee DL, Bensyl DM, Gindler J, Truman BI, Allen BG, D'Mello T, et al. Racial and ethnic disparities in hospitalizations and deaths associated with 2009 pandemic influenza A (H1N1) virus infections in the United States. Ann Epidemiol. 2011;21:623–30. Retrieved April 24, 2020 from: https://www.ncbi.nlm.nih.gov/pubmed/21737049

4. Centers for Disease Control and Prevention. 2009 H1N1 and Seasonal Influenza and Hispanic Communities: Questions and Answers. Retrieved April 24, 2020 from: https://www.cdc.gov/H1N1flu/qa_hispanic.htm

5. Rodríguez-Díaz C, Garriga-López A, Malavé-Rivera S, et al. Zika virus epidemic in Puerto Rico: health justice too long delayed. Int J Infect Dis. 2017; 65:144–147.

6. Lee, Christopher, MD, MSc, Greene, Sharon, PhD, MPH, Baumgartner, Jennifer, Fine, Anne. Disparities in Zika Virus Testing and Incidence Among Women of Reproductive Age-New York City, 2016. J Public Health Manag Pract. 2018;24(6):533-541. doi:10.1097/PHH.0000000000000684.

7. U.S. Department of Health and Human Services Office of Minority Health. Guidance for Integrating Culturally Diverse Communities into Planning

for and Responding to Emergencies: A Toolkit. Retrieved April 24, 2020 from: https://diversitypreparedness.org/browse-resources/resources/OMH%20Diversity%20Toolkit/

8. Hutchins SS, Fiscella K, Levine RS, Ompad DC, McDonald M, on behalf of the Racial and Ethnic Minority Populations Subgroup of the Centers for Disease Control and Prevention's Pandemic Influenza Working Group on Vulnerable Populations. "Protection of Racial/Ethnic Minority Populations During an Influenza Pandemic", American Journal of Public Health 99, no. S2 (October 1, 2009): pp. S261-S270. https://doi.org/10.2105/AJPH.2009.161505

9. Centers for Disease Control and Prevention. Cases of Coronavirus Disease (COVID-19) in the United States. Retrieved April 23, 2020 from: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

10. U.S. Census Bureau. QuickFacts: United States. Retrieved April 23, 2020 from: https://www.census.gov/quickfacts/fact/table/US/PST045218

11. Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:458–464. DOI: http://dx.doi.org/10.15585/mmwr.mm6915e3

12. Centers for Disease Control and Prevention. COVID-19 in Racial and Ethnic Minority Groups. Retrieved April 24, 2020 from: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

13. Kaiser Family Foundation. Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19. Retrieved April 24, 2020 from:

https://www.kff.org/coronavirus-policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/

14. California Department of Public Health. COVID-19 Race and Ethnicity Data. Retrieved April 26, 2020 from: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx

15. Flanagan, B.E., E.J. Hallisey, E. Adams, and A. Lavery, 2018. "Measuring community vulnerability to natural and anthropogenic hazards: The centers for disease control and prevention's social vulnerability index." J. Environ. Health 80(10): 34-36.

16. Cutter, S.L., Boruff, B.J., & Shirley, W.L. (2003). Social vulnerability to environmental hazards. Social Science Quarterly, 84(2), 242–261.

17. Blendon RJ, Koonin LM, Benson JM, et al. Public response to community mitigation measures for pandemic influenza. Emerg Infect Dis. 2008;14(5):778–786

18. Center for American Progress. Coronavirus Compounds Inequality and Endangers Communities of Color. Retrieved April 26, 2020 from: https://www.americanprogress.org/issues/race/news/2020/03/27/482337/coronavirus-compounds-inequality-endangers-communities-color/

19. U.S. Department of Housing and Urban Development. Housing Needs of American Indians and Alaska Natives in Tribal Areas: A Report From the Assessment of American Indian, Alaska Native, and Native Hawaiian Housing

Needs. Retrieved April 26, 2020 from: https://www.huduser.gov/portal/sites/default/files/pdf/HNAIHousingNeeds.pdf

20. Neff J, Pham L. A Profile of Public Transportation Passenger Demographics and Travel Characteristics Reported in On-Board Surveys. Washington, DC: American Public Transportation Association; 2007

21. U.S. Water Alliance. Closing the Water Access Gap in the United States. Retrieved April 26, 2020 from: http://uswateralliance.org/sites/uswateralliance.org/files/Closing%20the%20Water%20Access%20Gap%20in%20the%20United%20States_DIGITAL.pdf

22. U.S. Census Bureau. 2005–2007 American Community Survey 3-Year Estimates Detailed Tables. United States; means of transportation to work; workers 16 years and over by White alone, Black or African American alone, Asian alone, American Indian and Alaska Native alone, and Hispanic or Latino. Tables generated by American FactFinder, available at: http://factfinder.census.gov.

23. Trust for America's Health. The Impact of Chronic Underfunding of America's Public Health System: Trends, Risks, and Recommendations, 2020. Retrieved April 28, 2020 from: https://www.tfah.org/report-details/publichealthfunding2020/

24. Centers for Disease Control and Prevention. Groups at Higher Risk for Severe Illness. Retrieved April 26, 2020 from: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html

25. Cunningham, T. J., Croft, J. B., Liu, Y., Lu, H., Eke, P. I., & Giles, W. H. (2017). Vital signs: racial disparities in age-specific mortality among blacks

or African Americans—United States, 1999–2015. MMWR. Morbidity and mortality weekly report, 66(17), 444.

26. Centers for Disease Control and Prevention. National Diabetes Statistics Report. Retrieved April 27, 2020 from: https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

27. Centers for Disease Control and Prevention. Chronic Kidney Disease Surveillance System. Retrieved April 27, 2020 from: https://nccd.cdc.gov/ckd/FactorsOfInterest.aspx?type=Race/Ethnicity

28. Centers for Disease Control and Prevention. Selected Health Statistics: National Health Interview Survey, 2018. Retrieved April 27, 2020 from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-1.pdf

29. Centers for Disease Control and Prevention. Adult Obesity Facts. Retrieved April 27, 2020 from: https://www.cdc.gov/obesity/data/adult.html

30. Centers for Disease Control and Prevention. Basics about COPD. Retrieved April 27, 2020 from: https://www.cdc.gov/copd/basics-about.html

31. Robert Wood Johnson Foundation. Discrimination in America. Retrieved April 27, 2020 from: https://www.rwjf.org/en/library/research/2017/10/discrimination-in-america--experiences-and-views.html

32. Kaiser Family Foundation. Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. Retrieved April 27, 2020 from: https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/

33. U.S. Census Bureau. People That Speak English Less Than "Very Well" in the United States. Retrieved April 27, 2020 from:

https://www.census.gov/library/visualizations/interactive/people-that-speak-english-less-than-very-well.html

34. U.S. Census Bureau. New American Community Survey Statistics for Income, Poverty and Health Insurance Available for States and Local Areas. Retrieved April 27, 2020 from: https://www.census.gov/newsroom/press-releases/2017/acs-single-year.html?CID=CBSM+ACS16

35. U.S. Department of Education. Adult Literacy in the United States. Retrieved April 27, 2020 from: https://nces.ed.gov/datapoints/2019179.asp

36. Kaiser Family Foundation. Urban and Rural Differences in Coronavirus Pandemic Preparedness. Retrieved April 27, 2020 from: https://www.kff.org/health-costs/issue-brief/urban-and-rural-differences-in-coronavirus-pandemic-preparedness/

37. Fowler H. "Minorities could be at higher risk for during the coronavirus pandemic. Here's why." Miami Herald, March 31, 2020. Retrieved April 27, 2020 from: https://www.miamiherald.com/news/coronavirus/article241646806.html

38. Hayes C, Mabie N, Santucci J. Native American tribes have been hit hard by coronavirus, and they're battling red tape to get help. USA Today, April 24, 2020. Retrieved April 27, 2020 from: https://www.usatoday.com/story/news/politics/2020/04/24/coronavirus-indian-country-hit-hard-tribes-battle-red-tape/5130415002/

39. Shaun A. Truelove, Amit S. Chitnis, Richard T. Heffernan, Amy E. Karon, Thomas E. Haupt, Jeffrey P. Davis, Comparison of Patients Hospitalized With Pandemic 2009 Influenza A (H1N1) Virus Infection During the First Two Pandemic Waves in Wisconsin, The Journal of Infectious Diseases, Volume 203, Issue 6, 15 March 2011, Pages 828–837, https://doi.org/10.1093/infdis/jiq117

40. Lu, P. J., O'Halloran, A., Williams, W. W., Lindley, M. C., Farrall, S., & Bridges, C. B. (2015). Racial and Ethnic Disparities in Vaccination Coverage

Among Adult Populations in the U.S. American journal of preventive medicine, 49(6 Suppl 4), S412–S425. https://doi.org/10.1016/j.amepre.2015.03.005

41. Blumenshine P, Reingold AL, Egerter S, et al. Pandemic Influenza Planning in the United States from a Health Disparities Perspective. Emerging Infectious Diseases. 2008;14(5):709-715. doi:10.3201/eid1405.071301.

42. Bergstrand, K., Mayer, B., Brumback, B., & Zhang, Y. (2015). Assessing the Relationship Between Social Vulnerability and Community Resilience to Hazards. Social indicators research, 122(2), 391–409. https://doi.org/10.1007/s11205-014-0698-3

43. Flanagan, Barry E.; Gregory, Edward W.; Hallisey, Elaine J.; Heitgerd, Janet L.; and Lewis, Brian (2011) "A Social Vulnerability Index for Disaster Management," Journal of Homeland Security and Emergency Management: Vol. 8: Iss. 1, Article 3. DOI: 10.2202/1547-7355.1792