Category A
CIO
Project Plans

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Addressing COVID-19 vaccine confidence through tribal health departments

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Tribal health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 100/150 words maximum

Tribal health departments serve as a critical and trusted source for information about adult and child immunizations, and specifically in boosting COVID-19 vaccine confidence among a critical at-risk population. This project aims to engage Tribal governments – both those that operate their own health care delivery systems and those receiving health care directly from the Indian Health Service, to empower members to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and respond to misinformation on social media, and share success stories and lessons learned.

12

12.7. Programs and Services

Activities*

1. Empower tribal health departments and governments to have effective COVID-19 vaccine conversations and address vaccine misinformation within their communities.
2. Activate tribal health departments to make COVID-19 vaccine confidence visible, incorporating culturally appropriate approaches.
3. Increase the capacity of tribal health departments to share credible COVID-19 vaccine information and respond to misinformation on social media, conduct webinars/trainings using a CDC-provided toolkit, and convene members in a learning collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos)

Process Measures*

- Number of members attending webinars/trainings
- Number of members participating in learning collaborative
- Number of success stories gathered and shared

Outputs*

- Trainings, webinars to train members to have effective vaccine conversations

	• Trainings, webinars to train members to have effective vaccine conversations • Communication strategy to make vaccine confidence visible and address misinformation • Direct engagement with key audiences about vaccine confidence
Budget Period Outcomes*	Improved capacity to build COVID-19 vaccine confidence among American Indians/Alaska Natives.
Outcome Measures*	• Increased number of resources for providers to engage in effective COVID-19 vaccine conversations. • Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine • Increased opportunities for collaboration amongst membership • Increased number of engagements with tribal health departments and communities at risk

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 20/200 words maximum
	Recipient must have the ability to support the development of quality, accessible, and culturally-competent health services for Tribal governments.
14	Applicant Program Experience:* 40/200 words maximum
	Recipient must demonstrate success working with American Indian and Alaska Native communities and Tribal governments and have the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 13/200 words maximum
	Recipient is expected to work collaboratively with public health partners and communities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

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Equipping Local Health Departments to Build COVID-19 Vaccine Confidence

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Local health departments

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Short-term

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Short-term

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Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

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Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

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- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

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- [ ] Increased capacity to evaluate laws and policies to affect health

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10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
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11 Project Purpose : * 80/150 words maximum

Local health departments are on the frontlines to address vaccine hesitancy at the community level. This project aims to provide local health departments with the resources to protect communities at risk. Under this project, funding will be provided to directly support communities at risk to address and build COVID-19 vaccine confidence and increase vaccine uptake, working with other partners at the community level. The funded partner(s) will evaluate the outcomes of these efforts so that other jurisdictions can learn what works to protect at-risk communities.

12 **12.7. Programs and Services**

Activities*

1. Work with local health departments to better understand the concerns, barriers and needs of specific communities
2. Tailor COVID-19 content and materials, and develop community-specific solutions that will build vaccine confidence, including adaptation of vaccination sites to meet community needs.
3. Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
4. Collaborate with trusted messengers to tailor and share culturally relevant messages and materials with diverse communities; counter COVID-19 vaccine misinformation.
5. Monitor progress and evaluate outcomes from the local community work to identify effective practices that could be replicable in other jurisdictions.
6. Build capacity in communities to promote COVID-19 vaccine confidence through training to community organization serving at-risk populations.
7. Build partnerships with other organizations and stakeholders to improve efforts to protect communities and address COVID-19 vaccine information.

Process Measures*

- Develop criteria for identifying local health departments eligible to receive support
- Submit proposal to identify select number of sites to receive direct support to build vaccine confidence and develop community-specific solutions.
- Support staff in select sites to address vaccine hesitancy and protect communities at risk
- Process to identify community-level needs to tailor messages and content and develop community-specific solutions to build COVID-19 vaccine confidence
- Develop evaluation plan

Outputs*

- New partnerships with clinical and community organizations

		• Evaluation plan for work and dissemination of lessons learned to other jurisdictions • Completed needs assessment to identify gaps and opportunities for addressing COVID-19 vaccine misinformation
	Budget Period Outcomes*	Improved capacity to build COVID-19 vaccine confidence in communities at risk.
	Outcome Measures*	• New strategies developed at local health departments to build trust and confidence in the COVID-19 vaccine • New partnerships at local level

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 28/200 words maximum
	• Established experience working with local health departments as well as diverse stakeholders related to immunization • Qualified and experienced personnel to complete the activities listed in the project description
14	Applicant Program Experience:* 44/200 words maximum
	Applicant must demonstrate success working with local health departments and other immunization stakeholders. Applicant should have experience with disseminating best practices from local health departments to their membership.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 19/200 words maximum
	Recipient is expected to work collaboratively with public health partners, particularly those representing state, territorial, and local health departments.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 60/100 words maximum
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Equipping State Health Departments to Build COVID-19 Vaccine Confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

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$3,000,000 (Whole numbers only)
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- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
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11 Project Purpose : * 60/150 words maximum

State and territorial health departments are uniquely positioned to bring together diverse partners at the state, local, and community level who have a stake and the means to address COVID-19 vaccine hesitancy. This project aims to empower state and territorial health departments to serve as the linchpin between policy makers, local health departments, and communities to find communities at risk and counter vaccine misinformation.

12 **12.7. Programs and Services**

Activities*

1. Empower state health departments to bring together diverse stakeholders and partners across the states to build an effective approach to strengthening COVID-19 vaccine confidence and promote vaccine uptake.
2. Assess the needs of state health departments to ensure they have the resources and capabilities to identify communities at risk of COVID-19 disease and/or high COVID-19 vaccine hesitancy and work wth community organizations to counter vaccine myths.
3. Develop an organizational strategy for strengthening COVID-19 vaccine confidence and addressing the identified needs and gaps of state and territorial health departments.
4. Create tools or disseminate resources to support state and territorial health department vaccine confidence efforts, including best practices or examples of effective strategies
5. Empower vaccine recipients to share their personal stories and reasons for vaccination within their circles of influence.
6. Collaborate with trusted messengers to tailor and share culturally relevant messages and materials with diverse communities.
7. Empower leadership to serve as trusted messengers within state government for vaccine confidence efforts.
8. Build COVID-19 vaccine confidence, using strategies to improve capacity to find and protect communities at-risk and counter COVID-19 vaccine misinformation.

Process Measures*

- Engagement with partner organizations to improve coordination and collaboration to strengthen COVID-19 vaccine confidence.
- Needs assessment to identify state health department resources and capabilities to find and protect communities at risk and address COVID-19 vaccine misinformation.

Outputs*

- New resources and capabilities for state and territorial health departments to foster partner engagement on COVID-19 vaccine confidence issues

	• New collaborations to strengthen state and territorial health department capacity to identify and protect communities at risk • Report of needs assessment findings • Organizational strategy for strengthening COVID-19 vaccine confidence and addressing identified needs and gaps
Budget Period Outcomes*	• Improved capacity to build COVID-19 vaccine confidence in communities at risk. • Strengthened capacity to use partner relationships to protect communities at risk • Improved capacity to develop and implement strategy for strengthening COVID-19 vaccine confidence and addressing identified needs and gaps of state health departments
Outcome Measures*	Number of participants reporting improved capacity

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 30/200 words maximum

- Established experience working with state and territorial health departments as well as diverse stakeholders related to immunization
- Qualified and experienced personnel to complete the activities listed in the project description

14 Applicant Program Experience:* 46/200 words maximum

Applicant must demonstrate success working with state and territorial health departments and other immunization stakeholders. Applicant should have experience with disseminating best practices from state health departments to their membership.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 23/200 words maximum

Recipient is expected to work collaboratively with public health partners, particularly those representing state, territorial, and local health departments.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum

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BUDGET INSTRUCTIONS

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National COVID-19 response through contact tracing and state leadership engagement

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

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Intermediate

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Short-term

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- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 27/150 words maximum

The purpose of the project is to build state health department leadership and staff capacity to address the COVID-19 response within their jurisdiction, including critical work with contact tracing.

12

12.2. Leadership and Workforce Development

Activities*

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors

Crisis Response Support for States

- Plan, host and lead routine calls with state health leadership and other peer groups on topic specific and ad hoc issues related to the COVID-19 pandemic to identify solutions. This can include convening groups in a variety of formats to address the evolving needs of state health departments.
- Track just-in-time insights facing state health departments in collaboration with CDC and other partners
- Generate reports, stories and other outputs to communicate issues

Public Health Practice Agenda in the time of COVID

- Develop recommendations for SHD priorities for future responses, in collaboration with academic, governmental and thought leaders
- In collaboration with those convened, consider topics of contact tracing and community health workers, enabling and maintaining surge workforce capacity, workforce skills, role of quarantine, effective communication, administration during pandemic response, and distribution of resources to critical jurisdictions
- Prioritize recommendations

Process Measures*

Crisis Response Support for States

- Number of routine and ad hoc calls hosted
- Just-in-time summaries of key issues and related materials

	Public health practice agenda • Participants identified and convened • Initial summaries of priorities
Outputs*	**Crisis Response Support for States** • Meeting summaries • Issue documentation **Public health practice agenda** • Prioritized set of recommendations
Budget Period Outcomes*	• Increased opportunities for state health leadership to relay issues associated with the pandemic response, to better inform support received from national organizations and federal agencies • Improved understanding of the public health agenda for future responses by development of evidence base
Outcome Measures*	• # of opportunities provided to state health leadership to share state issues • # of states reporting a better understanding of the public health agenda
12.6. Laws and Policies	
Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors • Strengthen states' ability to flex their structures to rapidly absorb and apply federal funds to combat the COVID-19 pandemic as well as to adjust public health authorities. Consider a Learning Lab approach with national policy organizations to address policy and administrative improvements needed by states • Identify promising and evidence-based practices, success stories, example policy changes and organizational adjustments that improve the ability of the states to secure required human and other resources, monitor the varying community-level needs and rapidly deploy resources where needed. Share across states to facilitate shared learning. • DIstribute to SHDs, as well as external partners, which may include national organizations, federal partners
Process Measures*	• Number of meetings hosted with partner organizations • Number of resource documents developed from sessions • Number of policies developed and implemented by state health departments • Number of best practice guidelines developed and disseminated
Outputs*	• Results of policy and administrative options identified and documented for dissemination • Success stories, example policies
Budget Period Outcomes*	• Within the budget period, model examples of organizational and policy mechanisms to support states' rapid utilization of federal funds to respond to COVID-19 pandemic will be disseminated
Outcome Measures*	• # of state health departments that adapt organizational, administrative and policy changes to support their ability to utilize federal assistance urgently to address public health emergencies
12.7. Programs and Services	

Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors
	• Continuous learning as the evidence-base evolves with COVID19 with models that can be effective in supporting public health agencies with contact tracing and assess different approaches to support process improvement
	• Identify critical subpopulations where contact tracing efforts can be effective in limiting transmission and returning the population to work and to the classroom. This work stream builds off of the existing strong online training core coursework on contact tracing. Such efforts may target SHD staff, as well as atypical public health partners such as:
	  ○ Call Center staff
	  ○ Employers
	  ○ School-based personnel
	  ○ Data provisioners
	• Develop targeted contact tracing content associated with changes in the COVID19 pandemic response and available interventions. Such topics may include:
	  ○ Fluctuations in contact tracing workloads
	  ○ Public acceptance and trust in contact tracing efforts
	  ○ Funding for long-term versus short-term staff assignments
	• Develop registration and tracking tools
	• Generate monthly reports documenting contract tracing tool and training uptake and completions

Process Measures*	• Number of training course registrations and completions • Number of organizations that adopt the training course for their staff as primary learning source for contact tracing
Outputs*	• Training course developed, knowledge-based products

Budget Period Outcomes*	• Improved understanding of contact tracing among training attendees to support timely case notification efforts in a variety of settings
Outcome Measures*	• % of training attendees reporting an improved understanding of contact tracing as a result of completing training curriculum

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 66/200 words maximum

Recipient must play a critical role in the nations' preparedness for, response to, and recovery from large scale public health emergencies like the current historic COVID-19 pandemic. Recipient must have the capacity to provide methods for state and territorial health departments to identify recovery resources across a variety of sectors to advance efforts to create healthier, more resilient communities at the local level post COVID-19.

14 Applicant Program Experience:* 105/200 words maximum

The recipient is an experienced national organization and leaders in advancing contact tracing for COVID-19 through training, continuous learning and engagement with academic and public health partners to advance leadership for contact tracing workforce development and implementation considerations for emerging technological solutions. Building upon existing contact tracing coursework could include target groups of public health partners such as call center staff, employers, school-based personnel and data provisioners. Facilitates a national contact training collaboration which includes robust representation from federal, academic, and public health organizations across the country. The recipient is a leader among state and territorial health organizations that can coordinate across states and territories to address organizational, policy and administrative aspects to address evolving pandemic issues.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 79/200 words maximum

The recipient will leverage its collaborative relationships and work closely with other national organizations to align priorities at every level of COVID-19 response. The recipient will also have the capability to work collaboratively with other organizations to improve coordination of COVID-19 response activities between state, tribal, local, and territorial jurisdictions through a broader more integrated approach. Additionally, collaboration between the funded recipient and CDC's Technical Monitor will occur throughout the project lifecycle to inform communication and information needs.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum

- The recipient may subcontract with other organizations to complete project activities.
- The recipient will not be directed to subcontract with a specific organization.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 56/100 words maximum

- Personnel, fringe, equipment, supplies, contracts, etc. are allowable costs under this award. Research, clinical care are unallowable. Recipient should seek approval from TM for new costs.
- Recipient proposals should be scalable. If less funds are available, CDC and recipient will work together to revise and further prioritize activities in the workplan.
- Recipient is expected to spend down the funding received within the budget period.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021

You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

Print

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum

Strengthening local public health for refugee, immigrant and migrant communities

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

Target Population Category Descriptions

6 Description of the Target Population:* 3/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$6,000,000 (Whole numbers only)

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [x] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 53/150 words maximum

Support local health departments in developing, implementing and evaluating best and promising practices in working with refugee, immigrant and migrant communities in communicable disease and pandemic response, including COVID-19 prevention and mitigation strategies, testing, case investigation and contact tracing, and/or vaccination, including vaccine hesitancy and acceptance, for refugee, immigrant and migrant communities

12 **12.4. Communication and Information Systems**

Activities*	• Develop and/or disseminate linguistically and culturally-appropriate health communications and health education materials for refugee, immigrant and migrant communities, including for persons of low literacy and low English proficiency. • Use various media venues for dissemination of health communication and health communications messaging about COVID-19 prevention and mitigation strategies, testing, case investigation/contact tracing, and/or vaccination, including vaccine hesitancy and acceptance, for refugee, immigrant and migrant communities.
Process Measures*	• % of funded local health departments have access to a variety of health communication and health education materials for refugee, immigrant and migrant communities. • % of funded local health departments have determined which languages are spoken in their refugee, immigrant and migrant communities.
Outputs*	• Health communications and health education materials in multiple languages in a variety of formats (written, video, public service announcements, etc) developed and/or disseminated
Budget Period Outcomes*	• Improved capacity among funded local health departments to reach refugee, immigrants, and migrant communities with culturally and linguistically tailored health communications and health education materials in appropriate formats (written, video, PSAs, etc.) in response to COVID-19

Outcome Measures*	• % of local health departments distributing developed materials

12.5. Partnerships

Activities*	• Build LHD capacity to plan and implement partnerships with community-based organizations, grassroots organizations, community groups, faith-based organizations and/or trusted community leaders serving refugee, immigrant and migrant communities. Examples may include community health boards, community advisory committees, listening sessions with community members, groups and/or trusted leaders.
Process Measures*	• % of LHDs that identify community groups and partners serving refugees, immigrants and migrants in their jurisdictions • % of LHDs doing outreach to identified partners
Outputs*	• Local health departments and community-based organizations establish peer-to-peer information exchange about serving different refugee, immigrant and migrant commuities
Budget Period Outcomes*	• Enhanced community engagement with refugee, immigrant and migrant communities
Outcome Measures*	• % of local health departments establishing or enhancing partnerships to increase community engagement with refugee, immigrant and migrant communities

12.7. Programs and Services

Activities*	• Support local health departments to establish projects to develop, implement and/or evaluate best and promising practices related to COVID-19 health education, testing, case investigation/contact tracing, and/or vaccination, including vaccine hesitancy and acceptance, and other activities in refugee, immigrant and communities
Process Measures*	• % of local health departments with access to information and resources to support best and promising practices related to COVID-19 mitigation and prevention in refugee, immigrant and migrant communities
Outputs*	• Development and/or dissemination of resource toolkits and a compendium of best and promising practices for local health departments for working with refugee, immigrant and migrant communiites
Budget Period Outcomes*	• Increased understanding and establishment of best and promising practices projects for COVID-19 prevention and mitigation in refugee, immigrant and migrant communities
Outcome Measures*	• % of local health departments that develop, implement and/or evaluate best and promising practices projects for COVID-19 prevention and mitigation in refugee, immigrant and migrant communities

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 34/200 words maximum

The recipient should have technical skill and organizational structure to lead, assist and coordinate public health response programs with local health departments, including activities benefiting the same and different populations across multiple jurisdictions.

14 Applicant Program Experience:* 19/200 words maximum

The recipient should have expertise in working with local health departments in community engagement, capacity building, project development and evaluation.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 147/200 words maximum

The recipient should collaborate with partners with expertise in serving refugees, immgrants and migrants, including those with knowledge of best and promising practices in refugee, immigrant and migrant communities. Collaborations for local health departments should include organizations and partners serving refugees, immigrants and migrants. Possibilities include but are not limited to state refugee health coordinators, refugee resettlement agencies, non-governmental organizations, community-based organizations, grassroots organizations, faith-based organization and other community groups. Information about best and promising practices is available through the National Resource Center for COVID-19 Contact Tracing, Mitigation and Prevention Activities in Refugees, Immigrants and Migrants (NRC-RIM). Recognizing that migrant communities may be served by more than 1 local health department, some health departments may choose to work together to effectively serve 1 or more communities, such as migrants living and working in multiple jurdictions, or specific

	refugee communities living across multiple jurisdictions in the US.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum
	Maybe subcontract directly with community-based organizations to collaborate with local health departments
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Save and Close **Submit** Submit without sending an email

Submission Date: 01/05/2021 You will be directed to a confirmation screen upon successful save or submission.

/

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Supporting local health departments in reducing disparities in adult immunization

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$9,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 71/150 words maximum

CDC seeks to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage. The goal of this project is to support efforts to increase coverage for adults in racial and/or ethnic populations experiencing disparities in vaccination rates. Implementation will focus on improving flu vaccination coverage and COVID-19 vaccination coverage (when appropriate) among adults in racial and ethnic groups experiencing disparities.

12 **12.7. Programs and Services**

Activities*

The recipient should execute work in the focus areas described in this section, using and/or adapting a subset of the accompanying activities listed below. They may also enhance or add relevant activities to focus areas, as appropriate.

The recipient must select and subaward local health departments, which will undertake activities for all focus areas in part A. In support of those activities, the applicant must also undertake activities for all focus areas in part B.

A. <u>Focus Areas for Subawarded Local Health Departments</u>

During the performance period, the applicant is expected to identify and fund local health departments to implement flu vaccination-related activities now and COVID-19 vaccination-related activities, when COVID-19 vaccines become available. All funded local health departments are expected to implement activities in each of the following focus areas:

1. **Provide data and insights to CDC detailing barriers to vaccine uptake:** Work with communities to identify and address drivers of vaccine hesitancy, identify influential community messengers and partners, and support community-acceptable approaches for improving vaccination availability, accessibility, and acceptability;
2. **Equip influential messengers:** Educate and empower "trusted voices" in the community to support vaccine education and delivery; and
3. **Increase vaccination opportunities and enhance provider partnerships:** Build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination.

B. Focus Areas for Applicant

During the performance period, the applicant is expected to build and implement infrastructure or capacity for flu and COVID-19 vaccination activities and carry out those activities. This involves the identification of individual(s) within the applicant organization to address the following focus areas:

1. **Coordinate subawarded local health departments:** Coordinate and advise on vaccination activities with local health departments (described in part A);
2. **Deploy educational campaign:** Develop and implement a vaccination educational campaign focused on adults in racial or ethnic populations experiencing disparities as part of the applicant's other communications strategies; and
3. **Enhance the resource and evidence base: In coordination with the CDC,** collaborate with the Learning Hub, Data-Informed Technical Assistance, and Media Center to review, modify, and improve resources that can be more broadly shared, as appropriate.

The following list contains examples of possible activities. It is not an exhaustive list of all permissible activities.

Focus Area	Potential Activities
Part A: Subawarded Local Health Departments	
A.1. Provide data and insights to CDC detailing barriers to vaccine uptake: Work with communities to identify and address drivers of vaccine hesitancy, identify influential community messengers and partners, and support community-acceptable approaches for improving vaccination availability, accessibility, and acceptability	• Conduct surveys, interviews, town halls, or focus groups to identify drivers of vaccine hesitancy, influential messengers, and community-acceptable approaches • Document and share relevant learnings from events, conversations, or convenings with applicant organization (to share with CDC) • Respond to applicant's data calls to identify common drivers of vaccine hesitancy and collect other key information • Based on community interactions and learnings, share tangible insights, common challenges, and key lessons learned with organization leadership to inform CDC's and organization's strategies in addressing racial and ethnic disparities in vaccination
A.2. Equip influential messengers: Educate and empower trusted voices in the community to support vaccine education and delivery	• Support and leverage CDC's seasonal flu materials and COVID-19 resources in outreach to relevant groups and communities • Develop and implement community-based, culturally and linguistically appropriate messages that focus on the following: 1. Disease spread, symptoms, prevention, and treatment 2. Vaccine safety and efficacy 3. Vaccination purpose, need, and opportunities/locations 4. Similarities and differences between flu and COVID-19 (https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#anchor_1595599456) • Identify and train trusted community-level spokespersons (e.g., faith leaders, teachers, community health workers, radio DJs, local shop owners, barbers) to communicate the burden of flu and importance of flu and COVID-19 vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues • Support nonfunded local entities by sharing learnings and materials
A.3. Increase vaccination opportunities and enhance provider partnerships: Build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination	• Connect vaccination providers with places of worship, community organizations , recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barber shops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile flu and COVID-19 vaccination sites, especially in high-disparity communities • Connect local health departments, community health centers, and/or trusted healthcare organizations including pharmacies with communities through mobile flu and COVID-19 vaccination clinics in communities facing disparities • Advocate for dialysis centers, prenatal care centers, well-baby care clinics, family planning clinics, dentists, nursing homes, COVID-19 testing sites, and other specific providers or programs to deliver flu vaccines where patients are already seeking care for themselves or their family members • Organize events and mobile and/or temporary flu vaccination sites for as long as the flu vaccine is available, including during National Influenza Vaccination Week; these activities may be adapted for COVID-19 vaccination https://www.cdc.gov/flu/resource-center/nivw/index.htm • Build partnerships with health care providers to increase provider understanding of the populations of interest and interventions to increase vaccination rates for these populations • Work with vaccination service providers to expand the types of health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff (e.g., front desk workers) engaged in promoting vaccination and increasing referrals of individuals to flu and COVID-19 vaccination sites

Part B: Applicant	
B.1. Coordinate subawarded local health departments: Coordinate and advise on vaccination activities with local health departments (described in part A)	• Regularly convene project leaders from subawarded local health departments to provide technical assistance, discuss project goals and progress, address common challenges, and identify and mitigate risks in consistent and collaborative manner • Facilitate regular information updates (situational awareness) with, or on behalf of, CDC and the applicant organization to branches, chapters, or affiliates to ensure consistent awareness both at a high level and in the field • Ensure funded branches, chapters, or affiliates are carrying out focus area activities, as identified in part A • Establish a protocol for collecting communications materials, successful messaging strategies, and other resources developed at local level and sharing across the organization, with CDC, and with the Learning Hub, Data-Informed Technical Assistance, or Media Center, as appropriate • Adapt practices and resources developed/used by subawarded local health departments for other subawarded and non-subawarded local health departments to use • Conduct data calls to collect information from local health departments, as needed • Provide regular updates to CDC with lessons learned, recommendations, or common challenges
B.2. Deploy educational campaign: Develop and implement a vaccination educational campaign as part of the applicant's other communications strategies	• Identify and execute on opportunities to incorporate health, flu, COVID-19, and flu/COVID-19 vaccination messaging into existing organization communications campaigns and strategy, extending the reach of messaging beyond audiences targeted for vaccination-specific communications • Organize events and educational campaigns until the end of the influenza vaccination season or for as long as the flu vaccine is available, including during National Influenza Influenza Vaccination Week; these activities may be adapted for COVID-19 vaccination • Support and leverage CDC's flu, COVID-19, flu/COVID-19 vaccination, and other health materials for relevant groups

B.3. Enhance the resource and evidence base: Collaborate with the Learning Hub, Data-Informed Technical Assistance, and Media Center to review, modify, and improve resources that can be more broadly shared, as appropriate	• Modify or enhance resources such as toolkits, checklists, quick guides, etc., in collaboration with CDC, as appropriate
	• Collaborate with CDC to develop new materials and resources, as needed, based on observed common challenges and practices associated with flu vaccination and COVID-19 vaccination implementation and uptake that have been or are likely to be successful
	• Develop and synthesize strategies and messaging for local health departments working with community-level organizations to understand vaccine needs, perceptions, and community-acceptable approaches for reducing racial and ethnic disparities in vaccination, including:
	  ◦ Synthesizing practices, materials, and resources that have been or are likely to be successful across local entities' efforts for inclusion in the Learning Hub
	  ◦ Drawing on expertise, experience, and evidence base in racial equity, health equity, and/or community-level interventions, identify, document, and share the following:
	  ▪ Practices in messaging to and communicating with racial and ethnic groups experiencing vaccination disparities that have been or are likely to be successful
	  ▪ Practices in identifying and working with community-level organizations that have been or are likely to be
	  ▪ Learnings and insights from project implementation to inform CDC's long-term strategy in addressing disparities in vaccination rates
	• Contribute to and leverage Data-Informed Technical Assistance resources supporting outreach to and vaccine uptake among groups experiencing disparities
	• Document lessons learned related to sub-awarded local health departments' activities, including recommendations and/or common challenges
	• Evaluate the resources developed, incorporating input from key stakeholders

Process Measures*	• % increase in local health departments that receive resources and technical assistance • % increase in the number of resources available
Outputs*	• Co ordination, technical assistance, and other support for local health departments • Educational campaign • Established criteria for an impactful influencer • User-tested and culturally and linguistically appropriate messages, visual assets, and other communications materials • Education and communications campaigns • Recruitment campaigns and training for influencers • Educational modules, events, webinars, and convenings • MoU and partnership agreements with providers and community organizations • Mobile vaccination clinics and activities
Budget Period Outcomes*	• Increased range of trusted community voices supporting vaccine education and delivery • Increased availability of community or population-specific messages • Increased number and diversity of vaccination opportunities • Increased number of partnerships or collaborative activities between providers and community organizations • Increased range of partnerships or collaborative activities between providers and community organizations
Outcome Measures*	• Number and types of community-level spokespersons trained • Number and types of audience-tested and culturally and linguistically appropriate communication products developed to promote influenza vaccinations (e.g., social media post, email, radio spot) • Type(s) of communications vehicles or outlets used (e.g., social media platform, radio, television) • Number and types of events or campaigns held to promote influenza vaccination • Number of people who attended promotional events • Major successes for equipping influential messengers • Major challenges for equipping influential messengers • List of partners and their notable contributions • Number of temporary and/or mobile flu vaccination sites established because of partnerships • Number of people vaccinated at mobile flu vaccination sites • Location of temporary and/or mobile flu vaccination sites (e.g., county, neighborhood, community) • Number and types of educational campaigns conducted for providers or other healthcare professionals • Number and types of providers or other healthcare professionals reached through educational campaigns • Major successes for provider partnerships • Major challenges for provider partnerships

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 200/200 words maximum

Applicant must have established experience working with local health departments, as well as diverse stakeholders related to immunization. Applicant must have qualified and experienced personnel to complete the activities listed in the project description.

Applicant should have project management skills critical to implementing this approach, including: program planning, performance monitoring, financial reporting, budget management and administration, personnel management.

Applicant should describe that they have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

Applicant should demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Applicant should demonstrate their ability to fund subawardees quickly (i.e., within three weeks of receiving the award), including any needed administrative requirements (e.g., letters of intent, memoranda of understanding).

14 Applicant Program Experience:* 115/200 words maximum

Applicant must demonstrate success working with local health departments and coordinating with other immunization stakeholders. Applicant should have experience with disseminating best practices from local health departments to their membership, as well as any relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.

This should include experience with existing partnerships and engagement of communities of focus. This should also include a description in the narrative of the number and geographic distribution of local branches, chapters, and/or formally established affiliates.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 179/200 words maximum

This award builds on the work done through a supplement to CDC's Racial and Ethnic Approaches to Community Health (REACH) program. Currently, NCIRD is deploying funding to REACH recipients to implement focus areas aiming to increase flu vaccination coverage (and COVID-19, when appropriate) among racial and ethnic groups experiencing disparities. As a complement to the REACH work, CDC is also supporting a Learning Hub and Data-Informed Technical Assistance. The Learning Hub offers technical assistance, coaching, learning opportunities, and synthesized, organized resources. The data support services allow CDC and other partners to synthesize multiple data sources to inform decisions on identifying focus areas, segmenting populations, and tracking interventions and community-level progress. The applicant will build on REACH learnings and, based on their expertise and experience, will contribute to information and insights to both support services.

Applicant must describe intentions to collaborate with CDC in improving technical and program guidance and evaluation. Applicant must also describe capacity to participate in stakeholder meetings and other collaborative efforts with public health partners to provide expert consultation to CDC and CDC-funded programs (as requested).

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 91/200 words maximum

Approximately 90% of the award should be subawarded to local health departments, which will implement focus areas and activities in part A. Subawards to each local health department should not exceed $200,000. The applicant should propose subawardees in the application. Selection criteria should consider the local health department's administrative capacity to manage the award and implement focus areas and activities in part A. CDC will work with the awardee to determine additional selection criteria, especially pertaining to public health need in the population or area the local health department services.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 100/100 words maximum

Recipients may use funds only for program purposes, including personnel (including contracting), travel, supplies, and services (e.g., media buys). Recipients may NOT use funds for research, clinical care (e.g., vaccine supplies), or equipment (e.g., vehicles). Reimbursement of pre-award costs is not allowed. No funds may be used for 1) publicity or propaganda for preparation or use of any material related to the enactment of legislation before any legislative body; 2) salary/expenses of any grant/contract recipient/agent, related to any activity for influencing the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021

You will be directed to a confirmation screen upon successful save or submission.

Category B
CIO
Project Plans

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/10 words maximum
State-level epidemiology surveillance on the impacts of COVID-19 on women infants & vaccine knowledge attitudes

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 7/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State, tribal, local, and territorial epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$900,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

The purpose of the project is to advance public health surveillance and epidemiology in state health departments to address the ongoing COVID-19 pandemic and improve surveillance capacity to support vulnerable populations at risk for SARS-CoV-2 infection. In addition, there is a need to better understand COVID-19 vaccine knowledge and attiudes among pregnant and postpartum women. The project supports health departments 1) to collect timely state-specific information about impact and burden of COVID-19 among pregnant and postpartum women, 2) collect timely state-specific information about COVID-19 vaccine knowledge, attitudes, and experiences of women with a recent live birth including prevalence of COVID-19 vaccination, during, and shortly after pregnancy, and 3) to identify strategies to obtain accurate and more complete reporting of pregnancy status through timely data sources (e.g., electronic laboratory reporting) for COVID-19 pregnancy surveillance that would help to inform data to action. Project activities will specifically target epidemiologists working in maternal and child health surveillance.

12 **12.3. Data and Information Systems**

Activities*

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Provide technical assistance for state health departments interested in adding COVID-19 vaccine questions to their MCH surveillance programs
- Provide support and technical assistance to MCH epidemiolgists conducting COVID-19 pregnancy surveillance at state, local, territorial, or tribal health departments
- Place epidemiology fellows at state, local, territorial, or tribal health departments to support COVID-19 MCH surveillance activities.
- Prepare a webinar/conference session on examples of how epidemiologists have analyzed surveillance data related to COVID-19 for maternal and child health population
- Develop a template for a fact sheet/issue brief for state epidemiologists to use once they receive data.
- Convene workgroup of health department surveillance groups, including leadership and key stakeholders, to describe best practices and challenges in utilizing electronic laboratory for timely and complete reporting of pregnant women who have a positive COVID-19 test result.
- Identify health departments that can collect jurisdiction-specific, population-based data on experiences of women before, during and shortly after pregnancy.
- Implementation of a COVID-19 vaccine questions for maternal and infant health surveillance at the state level
- Convene meetings and notes with key stakeholders to capture experiences of with utilizing electronic laboratory reporting

	• The design, development, and implementation of COVID-19-specific maternal and infant health surveillance efforts at the state level.
Process Measures*	• Number of health departments identified to collect jurisdiction-specific, population-based data on experiences of women before, during and shortly after pregnsncy. • Number of meetings held and number of stakeholders participating in discussions regarding experiences with utilizing electronic laboratory reporting • Number of epidemiology fellows plated at health departments to support COVID-19 MCH surveillance activities.
Outputs*	• Presentation Guide for web-based sessions on strengthening epidemiologic data use • Fact Sheet and Issue Brief template provided to all participating state epidemiologists • Data on knowledge, attitudes, and experiences related to COVID-19 vaccination that can inform and improve immediate and long-term response planning for women with a recent live birth and their infants • Issue brief describing best practices, challenges, and opportunities to improve pregnancy status notification through electronic laboratory reporting to support MCH surveillance efforts
Budget Period* Outcomes	Improved epidemiologic capacity for states to monitor impact of COVID-19 and COVID-19 vaccine on maternal-infant health
Outcome Measures*	Metrics to track increase in capacity
12.5. Partnerships	
Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors: • Convene state health department MCH and epidemiology staff through virtual meetings to assess surveillance needs • Identify strategies to obtain accurate more complete reporting of pregnancy status through timely data sources • Establish a collaborative of state health department epidemiologists to implement an MCH COVID-19 vaccine supplement. • Provide technical assistance to state health department epidemiologists to implement COVID-19 MCH surveillance including a vaccine supplement. • Provide the resources and support for a partner to collaborate with health departments fielding maternal and infant surveillance to add questions on COVID-19 vaccine covering. Potential topics including, but not limited to: 1. COVID-19 vaccine knowledge, attitudes and practices among women with a recent live birth 2. Awareness and sources of information regarding COVID-19 vaccine
Process Measures*	• Number of convenings held and number of participants • Number of instances technical assistance is provided
Outputs*	• Data Sharing Agreement for use of the data by stakeholders and federal partners • Translation of data collected at the end of the project period to public health actions
Budget Period Outcomes*	Establishment of a multi-state network of states participating in a COVID-19 vaccine supplement for maternal health surveillance
Outcome Measures*	Increase in collaboration and partnerships to address surveillance needs during COVID-19 Pandemic.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 104/200 words maximum

The applicant should have established relationships with all state organizations in order to facilitate effective collaboration between MCH epidemiologists from selected health departments.

The applicant will need to have capacity to plan and provide logistical support for an in-person or virtual meeting, from approximately 52 participating sites. The applicant should have the capacity to provide detailed meeting minutes to the CDC within 2 weeks of meetings.

The applicant should have capacity through existing fellowship programs to place epidmeology fellows at state, local, territorial, and tribal health departments.

The applicant should have the ability to produce reports which synthesize the technical aspects of the project.

14	Applicant Program Experience:* 54/200 words maximum

1. Expertise in maternal and child health epidemiologic surveillance
2. Experience proving epidemiologic technical assistance to states in a virtual learning environment
3. Experience in data hosting and data sharing.
4. Experience disseminating analysis using multiple modes of communication
5. Experience in conducting a fellowship program to provide epidemiology fellows to directly support state, local, territorial, and tribal health departments

COLLABORATIVE WORK

15	Expectations for Collaboration, as applicable: 66/200 words maximum

The awardee will be expected to establish and provide technical assistance to MCH eidemiologists in state health departments. Furthermore, collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle; including, the CDC TMs will have involvement in the development of technical and training materials, providing technical assistance in conducting the data collection, and submitting the de-identified data transfer networks.

16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 38/200 words maximum

The awardee shall identify selected state health department MCH epidemiologists as participants through the RFP process that currently collects jurisdiction-specific, population-based data on maternal behaviors and experiences before, during and shortly after pregnancy.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 58/100 words maximum

Use of funds may include, but is not limited to, costs related to personnel time, providing computer hardware and software to the state health departments, providing technical support on data entry, collection, and dissemination, securing meeting space and audiovisual equipment, producing meeting materials, paying for meeting attendee travel, providing a meeting facilitator, and providing meeting transcripts.

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021

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Category C
CIO
Project Plans

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/10 words maximum
Accelerating accessability of infection control training for Asian and Pacific Islander American healthcare personnel

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es)

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

CBOs serving racial/ethnic minority communities

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☑	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☐	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☐	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 75/150 words maximum
	In fiscal year 2020, CDC launched Project Firstline, a new healthcare infection control training collaborative that seeks to provide training to U.S. healthcare workers. This project seeks to accelerate the availability of Project Firstline training materials to diverse healthcare worker populations, including Asian and Pacific Islander Americans, with an emphasis on providing training materials and live training in languages other than English, distributing the training materials using a variety of channels, and engaging additional partners and experts as part of the collaborative.
12	**12.2. Leadership and Workforce Development**
	Activities* • Inform the development of infection control trainings and associated collateral material for Asian and Pacific Islander American frontline healthcare personnel, including materials that are culturally appropriate and in the appropriate language for the target population(s) • ost virtual infection control trainings for frontline healthcare personnel within the target population(s)
	Process Measures* • Number and type of target populations identified, and associated languages for translation • Number and type of training materials and resources contributed to, adapted, or developed for each target population
	Outputs* • Infection control training materials that are culturally appropriate and in the appropriate languages for the target population(s) • Infection control training provided to target population(s) with real-time translation
	Budget Period Outcomes* • Strengthened ability to improve core and discipline-specific infection control competencies among the workforce by ensuring availability of information and materials in relevant languages
	Outcome Measures* • Number of participants completing healthcare infection control training, by target population • Number and type of healthcare infection control trainings offered, by target population Number and types of materials and resources developed and disseminated, by target population/language

12.4. Communication and Information Systems

Activities*	• Distribute infection control trainings and resources through web-based pla orms (e.g., dedicated websites and/or through partner social media channels) • Translate infection control training materials into language(s) that are appropriate for the target population(s) • Develop culturally appropriate messaging for the target population(s) when communicating about infection control trainings and resources
Process Measures*	• Number and type of infection control training materials or resources distributed • Type and frequency of distribution channels used • Number and type of materials translated into languages appropriate for the target population • Number of times web-based materials accessed
Outputs*	• Infection control training resources translated into language(s) appropriate for the target population(s) • Web-based infection control training resources for frontline healthcare workers in the target population(s) • Regular distribution of infection control training materials using a variety of networks and channels
Budget Period Outcomes*	• Improved capacity to use communication and information technology to share infection control practices and guidelines with target population(s)
Outcome Measures*	• Number and types of translated materials disseminated via web-based pla orms, by type of distribution channel used

12.5. Partnerships

Activities*	• Establish and/or strengthen partnerships with Asian and Pacific Islander American community-based organizations and/or individuals that can support project implementation and reach the target population(s) to meet infection control training needs • Participate in the Project Firstline collaborative, including through participation in meetings and other events, sharing of information, and contributing to collaborative infection control training activities • Distribute infection control training resources through partner networks and channels
Process Measures*	• Number of organizations and/or individuals engaged as implementation partners • Participation in recurring check-in meetings with CDC Project Firstline team • Participation in recurring meetings with the Project Firstline collaborative
Outputs*	• Identification and engagement of organizations or individuals as implementation partners • Collaborative activities with other Project Firstline collaborative partners (e.g., distribution of information about events hosted by other partners, distribution of materials developed by other partners, sharing of materials developed by the award recipient with other partners)
Budget Period Outcomes*	• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of infection control in healthcare • Strengthened capability to respond to public health infection control priorities collaboratively and strategically
Outcome Measures*	• Number of infection control training-related activities hosted by the identified implementation partners • Number of individuals reached by training-related activities, by target population

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 99/200 words maximum

The recipient organization should have the following organizational capacities:

- Experience implementing CBA projects
- Able to reach members of the target population through a variety of web-based and virtual communication channels
- Established partnerships with community-based organizations and individuals that can accelerate the availability of infection control training resources for Asian and Pacific Islander American frontline healthcare personnel
- Experience collaborating with racial/ethnic minority sectors of the healthcare and public health population
- Capabilities to build, maintain, and/or leverage a variety of communications pla orms, channels, and networks to widely distribute infection control training resources to Asian and Pacific Islander American populations

14 Applicant Program Experience:* 64/200 words maximum

The recipient organization should have the following program experience:

- Expertise – or access to expertise – in healthcare infection control
- Access to translation services
- A network of potential implementation partners, including community-based organizations, to extend the reach of infection control training activities for the Asian and Pacific Islander American target population(s)
- Ability to implement large-scale collaborative activities
- Ability to facilitate information sharing using virtual and/or distance-based formats

Ability to facilitate information sharing using virtual and/or distance-based formats

	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 73/200 words maximum
	Award recipients will meet regularly (e.g., biweekly) with CDC project staff and will meet regularly (e.g., biweekly) with all Project Firstline collaborative partners. Award recipients should be willing to participate in Project Firstline activities that involve other collaborative partners (e.g., sharing events hosted and products developed by other partners). Award recipients should plan to engage additional organizations and/or individuals as implementation partners (e.g., to host trainings and distribute training resources and materials).
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 41/100 words maximum
	Funds awarded can be used to support costs associated with project implementation, including, but not limited to, staff, supplies, materials, subcontracts, etc. Funds awarded should not be used for travel, given current CDC COVID-19 guidelines.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Addressing COVID-19 vaccine access and confidence among people with disabilities

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 20/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

The national network of AUCD s member centers in every state and territory, as well as key public health partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,250,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☐	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☐	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☑	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 72/150 words maximum
	This project aims to engage a national partner s network to facilitate COVID-19 vaccine conversations among members, identify barriers to vaccine accessibility, increase vaccine confidence, share credible COVID-19 vaccination information, respond to misinformation, translate information into accessible formats, and share success stories and lessons learned. The applicant will work to advance policies and practices that improve the health, education, social, and economic well-being of people with developmental disabilities and their their families.
12	**12.7. Programs and Services**
Activities*	1. Collaborate with CDC and key public health partners to have effective COVID-19 vaccine conversations, identify barriers to vaccine accessibility, and address vaccine misinformation among partners 2. Engage national network to make COVID-19 vaccine confidence visible, incorporating culturally appropriate approaches 3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation, conduct webinars using CDC-provided resources, and regularly convene members to support each other and address vaccine barriers and challenges. 4. Gather vaccine success stories from their membership and package them into formats for sharing throughout their network (e.g., case studies, lessons learned, etc.) and add shared content to a web repository 5. Translate and disseminate CDC-approved vaccine resources into alternative communication formats (i.e., ASL, braille, and extreme low literacy)
Process Measures*	• Number of barriers identified • Number of webinars and number of public health partners attending webinars • Number of regularly scheduled meetings and number of members participating • Number of success stories gathered and shared • Number of products translated and disseminated
Outputs*	• Direct engagement with key audiences about vaccine barriers and confidence • Webinars to engage members and/or train them to have effective vaccine conversations • Communication strategy to make vaccine confidence visible and address misinformation • Collection of success stories and promising practices • Translation and dissemination of CDC approved products into alternative communication formats
Budget Period Outcomes*	Improved accessibility to COVID-19 vaccines and increased vaccine confidence among people with developmental disabilities and their families.

Outcome Measures*	• Increased opportunities for vaccine collaboration among key public health partners • Improved access to COVID-19 vaccines • Increased trust and confidence in the COVID-19 vaccine • Increased products translated and disseminated in alternative formats

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 18/200 words maximum

Applicant must have members representing developmental and neurodevelopmental disabilities, through university-based interdisciplinary programs.

14 Applicant Program Experience:* 33/200 words maximum

Applicant must demonstrate success working with university and community partners and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 20/200 words maximum

Recipient is expected to work collaboratively with public health partners, universities, and communities.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 42/200 words maximum

Any proposed sub-contract work such as translating information into accessbile formats should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 60/100 words maximum

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Building Capacity of Community-based Organizations to Address COVID-19 Response Needs

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-Based Organizations (CBOs)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$40,000,000 (Whole numbers only)
◯ Funded ◯ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ◯ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 57/150 words maximum

To build the capacity of CBOs engaging in COVID-19 response efforts to better support the public health response across states, territories, large cities and tribal communities through recruitment, selection and onboarding of critical large-scale surge staffing program to meet immediate needs. These staff include but are not limited to public health generalists and health communication staff.

12

12.5. Partnerships

Activities*

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

- Continue to support surge staff hires to address COVID-19 response needs and work with jurisdictions to transition staff to health departments.
- Identify gaps in capacity to support public-private partnerships at the benefit of public health response to COVID-19.
- Build the capacity of CBOs to better support the public health approach through facilitating partnerships and providing targeted training and technical assistance.
- Develop content that highlights and promotes the impact of the surge-staffing efforts and CBO capacity building efforts to support the emergency response surrounding COVID-19.

Process Measures*

- Number of positions maintained to provide surge staff
- Number of public health agencies reporting priority gaps and needs in partnerships to address COVID-19 needs.
- Number of CBOs identified in prioritized jurisdictions with potential to support public health approach.
- Number of CBOs engaged with organizations to address capacity gaps to address COVID-19 response needs.
- Number of partnership- building opportunities among CBOs and local public health facilitated.
- Number of story packages, blogs, and social media posts by conducting interviews with health department, surge staff, and jurisdictions, collecting and producing supporting media (pictures, graphics, video, etc.), and obtaining release approvals.
- Number of communication tools to assist the capacity building efforts of CBOs and public health partners.

Outputs*

- Tools, position descriptions, staffing placement and other resources to support the COVID-19 surge staff

	• Tools, position descriptions, staffing placement and other resources to support the COVID-19 surge staff.
Budget Period Outcomes*	• Maintained public health capacity to address COVID-19. • Strengthen the capacity of CBOs to engage health stakeholders (community health centers, hospital systems, etc.) in addressing emergency preparedness and response needs. • Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health.
Outcome Measures*	• Increase in number of professionals hired with the capacity building and communications experience necessary to support emergency preparedness and response needs. • Agencies reporting increase in new partnerships and collaborations to address COVID-19 needs. • CBOs reporting increase in engagement in activity that strengthens their ability to qualify and quantify capacity needs related to public health activities in written communications. • Increased number of CBOs reporting improved capacity to forge partnerships to align with the public health response to COVID-19. • CBOs reporting increase in percent of reporting improved understanding of agency alignment with the public health response to COVID-19 in their jurisdiction. • Increased engagement with CBOs and local, state, tribal, and federal public health partners and enhanced understanding of the capacity- building opportunities and methods available to ensure important COVID-19 prevention messaging is received and acted upon and that locally- focused programs are launched to save and improve lives. • Increased communications and relationships established between CBOs and their local, state, tribal, and federal public health counterparts leading to strengthened local COVID-19 response efforts and messaging. • Agencies reporting increased awareness of how CBOs and state, local, and tribal Departments of Health are establishing and maintaining partnerships to strengthen COVID-19 response activities.
12.7. Programs and Services	
Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors: • Recruit & hire senior level staff to manage and oversee COVID-19 projects. • Support information sharing to address COVID- 19 program needs. • Maintain and transition Surge Staff across U.S. states, U.S. territories, large cities, and tribes for administrative and technical support of COVID-19 response efforts. • Train surge staff employees in public health basics, COVID-19, and contact tracing through established courses supported by CDC.
Process Measures*	• Number of surge staff positions retained or transitioned • Number of meetings held with CDC Response Staff and Management team to discuss jurisdiction COVID- 19 program needs and opportunities to address them. • Increase in number of field surge staff completing the CDC TRAIN training plan.
Outputs*	• Position descriptions. • Report on hires maintained and transitioned • Reports to provide regional updates on jurisdiction needs, promising practices, lessons learned, etc. from jurisdiction activities. • Report on number of CoAg staff who completed CDC TRAIN training plan, including number of trainings completed on COVID-19, public health basics, and contact tracing.
Budget Period Outcomes*	• Strengthened capacity and coordination for public health COVID-19 response.
Outcome Measures*	• Increased staff hired with the public health experience and established connections needed to improve the project's capacity through strategic partnerships with local, state, and federal leaders and partners, and Community Based Organization across the participating jurisdiction. • Improved understanding of public health capacity needs that can be addressed through surge staffing • Improved understanding of the benefits of surge staffing with jurisdictions. • Increased number of agencies supported to address jurisdiction COVID-19 needs through CoAg activities. • Trained public health surge workforce to address COVID-19.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 109/200 words maximum
	Applicant must show a demonstrated record of successful partnership development and interactions with nongovernmental organizations, as well as within the governmental public health community, which contributes to improving population health status in the US. Experience collaborating with a federal public health agency, identifying opportunities for collaborations and leading strategy to engage community-based organizations in realizing their abilities to support public health goals through resource mobilization, strategy development and quality program management. The ability to provide agile administration and operations to effectively address the capacity-building assistance needs of the targeted population and implement the activities outlined in this work plan, but also to demonstrate effective capacity and partnership building.
14	Applicant Program Experience:* 69/200 words maximum
	The applicant should have established relationships with State, Tribal, Local and Territorial programs for implementing emergency response in support of the national emergency response, COVID-19, as declared by the President on 13 March, 2020. Additionally, the applicant should collaborate with community-based organizations across states, territorial, large cities and tribal communities to effectively build capacity and partnerships through immediate and critical

	large-scale surge staff to address immediate response needs.

COLLABORATIVE WORK

15	Expectations for Collaboration, as applicable: 62/200 words maximum
	The Recipient will be expected to have extensive experience building partnerships between community-based organization and governmental entities. The Recipient will be required to provide technical assistance to state, tribal, local, and territorial leadership and workforce in health departments. Additionally, collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle to inform communication and information needs.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	• The recipient may subcontract with other organizations to complete project activities. • The recipient will not be directed to subcontract with a specific organization

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	• Personnel, fringe, equipment, supplies, contracts, etc. are allowable costs under this award. Research, clinical care are unallowable. Recipient should seek approval from TM for new costs. • Recipient proposals should be scalable. If less funds are available, CDC and recipient will work together to revise and further prioritize activities in the workplan. • Recipient is expected to spend down the funding received within the budget period.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

Added with Amendment 1

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Print

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Case-Control Studies of Community Exposures and Behavioral Risk Factors for SARS-CoV2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 2/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$750,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

	Strengthened core and discipline specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☐	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☐	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☐	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☐	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 130/150 words maximum

The purpose of this project is to build capacity at a community level to collect data that informs the COVID-19 response within community settings. A substantial portion of confirmed cases of COVID-19 may have no reported history of close contact with another COVID-19 case or high-risk exposure. This project will be conducted to fill a gap in building capacity to collect quick information about the prevalence of behaviors/community exposures among cases and similar demographics in the same area for comparison. The project aims to (1) build the capacity to identify behaviors and community exposures associated with increased risk of COVID-19 using community based data that are matched with cases (e.g. those who test positive for COVID-19) through case-control analytic methods (e.g., case-control studies). The project will provide resources on community exposures by matching key demographics (e.g., zip code, age, gender).

12 **12.3. Data and Information Systems**

Activities*

Development of a community-based case-control information: To investigate local behaviors and modifiable factors associated with recent transmission of COVID-19, community sites will be identified to conduct case-control studies using a local comparison for case-control data. CDC guidance for COVID-19 case investigation includes collecting key information to determine exposure history (known contact with a confirmed COVID case) and identifying high-risk environments (e.g., hospitals, long-term care facilities, correctional facilities, food processing plants). This effort will supplement what is collected through case investigations by collecting individual behavior, community exposure data and structural factors contributing to the increase in COVID-19 cases.

Build the ability to collect and report rapid community exposure information to inform the COVID-19 pandemic in local communities: This activity will build the capacity of community serving organizations to collect local level data using a case-cohort (i.e., screening) or case-control (test-negative) by providing resources to organizations that serve communities disproportionally impacted by high rates of COVID-19.

Develop local behavioral monitoring tools to assess COVID-19 exposures: This activity aims to develop a set of screening methods that can monitor behaviors over time that contribute to increases in COVID-19 cases in local communities. This work will improve community-level capacity to collect data and build information systems that contribute to monitoring and surveillance activities during the COVID-19 pandemic.

Process Measures*

- The number of case-control analyses conducted to assess the prevalence of individual behaviors, activities, and community exposures through in a population-based sample.
- The number of behavioral methods implemented that can be deployed using case and case-control approaches.

Outputs*	An application-based set of tools (e.g., survey screeners, case-control protocol methodologies, example analysis plans) that can be used by community based organizations and non-governmental agencies to collect, analyze and report the anonymized case and population data using the case-cohort or screening method to identify modifiable risk factors associated with COVID-19.
Budget Period* Outcomes	• Increased knowledge and reporting of the community exposures and behaviors that increase rates of COVID-19 in marginalized communities.
Outcome Measures*	• The number of data collection instruments developed that can report the prevalence of community exposure and behavioral risk factors among positive COVID-19 cases compared to community population respondents. • The number of summary reports of case-control findings, publication (s), communication, and policy statements that inform local public health COVID-19 mitigation strategies in critical populations groups.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 112/200 words maximum

The recipient should have the organizational capacity to develop national and local data collection that can be used in a case-control analysis that improves the capacity to collect data that informs the COVID-19 response. The organization should have the capacity to work with partners to provide action oriented data to identify how community exposures contribute to the disproportionate rates of COVID-19 cases in under resourced communities. The recipient is expected to have the capacity to deliver technical assistance, information sharing, technology transfer, and data reporting that enables organizations to implement behavioral surveillance that monitors the prevalence and disparities that contribute to increases in cases during the COVID-19 pandemic.

14 Applicant Program Experience:* 42/200 words maximum

The recipient should have experience in developing tools and data collection during the COVID-19 pandemic. This includes survey development, survey analysis, and report (s) or manuscript (s) development tailored to user needs.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 65/200 words maximum

The organization is expected to collaborate or contract with a partner with expertise in building capacity of community serving organizations to collect data that will inform the spread of COVID-19 in their communities, specifically for historically marginalized population groups. The partner should have an existing mechanism to collect data rapidly to inform the CDC COVID-19 through summary analyses.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 93/200 words maximum

Subcontractor(s) should be able to conduct advanced statistical analyses needed for a case-control study. Have experience in designing and implementing a case-control study. The subcontractor should have experience working with partners (including but not limited to elected officials, community health centers, hospitals) in collecting individual and community exposure data on factors that increase the risk of COVID-19 cases within communities. The subcontractor should have a survey mechanism to support communities collecting data for case negatives and case positive cases for comparisons.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round: COVID 2

Save and Close **Submit** Submit without sending an email

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
COVID-19 Protection for Essential Transportation Workers and the Riders They Serve

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Transportation professionals and decision-makers

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,300,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development	
Short-term	
☑	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☑	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☑	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☐	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☐	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☑	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☑	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☑	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 134/150 words maximum

The purpose of this project is to (a) enhance the capacity and resources of public transit and school transportation systems to protect their workers and riders in response to COVID-19 and other infectious disease public health emergencies and (b) increase the adoption of policies and practices regarding COVID-19 prevention and mitigation measures for public transportation workers and riders. This proposal targets essential workers and riders of urban public transit and rural school bus systems who have elevated risks of exposure to COVID-19 because of their frequent/close contact with the general public on public and school transportation systems. This proposal also targets decision-makers and agency and community leaders who can facilitate policy and system improvements to enhance preparedness and response to protect workers and riders with respect to COVID-19 and other infectious disease public health emergencies.

12 **12.2. Leadership and Workforce Development**

Activities*

1. Assist urban public transit and rural school transportation systems leaders with developing a transportation and COVID-19 health equity plan that identifies all workforce areas and tasks with potential exposures to COVID-19 and identifies control measures to eliminate or reduce exposures of workers and riders.
2. Provide support for leadership and workforce training to urban public transit and rural school transportation systems to improve competencies in implementing strategies that prevent and reduce transmission and maintain a healthy environment for workers and riders.
3. Provide training for transportation system decision-makers to reframe the way they think about transportation challenges experienced by workers and riders with respect to COVID-19 and to adopt new problem-solving strategies.

Process Measures*

1. Number of selected transportation systems with a plan that identifies all areas and job tasks with potential exposures to COVID-19 and identifies control measures to eliminate or reduce exposures of workers and riders.
2. Number of leadership and workforce training curricula adapted to public transit and rural school transportation systems that address correct and consistent use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe and reduce or prevent community COVID-19 transmission.
3. Percent of transportation system decision-makers among selected public transit and school transportation systems who participate in trainings to help reframe the way they think about transportation challenges and adopt problem-solving strategies for workers and riders with respect to

	COVID-19.
Outputs*	1. Up to 4 urban public transit and 6 rural school transportation systems with a transportation and COVID-19 health equity plan. 2. Transportation system leaders and workers trained in competencies related to correct and consistent use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe and reduce or prevent community COVID-19 transmission. 3. A training evaluation report that documents COVID-19 related challenges experienced by public transit and rural school transportation systems and problem-solving strategies to prevent and reduce the spread of COVID-19 workers and riders.
Budget Period Outcomes*	1. Selected urban public transit and rural school transportation systems will have developed a transportation and COVID-19 health equity plan to eliminate or reduce COVID 19 exposures among essential transportation system workers and riders. 2. Increased competency among transportation systems essential workers to identify and address correct use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe from COVID-19 transmission. 3. A training evaluation report that documents COVID-19 related challenges experienced by public transit and rural school transportation systems and adoption of problem-solving strategies to prevent and reduce the spread of COVID-19 workers and riders.
Outcome Measures*	1. of selected urban public transit and rural school transportation systems that will utilize a COVID-19 health equity plan to eliminate or reduce exposures of workers and riders. 2. of the leadership and workers of selected urban public transit and rural school transportation systems that will satisfactorily demonstrate increased competency among their essential workers to identify and address correct use of cloth face coverings, hand hygiene, physical distancing, cleaning and disinfecting environmental surfaces, and other community mitigation strategies to keep public transit and school transportation workers and riders safe from COVID-19 transmission. 3. of selected public transit and rural school transportation systems that have adopted one or more identified problem-solving strategies to prevent and reduce the spread of COVID-19 workers and riders.
12.4. Communication and Information Systems	
Activities*	1. Monitor and communicate current federal, state, and local public health messages about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems. 2. Use innovative communication strategies to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.
Process Measures*	1. Monitoring and communication of current federal, state, and local public health messages about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems. 2. Identification of innovative communication strategies to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.
Outputs*	1. A database resource or linkages to current federal, state, and local public health messages about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems. 2. A report of innovative communication strategies used to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.
Budget Period Outcomes*	1. Increased utilization of targeted information and media sources to communicate current federal, state, and local public health messages to transportation system stakeholders about COVID-19 regulations, guidance, and recommendations that apply to public transit and school transportation systems. 2. Improved utilization of innovative communication strategies and information technology capacity to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.
Outcome Measures*	1. of transportation system subcontractors reporting routine communication of current federal, state, and local public health messages about transportation-related COVID-19 regulations, guidance, and recommendations to reduce and prevent the spread of COVID-19 among their workers and riders. 2. of transportation system subcontractors utilizing targeted communication strategies to promote the adoption and maintenance of recommended approaches to protect workers and riders who use urban public transit and rural school transportation systems.
12.6. Laws and Policies	
Activities*	1. Based on current and reputable research and findings, provide COVID-19 prevention and transmission reduction strategies and recommendations to employers operating or seeking to resume operations of urban public transit and rural school transportation systems. 2. Based on current and reputable research and findings, develop guidance and recommendations for urban public and rural school transportation systems to prepare for and respond to infectious public health emergencies to protect workers and riders
Process Measures*	1. Number of written transportation system policies and practices developed regarding the wearing of cloth face coverings, physical distancing, non-punitive essential worker leave policies, or other COVID-19 community mitigation measures by urban public transit and rural school transportation systems and their workers and riders.
Outputs*	1. A report of new and improved written transportation system policies and practices regarding the wearing of cloth face coverings, physical distancing, non-punitive essential worker leave policies, or other COVID-19 community mitigation measures by urban public transit and rural school transportation systems and their workers and riders.
Budget Period	

Budget Period Outcomes*	1. Enhanced implementation or adoption of transportation system organizational policies related to: infection prevention, training, and screening essential worker sick leave policies (that are exible and non-punitive) or other community mitigation strategies to reduce or prevent local COVID-19 transmission among public transit and school transportation workers and riders.
Outcome Measures*	1. of selected transportation systems that demonstrate enhanced implementation or adoption of transportation system organizational policies related to: infection prevention, training, and screening essential worker sick leave policies (that are exible and non-punitive) or other community mitigation strategies to reduce or prevent local COVID-19 transmission among public transit and school transportation workers and riders. 2. of selected transportation systems that disseminate system-wide policies and recommendations to prepare for and respond to infectious public health emergencies to protect their workers and the public they serve. 3. improvement over baseline in observed and reported policies and practices such as the wearing of cloth face coverings, physical distancing, and adoption of other COVID-19 community mitigation measures by urban public transit and rural school transportation systems and their transit/bus workers and riders.

12.7. Programs and Services

Activities*	1. Identify U.S. urban public transit systems with moderate to high ridership and rural school transportation systems that are open or preparing to reopen relative to COVID-19 developments. 2. Use assessment findings to select up to 4 urban public transit and 6 rural school transportation systems to work with to enhance their capacity to protect workers and riders in response to COVID-19 and other infectious disease public health emergencies and adopt policies and practices regarding COVID-19 prevention and mitigation measures for their workers and riders. 3. Provide subcontracts to local transportation systems and community partners (e.g., school district leaders, local affiliates of national organizations, community-based organizations, nonprofit organizations, small town/rural health networks or coalitions, etc.) to develop or provide guidance, resources, tools, and strategies to reduce or prevent COVID-19 transmission on urban public transit systems and rural school transportation services and maintain a healthy environment for workers and riders. 4. Provide resources to implement feasible, practical, and acceptable strategies and approaches that riders can adopt for their protection when using urban public transit and rural school transportation systems. 5. Collect information that can be used to evaluate models, replicability, scalability, or projected return on investment (ROI) related to improved public transportation systems capacity and resources for COVID-19 and other infectious disease emergency preparedness and response.
Process Measures*	1. Number of criteria developed by the applicant organization to select transportation system subcontractors with a demonstrated history and capacity to develop and sustain multisectoral partnerships to work with transportation systems to reduce or prevent COVID-19 transmission on urban public transit and rural school transportation systems. 2. Number of urban public transit and rural school transportation systems identified to develop or provide guidance, resources, tools, and strategies to reduce or prevent COVID-19 transmission 3. Number of subcontracts offered to urban public transit and rural school transportation systems. 4. Number of resources, tools, and strategies provided by subcontractors to reduce or prevent COVID-19 transmission on urban or rural transportation systems and maintain a healthy environment for their workers and riders.
Outputs*	1. Compiled transportation systems data that identify a sample of urban public transit and rural school transportation systems for the purposes of this proposal. 2. A report that identifies type, roles, and responsibilities of multisectoral stakeholders and partners who are collaborating with selected urban public transit and rural school transportation systems. 3. A summary of workforce and ridership reach for implemented programs and services to reduce or prevent COVID-19 transmission on urban or rural transportation systems. 4. Subcontracts with up to 4 urban public transit and 6 rural school transportation systems to develop or provide guidance, resources, tools, and strategies to reduce or prevent COVID-19 transmission on their urban or rural transportation systems and maintain a healthy environment for their workers and riders. 5. Compiled data and information to evaluate models, replicability, scalability, or projected return on investment (ROI) related to improved public transportation systems capacity and resources for COVID-19 and other infectious disease emergency preparedness and response.
Budget Period Outcomes*	1. Improved capacity among urban public transit and rural school transportation systems to establish and maintain partnerships across transportation, community, and public health sectors to sustain effective emergency preparedness and response to infectious disease public health emergencies 2. Increased access to resources and services to reduce or prevent local COVID-19 transmission on urban transit and rural school transportation systems and maintain a healthy environment for transportation system workers and riders.
Outcome Measures*	1. of subcontractors demonstrating improved capacity to establish and maintain partnerships across transportation, community, and public health sectors to sustain effective emergency preparedness and response to infectious disease public health emergencies 2. of subcontractors implementing evidence-based community mitigation strategies or community-prioritized programs and services to prevent COVID-19 transmission on urban public transit and rural school transportation systems and maintain a healthy environment for their workers and riders.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 116/200 words maximum

Public transportation systems are considered essential during the COVID-19 pandemic. Women, school-aged children, members of racial/ethnic minority populations, persons with disabilities, and limited-English proficient populations are prioritized, as these population groups experience unique vulnerabilities during the COVID-19 pandemic, and they are also routine users of public and school transportation services. The demographics of bus drivers and riders are likely to mirror the demographics of the local populations. The applicant s organizational capacity refers to their potential to work with leaders of public transportation agencies, state/local decision makers, community experts, and priority populations to enhance and promote COVID-19 prevention guidelines and resources specific to essential workers and riders of urban public transit and rural school transportation systems.

and resources specific to essential workers and riders of urban public transit and rural school transportation systems.

14	Applicant Program Experience:* 66/200 words maximum
	The applicant s experience may include: knowledge of introduced or approved states legislation specific to transportation services and COVID-19 institutional commitment focused on infrastructure development and safe public transportation supporting transportation initiatives and projects at the local, regional, and national levels working with local leaders to improve transportation policies in urban and/or rural areas collaborating with departments of transportation and the capacity to support initiatives addressing COVID-19 related transportation challenges and culturally adaptable practices.

COLLABORATIVE WORK

15	Expectations for Collaboration, as applicable: 108/200 words maximum
	The applicant organization s collaborative work may include: (a) supporting and engaging stakeholders (i.e., transportation, health, and other government sectors, as well as individuals from private, voluntary and non-profit groups) in taking actions and responsibilities to improve the health and safety of public transit and school transportation workers and riders in urban and rural communities (b) leveraging the strengths of public transportation agencies/systems to establish and maintain shared capacity building in the community engagement process (c) an ability to clearly communicate defined individual and collective roles, responsibilities, and expectations of stakeholders and partners and (d) leading and facilitating environments that permit though ul conversations, honest feedback, active listening, and the merging of multiple ideas into solutions.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 199/200 words maximum
	Sub-contractual work by urban public transit and rural school transportation systems includes: developing a plan that identifies all areas and job tasks with potential exposures to COVID-19 and identifies control measures to eliminate or reduce exposures of workers and riders providing transportation workers with information, supplies, and health supporting services to reduce or prevent local COVID-19 transmission using the applicant organization and local guidance, resources, and tools for implementing strategies to reduce or prevent COVID-19 transmission requesting access to information, materials, supplies, and health supporting services that reduce the risk of spreading COVID-19 building organizational and systemic capacity to perform critical work more efficiently and strengthening infrastructure (policy development, allocation of resources, etc.) establishing and sustaining supportive collaborations and partnerships with individuals and multisector serving the community and riders building and maintaining shared capacity building engagement with communities to participate in the transportation decision-making process and developing a sustainability plan for infectious disease prevention strategies. Subcontractors may be selected from urban public transit systems (e.g., buses, subways, light rail, commuter rail, and trolleys) and rural school transportation systems and their community partners (e.g., school district COVID-19 Task Force, local affiliates of national organizations, community-based organizations, nonprofits, small town/rural health networks or coalitions, etc.).

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 31/100 words maximum
	$3.3M Award Total - $1,700,000 (Urban Transportation Systems, up to 4 subcontracts) - $1,000,000 (Rural School Transportation Systems, 6 subcontracts) - $600,000 (approx. 16) Applicant Organization Award

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
COVID-19 Public ealth Emergency Response and Vaccine Implementation Planning in UIOs

2 CIO:*

3 Division/Branch/Office/Unit:*

Enter other division, branch, office, or unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 15/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

41 Urban Indian Organizations

Note: Proposals should not build capacity for CDC or other federal agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 17/150 words maximum

This project will develop the capacity of Urban Indian Organizations (UIOs) in COVID preparedness and response and vaccine dissemination.

12 **12.1. Public Health Systems Infrastructure**

Activities*

1. **Provide 1:1 Technical Assisance to 75% of the UIOs on the development of emergency preparedness/response and/or mass vaccine implementation plans.**
2. **Hire and or contract with person/organization that has expertise with emergency preparedness/response and mass immunization that can provide TA; these are 2 distincts activities and the ablility to have 1 person who can do both unlikely.**
3. **Provide an acceptable template and reference documents/materials for the UIOs in collaboration with CDC**
4. **Review and comment on the plans.**
5. **Assist in identifying training needs of staff to successfully implement plan developed.**
6. **Share best practices with all UIOs and provide information on NCUIH website.**
7. **Provide CDC with copies of the plans.**

Process Measures*

PM1: number of UIOs that receive 1:1 TA
PM2: appropriate person hired/contracted to provide TA

PM3: template and reference materials sent to CDC and distributed to all UIOs

	PM4: percent of UIOs who send plans to NCUIH for review and comment and number commented on **PM5: # of potential trainings for emergency preparedness and mass vaccination/immunization activities** **PM6: number of UIOs that share best practices** **PM7: number of plans developed**
Outputs*	**O1: summary of TA activities by type of TA** **O2: Name(s) and CV of person providing TA and reviewing plans** **O3: template and reference materials sent to CDC and distributed to all UIOs** **O4: summary report of common threads identified in the reviews and comments** **O5: list of trainings** **O6: summary report of best practices via multiple venues including information listed on their public website, webinar, written documentation, etc..** **O7: Summary report of activities including documentation and plans developed**
Budget Period Outcomes*	Improved capacity to identify, prioritize, and customize UIO emergency preparedness/response and/or mass vaccination implementation plans to address public health needs
Outcome Measures*	**% of UIOs that have emergency preparedness/response plans and/or mass vaccination plans**

12.2. Leadership and Workforce Development

Activities*	1. **Develop training/resources for current UIO staff to develop skills needed to serve as public health emergency response /response leaders and/or mass vaccination leader during public health emergency response in collaboration with CDC** 2. **Provider training to appropriate staff across all 41 UOs** 3. **Provide TA/support to appropriate staff across all 41 UIOs on PH preparedness/response and mass vaccination implementation** 4. **Seek input from UIOs on additional needs around emergency preparedness and response (topics may include the need for COOP development, additional training for leaders/directors, etc.) and mass vaccination implemtation (additional topics may include how to triage during a mass immunization, vaccine/immunization data management, keeping people safe (both staff and those being vaccinated), etc..) and summarize** 5. **Share developed training resources on NCUIH's public facing website and with CDC**
Process Measures*	**PM1: # of training/resources developed** **PM2: # of UIO staff trained by UIO** **PM3: # of TA's provided** **PM4: # of responses when input is sought** **PM5: # of training and resources shared (#hits on website, # attend training, # of document downloads)**
Outputs*	**O1: copies of developed training and resources** **O2: training provided** **O3: Training for EP/R and/or mass vaccination implantation** **O4: Input requested and summary of the response** **O5: Training and resources shared with UIOs and CDC**
Budget Period Outcomes*	**Increased decision-making to address public health needs strategically and systematically**
Outcome Measures*	**% training attendees reporting an improved capacity to implement public health emergency preparedness/response and/or mass immunization plans.**

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13	Applicant Organizational Capacity:* 58/200 words maximum

	The recipient must have the the capacity to provide UIOs with training and technical assistance to help them implement and evaluate quality, accessible and culturally appropriate health care services for AI/ANs living in urban areas, on a variety of topics, such as: local partnership development, policies, procedures and operational needs, research and program planning, and implementation and evaluation.
14	Applicant Program Experience:* 48/200 words maximum
	The recipient must have existing relationships with a network of 41 Urban Indian Organizations. The recipient must have experience conducting needs assessment on public health topics, developing tools and resources, and facilitating trainings, both in person and virtually to meet the needs of UIOs
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 48/200 words maximum
	The recipient will need to caollaborate with the 41 UIOs and with a contractor who is an expert on emergency preparedness/response plan development and with someone who is an expert on mass vaccination/immunization in urban areas to achieve project goals.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 33/200 words maximum
	The successful applicant is expected to play a substantial role in implementing project activities. Subcontracting is permitted, as needed, to address specific technical needs associated with project activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 71/100 words maximum
	Recipient will be permitted to expend funds for project-related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreement. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Save and Close **Submit** Submit without sending an email

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

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Center for State, Tribal, Local, and Territorial Support
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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Electronic Case Reporting: Bidirectional Information Exchange between ealthcare and Public ealth

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

U.S. hospitals and health systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 136/150 words maximum

Electronic Case Reporting (eCR) is the automated generation and transmission of case reports from the electronic health record (E R) to public health agencies for review and action. eCR makes disease reporting from healthcare to public health faster and easier, moving data securely and seamlessly. This request focuses on ensuring a competent, current, and connected public health system through capacity-building assistance (CBA). Specifically, U.S. hospitals, hospital associations, and healthcare systems receiving CBA through existing partnerships, information sharing, and materials development. The recipient will assist the eCR program in recruitment of healthcare organizations to implement the automatic information flow from providers and clinical organizations, namely U.S. hospitals and health systems, to public health.This project will produce the following value: (1) More complete, accurate data in real-time (2) Earlier detection equals earlier intervention (3) Diminished burden on healthcare professionals, staff, and facilities and (4) Linkage of healthcare to population health.

12 **12.1. Public Health Systems Infrastructure**

Activities*	• Conduct tailored outreach and recruitment activities to state and other hospital associations and healthcare systems to begin implementing electronic case reporting in healthcare organizations. • Update and implement outreach strategic plan for onboarding (bringing on) healthcare systems currently not using electronic case reporting. • Identify barriers to healthcare system engagement and provide recommendations for overcoming barriers, building relationships, and improving direct outreach to specific healthcare systems and facilities. • Provide tailored outreach, collaborative CBA to healthcare systems in order to increase the number of sites implementing electronic case reporting
Process Measures*	Number of hospital associations and healthcare systems engaged
Outputs*	Updated outreach strategic plan Document overviewing identified barriers and recommendations for overcoming barriers
Budget Period Outcomes*	Increased number of sites implementing electronic case reporting
Outcome Measures*	Number of healthcare sites implementing eCR will increase 50 , thereby meeting the overall goal of rapid real-time data exchange between healthcare facilities and public

	health. This outcome measure directly strengthens the public health systems infrastructure.
12.4. Communication and Information Systems	
Activities*	Develop and disseminate tailored information for hospital associations and healthcare systems on tools, communication methodologies and information-related technology to healthcare facilities, systems, and state hospital associations.
Process Measures*	Establish and track metrics for successful communication reach
Outputs*	Content promoted through website, webinars, social media, blogs, and news stories that lead to successful eCR implementations
Budget Period Outcomes*	Increased value and benefits of eCR to healthcare systems and other partners
Outcome Measures*	Number of healthcare systems, state hospital associations and STLT public health agencies that received disseminated communication products or tools and proportion of healthcare systems, state hospital associations, and STLT public health agencies that requested more followup from the eCR team after receiving disseminated information
12.5. Partnerships	
Activities*	Outreach to partners to develop strategic and tactical measures to scale-up and achieve effective information exchange. Engage state hospital associations to recruit new healthcare systems for electronic case reporting. Encourage hospital administrators to support electronic case reporting efforts. Partners will collaborate to strengthen electronic case reporting practices and implementation in healthcare facilities. Facilitate and maintain relationships between healthcare providers, STLT public health agencies, and hospital associations across all states. Conduct webinars with state hospital associations, state health departments, and healthcare providers.
Process Measures*	Metrics to track partners contacted and healthcare systems recruited Number of webinars conducted
Outputs*	Enhanced collaboration and alignment among state hospital associations, state health departments, and healthcare systems. Report on identified barriers, facilitators, and improvements for electronic case reporting.
Budget Period Outcomes*	Enhanced learning and shared experiences with a network of implementers across states. Increased hospital administrator engagement and support of electronic case reporting efforts.
Outcome Measures*	Outreach efforts will result in at least 20 new healthcare organizations who are successfully implementing electronic case reporting and 50 of state hospital associations will be engaged in providing information and resources to healthcare systems within their state.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 94/200 words maximum
	The Recipient Organization will need to have the necessary infrastructure and support to collaborate with all existing and potential eCR partners. The organization will assist the eCR program in expanding the ow of information from providers and clinical organizations, namely U.S. hospitals and health systems, into public health. The organization will provide direct assistance for recruitment activities, strategic input utilizing expert knowledge of U.S. hospitals and health systems and achievement of communication goals. The organization must have the capacity to provide ongoing day-to-day support for the recruitment of healthcare providers, participant workgroups, communications, and outreach to existing and potential eCR partners.
14	Applicant Program Experience:* 79/200 words maximum
	The Recipient Organization must have national hospital/healthcare system expertise, have existing strong relationships with, and persuasively recruit hospital/healthcare systems to onboard to electronic case reporting. They must demonstrate an understanding of hospital associations and healthcare systems to inform and improve information-driven programs. The organization must have partnership and communications expertise to provide the level of direct assistance required to advance eCR nationwide. Because each STLT has specific requirements, the organization will be well versed in national hospital/healthcare policy development, legislative, regulatory, and judicial matters related to healthcare providers.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 106/200 words maximum
	The Recipient Organization must establish and maintain productive working relationships with healthcare providers/systems, their electronic health record vendors, the CDC, and other national partners working with laboratories and epidemiologists. The Recipient Organization is expected to engage at a high level with executives in the nongovernmental sector, to include hospital/healthcare system representatives at all levels and to ensure that collaboration is present in all decisions. The organization will at times interface with STLT public health agencies to ensure that nongovernmental jurisdictions can send electronic case reports to STLT public health agencies. The organization will collaboratively work with federal CDC electronic case reporting employees to ensure decision-making re ects national public health standards and is aligned with eCR communication strategy.

16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum
	Spending will align to achievement of Outcome Measures.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

/

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum

Engaging community organizations to strengthen COVID-19 vaccine confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

Target Population Category Descriptions

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,000,000 (Whole numbers only)

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

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- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 107/150 words maximum

As COVID-19 vaccine begins to roll out to essential workers and the general public, many communities are at risk from low vaccine coverage and the spread of vaccine misinformation. Reaching these communities requires effective engagement with community-based organizations, who can serve as credible, trusted messengers on the safety and effectiveness of COVID-19 vaccines for communities in a way that state and national organziations cannot.

This project aims to support community-based organizations to strengthen vaccine confidence and equip trusted local messengers to reach at-risk communities. The funded partner will identify and support promising community-based organizations that have credibility with key communities or groups to strengthen vaccine confidence.

12 **12.5. Partnerships**

Activities*

1. Fund community-based organizations to strengthen vaccine confidence.
2. Identify and implement innovative approaches to countering COVID-19 vaccine misinformation.
3. Educate and assist community organizations to serve as trusted messengers to promote COVID-19 immunization in at-risk communities.
4. Develop strategies to provide financial support and resources at the community level to address vaccine hesitancy and counter misinformation.
5. Support creative, science-based, trusted, community-based initiatives to educate high-risk communities about COVID-19 vaccination, such as hotlines and innovative communication materials.
6. Evaluate progress and develop lessons learned and share success stories to improve engagement with CBOs in at-risk communities.

Process Measures*

- Trainings held for community-based organizations
- Develop community-based partner engagement plan
- Identification and support for specific community-based partners in areas of high need and/or reach with key groups.

Outputs*

- Completed community-based partner engagement plan

	• Development of criteria for identifying community-based partners with promise for impact in strengthening COVID-19 vaccine confidence • Direct support of key community-based partners (e.g., small/mini grants) • Development and implementation of culturally appropriate resources or materials by funded organizations to reach groups at risk of COVID-19, vaccine hesitancy, or vaccine misinformation.
Budget Period Outcomes*	• New community-specific resources or materials for groups at risk • Completed strategy for engagement at the community level to support vaccine confidence
Outcome Measures*	• Engagement with increased number of community-based partners • Completion of evaluation of activities

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 27/200 words maximum

Recipient must have the capacity to complete the required activities, engage with diverse stakeholders and community-based organizations, and support a broad range of innovative, community-based projects.

14 Applicant Program Experience:* 34/200 words maximum

Recipient must have extensive experience engaging with community partners, supporting diverse projects in support of public health and immunization activities, and strong relationships with public health partners.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 13/200 words maximum

Recipient is expected to work collaboratively with public health partners and communities.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum

Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 56/100 words maximum

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 2

Save and Close **Submit** Submit without sending an email

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FY 20 CIO Project Plan

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum

Engaging Pediatric ealth Care Providers for Effective COVID-19 Vaccine Conversations

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric health care clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,000,000 (Whole numbers only)
◯ Funded ◯ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ◯ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
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10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

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Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

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- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

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Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

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- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

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- [ ] Increased capacity to evaluate laws and policies to affect health

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- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 78/150 words maximum

ealthcare providers are a critical and trusted source for information about adult and child immunizations. To build trust and empower healthcare personnel, healthcare providers play an essential role in boosting COVID-19 vaccine confidence. This project aims to engage pediatric health care clinicians to empower members and their patients to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and respond to misinformation on social media, and share success stories and lessons learned.

12 **12.7. Programs and Services**

Activities*

1. Empower members to have effective COVID-19 vaccine conversations and use motivational interviewing when needed – via webinars or online modules. Awardees can build off existing CDC resources and create new resources as appropriate.
2. Activate members to make COVID-19 vaccine confidence visible. Examples include gathering and sharing testimonials of members who have been vaccinated, video streaming their leadership being vaccinated, training members as media spokespeople on the topic of vaccine confidence and pitching media outlets to secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.
3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation on social media by identifying members who are already digital in uencers and those that would like to have a bigger social media presence, conducting webinars/trainings using a CDC-provided toolkit, and convening members in a learning collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos).

Process Measures*

- Number of members attending webinars/trainings
- Number of member testimonials shared
- Number of members participating in learning collaborative
- Number of success stories gathered and shared

Outputs*

- Trainings, webinars to train members to have effective vaccine conversations

	• Communication strategy to make vaccine confidence visible and address misinformation • Direct engagement with key audiences about vaccine confidence
Budget Period Outcomes*	Improved capacity to build COVID-19 vaccine confidence among healthcare providers and their patients.
Outcome Measures*	• Increased number of resources for providers to engage in effective COVID-19 vaccine conversations. • Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine • Increased opportunities for collaboration amongst membership

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 46/200 words maximum
	Applicant must represent pediatric health care clinicians. ave a strong membership throughout the country with local chapters or affiliates. ave qualified and experienced personnel with well-defined roles and responsibilities. ave the ability to partner with other healthcare providers that relate to adult and child immunization.
14	Applicant Program Experience:* 29/200 words maximum
	Applicant must demonstrate success working with pediatric health care clinicians and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 18/200 words maximum
	Recipient is expected to work collaboratively with public health partners and health care provider organizations.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 60/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.
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ADMINISTRATIVE

Project Plan Round	COVID 2

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Engaging Preventive Medicine Providers for Effective COVID-19 Vaccine Conversations

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Preventive medicine physicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
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○ Funded ○ Unfunded

8 Expected Length of Project:*
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- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
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Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

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10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 87/150 words maximum

ealthcare providers are a critical and trusted source for information about adult and child immunizations. To build trust and empower healthcare personnel, healthcare providers play an essential role in boosting COVID-19 vaccine confidence. This project aims to engage preventive medicine physicians to empower members and their patients to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and respond to misinformation on social media, and share success stories and lessons learned.

12

12.7. Programs and Services

Activities*

1. Empower members to have effective COVID-19 vaccine conversations and use motivational interviewing when needed – via webinars or online modules. Awardees can build off existing CDC resources and create new resources as appropriate.
2. Activate members to make COVID-19 vaccine confidence visible. Examples include gathering and sharing testimonials of members who have been vaccinated, video streaming their leadership being vaccinated, training members as media spokespeople on the topic of vaccine confidence and pitching media outlets to secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.
3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation on social media by identifying members who are already digital in uencers and those that would like to have a bigger social media presence, conducting webinars/trainings using a CDC-provided toolkit, and convening members in a learning collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos).

Process Measures*

- Number of members attending webinars/trainings

	• Number of member testimonials shared • Number of members participating in learning collaborative • Number of success stories gathered and shared
Outputs*	• Trainings, webinars to train members to have effective vaccine conversations • Communication strategy to make vaccine confidence visible and address misinformation • Direct engagement with key audiences about vaccine confidence
Budget Period Outcomes*	Improved capacity to build COVID-19 vaccine confidence among healthcare providers and their patients.
Outcome Measures*	• Increased number of resources for providers to engage in effective COVID-19 vaccine conversations. • Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine • Increased opportunities for collaboration amongst membership

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 40/200 words maximum
	Applicant must represent preventive medicine physicians. ave a strong membership throughout the country. ave qualified and experienced personnel with well-defined roles and responsibilities. ave the ability to partner with other healthcare providers that relate to adult and child immunization.
14	Applicant Program Experience:* 24/200 words maximum
	Applicant must demonstrate success working with preventive medicine physicians and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 16/200 words maximum
	Recipient is expected to work collaboratively with public health partners and health care provider organizations.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 55/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Engaging Women's Health Care Providers for Effective COVID-19 Vaccine Conversations

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Obstetrician-gynecologists and other women's health care providers

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 88/150 words maximum

Health care providers are a critical and trusted source for information about adult and child immunizations. To build trust and empower healthcare personnel, healthcare providers play an essential role in boosting COVID-19 vaccine confidence. This project aims to engage obstetrician-gynecologists and other women's health care providers to empower members and their patients to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and respond to misinformation on social media, and share success stories and lessons learned.

12

12.7. Programs and Services

Activities*

1. Empower members to have effective COVID-19 vaccine conversations and use motivational interviewing when needed – via webinars or online modules. Awardees can build off existing CDC resources and create new resources as appropriate.
2. Activate members to make COVID-19 vaccine confidence visible. Examples include gathering and sharing testimonials of members who have been vaccinated, video streaming their leadership being vaccinated, training members as media spokespeople on the topic of vaccine confidence and pitching media outlets to secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.
3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation on social media by identifying members who are already digital influencers and those that would like to have a bigger social media presence, conducting webinars/trainings using a CDC-provided toolkit, and convening members in a learning collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos).

Process Measures*

- Number of members attending webinars/trainings
- Number of member testimonials shared
- Number of members participating in learning collaborative
- Number of success stories gathered and shared

Outputs*	• Trainings, webinars to train members to have effective vaccine conversations • Communication strategy to make vaccine confidence visible and address misinformation • Direct engagement with key audiences about vaccine confidence
Budget Period Outcomes*	Improved capacity to build COVID-19 vaccine confidence among healthcare providers and their patients.
Outcome Measures*	• Increased number of resources for providers to engage in effective COVID-19 vaccine conversations. • Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine • Increased opportunities for collaboration amongst membership

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 53/200 words maximum

Applicant must represent obstetrician-gynecologists and other women's health care providers. Have a strong membership throughout the country with local chapters or affiliates. Have qualified and experienced personnel with well-defined roles and responsibilities. Have the ability to partner with other healthcare providers that relate to adult and child immunization.

14 Applicant Program Experience:* 38/200 words maximum

Applicant must demonstrate success working with obstetrician-gynecologists and other women's health care providers providers and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 16/200 words maximum

Recipient is expected to work collaboratively with public health partners and health care provider organizations.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum

Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 60/100 words maximum

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Improving Mental, Behavioral and Academic Supports to Students and Families

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

☐	Increased capability of public health systems to achieve nationally established standards
10.2. Leadership and Workforce Development	
Short-term	
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☑	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☑	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☑	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☑	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☑	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 39/150 words maximum
	The purpose of this request is to improve mental, behavioral, and academic supports to students, families, and school staff to support school systems in recovery from long-term, physical school closures as a result of the ongoing COVID-19 pandemic.
12	**12.4. Communication and Information Systems**
Activities*	1. Leverage current communications assets, including e-newsletters, social media, and other channels, to share CDC s COVID-19 related guidelines and resources for schools, parents, and families. 2. ost a COVID-19 tele-town hall that will: share feedback heard from parents, teachers, and administrators on the health and education issues associated with re-entry identify what parents require from school systems to have confidence sending their children back to school and share CDC guidelines address how schools are implementing and monitoring their re-opening success and address how schools will respond and communicate about a 3rd or 4th wave of COVID-19.
Process Measures*	1. Identify and ensure at least 50 of all major education, parent, and family-related agencies and organizations nationwide are added to current communications channels to ensure delivery of CDC s COVID-19 related guidelines and resources by July 2021. 2. Date and time of COVID-19 tele-town hall created by March 2021 invitations sent to at least 50 of all major education, parent, and family-related agencies and organizations nationwide for the COVID-19 tele-town hall by July 2021.
Outputs*	1. Documentation of CDC s COVID-19 related guidelines and resources specific to schools, parents, and familes via social media, e-newsletters, and other communication channels. 2. Formal report of COVID-19 tele-town hall that includes a summary of key findings and a participant evaluation.
Budget Period	

Outcomes*	For both Activities 1 and 2: • Increased support of school districts for implementing CDC-recommended COVID-19 mitigation strategies in schools. • Improved communication and information technology capacity to inform the public efficiently and effectively. • Strengthened capability to use communication and information technology to affect health decisions and actions.
Outcome Measures*	For all Budget Period Outcomes above: • At least 75 of schools, parents, and families identified and reached will increase their knowledge of COVID-19 related information. • At least 75 of schools parents, and families identified and reached will identify at least one CDC-recommended guideline or strategy to apply during or post-COVID-19 pandemic (or similar public health crisis).

12.5. Partnerships

Activities*	1. Engaging with school districts to provide real time monitoring of the school re-opening process by: providing them with resources and supports, including CDC COVID-19 school-related guidance and documenting how decisions are happening in real time, how families are engaged in and reacting to the new processes, and how districts are creating a feedback loop for administrators. 2. By May 2021, identify and reach at least 30 school districts in each state (and one in each territory and tribal nation) to work with to provide real-time monitoring of school re-opening process by July 2021 create a feedback loop with identified school districts to effectively communicated the activities described above.
Process Measures*	1. Number of resources distributed 2. Number of states, territories, and tribal nations identified 3. Number of school districts identified
Outputs*	Case studies document that can inform districts and states about their systems timeline, processes, priorities and budget for this pandemic and any health crisis moving forward.
Budget Period Outcomes*	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health Increased support of school districts for implementing CDC-recommended COVID-19 mitigation strategies in schools Increase in formal partnerships between school districts and community or non-profit organizations providing mental health and other health services.
Outcome Measures*	At least 50 of school districts identified and reached will apply successes, challenges, and lessons learned from other school districts and state education agencies to better plan for COVID-19 (or similar) crisis affecting their normal activities.

12.6. Laws and Policies

Activities*	1. Develop guidance for school systems on how to effectively engage and integrate families into decision-making processes pre-, during, and post-crises, such as COVID-19 in order to better support students overall health and well-being.
	    1. By May 2021, create outline of guidance based on syntehsized findings from selected surveys and related input
	    2. By June 2021, integrate findings from COVID-19 tele-town hall into outline for formal development.

Process Measures*	1. Number of strategies developed to guide school systems on engaging with families pre-, during, and post-crises
Outputs*	Guidance for school systems on how to effectively engage and integrate families into decision-making processes pre-, during, and post-crises. such as COVID-19 in order to better support students overall health and well-being.
Budget Period Outcomes*	Increased support of school districts for implementing CDC-recommended COVID-19 mitigation strategies in schools.
Outcome Measures*	At least 75 of of all major education, parent, and family-related agencies and organizations nationwide will support implemention of at least one CDC-recommended mitigation strategy in schools.

12.7. Programs and Services

Activities*	1. Strengthen school/community solutions to address the mental and social health of families, teachers, and school communities during COVID-19 through resource development, grant opportunities, and elevating best practices. 2. Address the needs of children with special health care needs/disabilities and their families, who may be more at-risk/in vulnerable situations as a result of the COVID-19 pandemic, through resource development, grant opportunities, and elevating best practices.
Process Measures*	For both Activities 1 and 2 above: • By April 2021, create a document that outlines the blueprint for resource development, grant opportunities, and elevating best practices. • By June 2021, create at least three tools and resources for families to locate mental health and other health services for children and families. • By July 2021, create at least one model for addressing the mental and social health of a community using best practices. • By July 2021, create at least three grant opportunities for addressing the needs of children with special health care needs and/or addressing the mental and social health of a school community as a result of COVID-19.
Outputs*	

Outputs	For both Activities 1 and 2 above: • Development of tools and resources for families to locate mental health and other health services for their children and families. • Development of school- and/or community-based models for addressing the mental and social health of a school community. • Development of school- and/or community-based grant opportunities for addressing the mental and social health of a school community.
Budget Period Outcomes*	For both Activities 1 and 2 above: • Increase in formal partnerships between school districts and community or non-profit organizations providing mental health and other health services. • Increase in district-wide mental health and other health promotion activities (e.g., infectious disease prevention and control, positive school climate, mental health education/literacy).
Outcome Measures*	For both Budget Period Outcomes above: • At least 50 of identified and reached school districts and surrounding communities will increase their ability to provide appropriate mental health and other health services to children and families, especially needs resulting from the COVID-19 pandemic.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 53/200 words maximum

Preferred organizational capacity includes: the ability to support states and locals to respond to and contain COVID-19 ability to synthesize large volumes of data, particularly innovations around data integration and communications, including but not limited to, outreach to both at-risk and vulnerable populations as well as populations that may benefit from innovation or intense campaigns (i.e. young populations).

14 Applicant Program Experience:* 50/200 words maximum

Preferred program experience includes: prior history of working with DAS , particular DAS s Program Development and Services Branch experience working with multi-sector, community-based organizations to improve public health outcomes experience in implementing public health activities in rural as well as urban settings and documented engagement in community-based participatory research efforts.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 45/200 words maximum

Both the Division of Adolescent and School ealth in NC STP and the Division of Population ealth in NCCDP P (via its School ealth Branch) directly fund local school districts and state departments of education respectively. As such, this recipient may collaborate with these two Divisions as appropriate.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 79/200 words maximum

There is an expectation for a significant amount of work for one subcontractor for this project, based on its unique approach to public health via schools. A contractor should have at minimum the following qualifications: ability to easily reach key leadership in schools/school districts in all 50 states and US territories ability to connect with (or are themselves) parent/family organizations with specific interests in schools and knowledge of how to work with schools from a public health perspective.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 29/100 words maximum

In general, funds should be used for personnel, fringe benefits, travel, supplies, contractual, other, and indirect. The funds should not be used for direct health services.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Improving Minority Physician Capacity to Address COVID-19 Disparities

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 16/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Physicians

Note: Proposals should not build capacity for CDC or other federal agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [x] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [x] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [x] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 137/150 words maximum

This project is targeted to create scalable care coordination pilots involving solo or small group racial and ethnic minority (African American/Black, ispanic, Asian American, Native American, Pacific Islander) physician practices that can accelerate their capacity to implement COVID-19 prevention, testing, and vaccination strategies within racial or ethnic minority communities. The intent of these models is to increase physicians ability to make COVID-19 resources available to their patients. These models will be targeted to 1) improve health outcomes from COVID-19 in racial and ethnic communities disproportionally affected by COVID-19, 2) identify policies to support care coordination of social needs and social determinants 3) improve care coordination that may lead to improved health and cost outcomes within value-based payment models. The physician practices will be expected to work with local health organizations to ensure the collection and reporting of timely, complete, and representative racial and ethnic population data to inform their interventions.

12 **12.2. Leadership and Workforce Development**

Activities*	Applicant will engage with jurisdictional public health partners and identified physician practices to identify mutual opportunities for the care team and public health partners to improve equity in healthcare delivery.
Process Measures*	Number of physician practice-public health systems that develop opportunities for collecting representive racial and ethnic patient data as well as using community-level public health data to inform clinical decision making and to address community public health needs
Outputs*	Compendium of clinical-community-public health services identified that are focused on reducing health disparities and addressing negative consequences of mitigation strategies
Budget Period Outcomes*	Increased ability of clinical providers to engage with public health partners to ensure the delivery of public health essential services to support COVID-19 mitigation efforts for racial and ethnic minority communities
Outcome Measures*	Number of physicians reporting increased engagement with public health partners in collaboration to mitigate COVID-19 in racial and ethnic minority

Measures	Number of physicians reporting increased engagement with public health partners in collaboration to mitigate COVID-19 in racial and ethnic minority communities

12.5. Partnerships

Activities*	1. Applicant will identify and actively partner with minority-serving physician medical associations that re ect the physician and patient demographics of jurisdictions identified most at risk for COVID-19. These minority physician organizations will partner with the applicant to inform the Applicant s sub-contract selection of 20 care coordination pilots between physician groups, jurisdictional community health collaboratives, quality improvement organizations, and public health partners. 2. Applicant will utilize the expertise and input of state and local chapters of these minority-serving physician organizations to accelerate the capacity of pilot practices to implement CDC standardized guidance and protocols to address underlying medical conditions that put minority communities at risk for more severe outcomes from COVID-19. 3. Applicant will also engage and utilize the expertise and assistance of jurisdictional public health agencies and jurisdictional quality improvement organizations to support data collection and social needs navigation as part of the Applicant s effort to support the identified practices and concomitant patient needs. The Applicant and these partners are to create scalable models in accordance with CDC guidance and quality improvement initiatives, especially for the use by independent or small group physician practices that serve large minority populations.
Process Measures*	1. Number of minority-serving physician medical associations identified to partner with 2. Number of subcontract executed with physician groups, jurisdictional community health collaboratives, quality improvement organizations, and public health partners 3. Number of innovative practices identified, as well as barriers to pilot implementation, outcomes for monitoring progress and other key elements as identified by the applicant and CDC
Outputs*	1. Innovative pilot practices in COVID-19 prevention, testing, mitigation care coordination management that can be scaled for further implementation. 2. In-depth case studies of clinical-community models implemented that improved population health care coordination strategies, and including health and cost outcomes in racial and ethnic communities disproportionately affected by COVID-19. 3. Recommendations for implementing or scaling practices, policy recommendations, change management strategies and resources. 4. Identification of a roadmap or framework that includes the identification of findings from national physician organizations that have as their operating mission the recognition of the COVID-19 and health disparities that exist among the broad population of ethnic and racial minorities. 5. Identification of innovative practice quality improvement practices as well as policies to mitigate barriers to pilot implementation, outcomes for monitoring progress, and other key elements as identified by the pilot sites, the applicant and CDC. 6. Submission of a summary report to CDC that will include recommendations for public health agencies partnership activities that are designed to accelerate investments into population health care coordination activities that will mitigate health disparities from COVID-19 7. Summary recommendations to inform public health, community health service partners, and physician practices to improve COVID-19 mitigation, testing, and reporting efforts to address racial and ethnic disparities related to COVID-19 as part of a health equity strategy. 8. An emergency response care coordination roadmap or framework including recommendations that can help inform public health, community health service partners, and physician practices to improve data collection efforts to address racial and ethnic disparities related to COVID-19.
Budget Period Outcomes*	1. Participating minority physician organizations and associated physician practices, especially by independent or small group minority physicians that serve large minority populations will have increased capacity to implement standardized COVID-19 prevention, testing, and mitigation protocols in accordance with CDC guidance and quality improvement initiatives. 2. Increased capacity by minority physician practices to use data to connect patients with public health and community resources that can help populations with underlying medical conditions adhere to their care plans , including help addressing social needs and social risk factors such as getting extra supplies, medications, and support for adherence to COVID-19 mitigation actions. 3. Increased capacity by minority physician practices to participate in data collection systems that monitor race, ethnicity, social risk and social needs information in order to inform care management strategies within value-based payment models. 4. Increased participation and acceptance of COVID-19 mitigation and care strategies by patients within the jurisdictional minority population community.
Outcome Measures*	1. Number of SARS-CoV-2 testing sites in communities at moderate (yellow), significant (orange), and high (red) levels of community transmission. 2. Percent increase in testing to identify individuals with SARS-CoV-2 infection and limit transmission and outbreaks. 3. Percent increase in access to SARS-CoV-2 vaccination sites in communities at moderate (yellow), significant (orange), and high (red) levels of community transmission. 4. Percent increase in vaccination in communities at moderate (yellow), significant (orange), and high (red) levels of community transmission 5. Percent of physicians who serve racial and ethnic minority patients reporting an increased capacity to effectively implement mitigation strategies among populations at increased risk for severe COVID-19 illlness. 6. Percentage of clinical partners reporting an increased ability to work with the public health system, with a priority on state, tribal, local, and territorial health departments, to deliver evidence-based strategies for preventing COVID-19 among populations at highest risk

12.6. Laws and Policies

Activities*	1. Review existing CDC health and cost impact models e.g. Community Navigator, Social Vulnerability Index and applicable Centers for Medicare and Medicaid Services model projects such as Accountable ealth Communities, VBID or value based care coordination models to identify inputs for health and cost mitigation strategies. 2. Conduct brief literature review of recent innovative policies and practices in care coordination addressing social needs and social determinants implemented by minority physician serving organizations, community collaboratives and/or provider organizations.
Process Measures*	1. Percent increase in the number of physician practices identified as engaging in implementation of policies and systems change strategies to improve care coordination and value based care. 2. Percent increase in the number of physician practices that are able to reach disproportionately impacted populations with effective culturally and linguistically tailored programs and practices for COVID-19 prevention, testing, contact tracing, mitigation, vaccination and other healthcare strategies across populations placed at increased risk and in place-based settings. 3. Percent increase in the number of physician practices that are able to establish partnerships with state and local public health policy organizations affiliated with minority populations of focus to develop both 1) evidence-based strategies for preventing COVID-19 among populations at highest risk and 2) policies and practices that improved the management of underlying health conditions that contribute to severe COVID-19 illness.

Outputs*	Completion of an analysis of policy and systems change strategies identified in the environmental scan and the request for information on innovative strategies.
Budget Period Outcomes*	1. Strengthened capability to systematically apply and use laws, policies, and systems change strategies to improve care coordination and decreased total cost of care 2. Improved ability to articulate the effect of these policy issues on community health and community health costs that will in uence the health competitiveness and health equity of that community. 3. Increased capacity to evaluate laws and policies to affect health improvement and health equity.
Outcome Measures*	1. Number of physician practices reporting the implementation of policies to improve care coordination and the cost of care 2. Percent increase in the number of physician practices having policies that support improved population health, health equity and improved COVID 19 outcomes 3. Percentage of physicians reporting an increased ability to identify policies that in uence the health competitiveness and health equity of the community
12.7. Programs and Services	
Activities*	1. Conduct environmental scan of minority physician organizations existing programs and provide technical assistance to identify considerations for COVID-19 prevention, testing, mitigation support strategies that decrease transmission of COVID-19 in minority physician practices and communities. 2. Identify practices that implemented innovative practices designed to address social needs and risk factors that impact total costs of care in value based payment models while still providing equitable care.
Process Measures*	1. Number of model community pilots created (20) 2. Number of technical assistance resources developed or tailored 3. Number of innovative practives designed/adopted
Outputs*	Creation and dissemination of resources covering a multi-sector approach to engaging public health and physician organizations, to invest in population health approaches for care coordination.
Budget Period Outcomes*	1. Target physician practices will report an increase in their capacity to engage with identified best practices. 2. Targeted physician practices will be able to demonstrate 1) improved health outcomes from COVID-19 in racial and ethnic communities disproportionally affected by COVID-19, 3. Physician practices will be able to improve care coordination models with a health equity focus that may lead to improved health and cost outcomes within value-based payment models. 4. Ability to identify with CDC s assistance, specific chronic conditions and health behaviors from within CDC population health por olio and aligned to the COVID-19 ealth Equity Strategy, that result in care coordination models that address how social needs and social determinants need to be addressed to positively impact the implementation of care coordination within value based payment models
Outcome Measures*	1. Percent of physicians who can identify best practices for COVID-19 prevention, testing, and mitigation in minority physician practices and communities 2. Percent change in key health outcome statistics for COVID-19 in racial and ethnic minority populations

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 195/200 words maximum

The applicant should have the demonstrated capacity and experience to engage with, and coordinate project activities with racial and ethnic minority physician organizations and community-based organizations who utilize CDC evidence-based prevention interventions that positively impact health and cost outcomes for underlying medical conditions disproportionally affecting racial and ethnic minority communities. Applicant should have demonstrated capacity to provide technical assistance regarding COVID-19 prevention, testing, and other mitigation strategies within racial and ethnic minority communities with a health equity focus. Applicant should have demonstrated experience and capacity in collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups. Applicant should have documented and demonstrated experience providing technical assistance to physician practices regarding health behaviors and chronic disease conditions as part of a care coordination approach within value-based healthcare payment models. This capacity should be internal to the Applicant and the Applicant should have existing documented partnerships with other entities that reach these minority physician practices. Applicant should have documented and demonstrated experience developing key resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency.

14 Applicant Program Experience:* 163/200 words maximum

The applicant should have experience that demonstrates the requisite organizational capacities outlined above as well as should have a clear plan for engaging partners/ quality improvement and data collection sub-contractors who have demonstrated experience/expertise in working with minority physician and other community services focused on racial and ethnic minority community health-related social needs. Specifically, the applicant should have experience coordinating and managing projects that involve iterative engagements with physician practices and producing models within short-term project periods.

The applicant (and/or any proposed partners and subcontractors) should also have demonstrated experience translating and packaging public health science

	The applicant (and/or any proposed partners and subcontractors) should also have demonstrated experience translating and packaging public health science and promising practices for minority service health providers, and community based service provider stakeholder groups eg regional or local community health coalitions. Finally, the applicant should have experience providing technical assistance to entities (e.g, health providers, and community based service provider stakeholder groups), pursuing population health and health equity efforts, particularly those directed towards identifying innovative ways to address population health determinants that affect improved health and cost outcomes of population health.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 76/200 words maximum
	It is expected that the awardee will collaborate with CDC to plan multiple models with minority physician providers and minority serving physician stakeholder groups. Applicant is expected to collaborate with CDC and minority-serving physician medical associations that re ect the physician and patient demographics of jurisdictions identified most at risk for COVID-19 to create CDC s identified deliverable materials to meet the needs of these groups.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 110/200 words maximum
	The applicant is encouraged to subcontract with minority-serving physician organizations to address applicant gaps in experience or capacity, or for added value to further project activities. The applicant should consider the following when selecting subcontractors for technical assistance as well as for pilot participation: subcontractors experience in providing technical assistance regarding evidence-based clinical treatment guidance subcontractor s experience in serving minority physicians subcontractor s clinical experience in serving racial and ethnic minority populations subcontractor s experience with the use of clinical-community interventions in value-based payment models and subcontractor s experience providing technical assistance to minority physician practices supporting the practices collection of disaggregated data to support clinical decision making and quality measures/performance measurement.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 69/100 words maximum
	Applicant is encouraged to allot funds towards the subcontracting process for minority serving physician organizations to address gaps in the Applicant s ability to provide technical assistance regarding project activities, as well as to allot subcontracting funds for the 20 pilot practices to support accelerating these practices capacity to implement COVID-19 prevention, testing, and vaccination strategies within racial or ethnic minority communities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Added with Amendment 1

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Monitoring of COVID-19 Mitigation through Community Case Studies

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 93/150 words maximum

The purpose of this project is to build community public health capacity by increasing the ability to rapidly gain insights into mitigation behaviors related to COVID-19 within specific community subgroups. Specifically, to fill a data gap in the public health system capacity to better understand structural and contextual influences that place particular populations at heightened risk of the disease (e.g., community-wide resistance to recommended mitigation behaviors). Understanding these behaviors builds jurisdiction capacity to conduct public health monitoring and surveillance of the COVID-19 pandemic and inform decisions on mitigation implementation, disseminate lessons learned and provide tools to support these efforts.

12 **12.3. Data and Information Systems**

Activities*	1. Engage community-based organizations in target communities in settings or subgroups disproportionately affected by COVID-19. 2. Collect information through the synthesis and analysis of rapid knowledge, attitudes, and practice (KAPs) surveys to assess barriers and facilitators for COVID-19 community mitigation implementation in settings or subgroups disproportionately affected by COVID-19. 3. In the same communities, establish a network of community listening "stations," designed to monitor community norms, behaviors, and perceptions of the current public health COVID-19 response in select communities that vary in terms of geographic location and other key demographics. These community listening stations will serve as continuous, repeated qualitative data collections, increasing the capacity to monitor drivers for and against recommended community mitigation behaviors.
Process Measures*	1. Demonstrated increase in number of jurisdictions participating in data collection activities 2. The number of analytic tools and plans developed for qualitative data analysis
Outputs*	1. Weekly (depending on budget limitations) qualitative survey reports 2. Reports from rapid community case studies distributed within the response and to local involved partners 3. MMWRs and journal articles on behavioral trends and social determinants
Budget Period* Outcomes	1. Increased knowledge and capacity to act within communities on implementation of effective mitigation behaviors 2. Improved capacity of data and information systems to conduct public health monitoring and surveillance 3. Increased capability to use data to inform decision-making and support evidence-based practices and policies
Outcome Measures*	1. Demonstrated increase in stakeholder capability to use data to inform decision-making and support evidence-based practices and policies 2. Reporting of improved capacity to conduct public health monitoring and surveillance

3. Demonstrated facilitation of knowledge transfer for local community action to key stakeholders in order to build capacity around the prevention of COVID-19

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 59/200 words maximum
	The recipient organization should have partnerships with community-level organizations and/or universities who work directly with the population of interest. Ideally, the recipient will be able to provide logistical support, data collection and date entry services, and preliminary analysis of qualitative data. The recipient organization will also have expertise in community health disease mitigation strategies.
14	Applicant Program Experience:* 50/200 words maximum
	Recipient will have experience with health disparities, racial justice, and/or health equity subject matter, and infectious disease. The recipient should have experience developing data collection tools and collecting data during the COVID-19 pandemic. This includes survey development, survey analysis, and report or manuscript development/ publication tailored to user needs.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 33/200 words maximum
	CDC expects to collaborate with the recipient. CDC will work with the recipient on developing key trainings for local data collectors, developing the data collection and analytic tools, developing reports, partnering, and dissemination activities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 46/200 words maximum
	The subcontractor should have experience in health disparities, racial justice, and/or health equity subject matter, and infectious disease. The recipient should have experience developing data collection tools and collecting data during the COVID-19 pandemic. This includes survey development, survey analysis, and report or manuscript development/ publication tailored to user needs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 54/100 words maximum
	Recipients will be permitted to expend funds for project related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreements. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
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ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Strengthened Community Partnerships for More olistic Approaches to Interoperability

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community Based Organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,600,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

☐	Increased capability of public health systems to achieve nationally established standards
10.2. Leadership and Workforce Development	
Short-term	
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☑	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☐	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☐	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

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11

Project Purpose : * 137/150 words maximum

A main objective of the Public ealth Data Modernization Initiative is to ensure that many stakeholders across the public health ecosystem can be more proactive with data. Community-based organizations play an important role in this work in that they often deliver human services central to prevention and control measures, and in doing so they help ensure every American has equal opportunity to attain the highest level of health possible. Accomplishing this desired future state will require responsible and secure information-exchange that leverage national data exchange and transport standards and requirements that can add value to data providers, public health partners, and ultimately the community. This project will help to lay the foundation wherein enhanced information sharing, integration, and infrastructure can help strengthen clinical-community linkages, which can help promote evidence-based behaviors, interventions, and solutions that protect health.

12

12.3. Data and Information Systems

Activities*

The magnitude, complexity and sophistication of healthcare has driven the rapid development and adoption of the L7 Fast ealthcare Interoperability Resources (F IR) standards. F IR simplifies healthcare information exchange by focusing on the most widely used healthcare resources, satisfying 80 percent of the healthcare information exchange use cases. In doing so, F IR dramatically reduces the cost of developing and deploying standards-based healthcare information exchange for most users. This also makes healthcare information theoretically more available to non-clinical domains, such as community based organizations and public health. There is an urgent need to leverage the standardization that is already happening outside of public health (specifically around SMART -on-F IR and BulkF IR) so that public health and community partners can use the same infrastructure that is beginning to be widely adopted due to health IT certification requirements required by Federal legislation and regulations. With this in mind, the awardee will work in close concert with CDC and other stakeholders to:

- Conduct human-centered design sprints to develop use cases in close concert with community organizations alongside technical, policy, and public health experts
- Convene stakeholders via listening sessions and working group meetings to provide input on proposed use cases.
- Prepare, moderate, and produce proceedings for listening sessions and working group meetings.
- Develop wireframes, prototypes, and associated open-source specifications and components that extend SMART -on-F IR and BulkF IR -based solutions that can be tested in real-world settings and can mature through an open-community approach.

Process Measures*	• of listening sessions, workgroup meetings, and design sprints scheduled and completed
Outputs*	• Written proceedings similar to **https://www.cdc.gov/surveillance/pdfs/20_319521-D_DataMod-Initiative_901420.pdf**. • User stories and other design-artifacts that clearly identify the needs of relevant stakeholders, including potential obstacles or facilitators to achieving the intended outcomes. • Specifications for a minimum viable product. • Methods for receiving ongoing and iterative feedback from target audiences. • Containerized, open-source specifications and components that extend the existing SMART -on-F IR and BulkF IR reference implementations. Source code will be made freely available through open.CDC.gov, the ONC Interopearbility Proving Ground, SMART -on-F IR website, or similar online venues as appropriate.
Budget Period* Outcomes	• Agreement on priority use cases and which data elements would be mutually benficial to extract from health systems, including clinical notes. • Improved readiness among CBOs and other stakeholders to conduct testing of standardized, secure, and sustainable approaches to interoperability. • Improved access to accurate, complete, and actionable data needed to drive decision making and inform the public more quickly and with greater precision.
Outcome Measures*	• of CBOs and other stakeholders expressing support of priority use cases developed • of listening session attendees reporting an increased readiness to conduct testing of standardized, secure, and sustainable approaches to interoperability • of success stories demonstrating improved access to health data and its impact
12.5. Partnerships	
Activities*	The awardee will work in close concert with CDC and other stakeholders to: • Build partnerships that allow CBOs and other stakeholders to work with one another in new ways beyond the traditional boundaries of public health strenghten relationships with exisiting partners. • Identify priorities and needs , while being exible in how those needs are to be met. • Establish feedback mechanisms to assess what s working (based on real-world testing) and determine what improvements should be prioritized. • Specify functional requirements, design elements, and general architectural principles, while pinpointing how data and IT investments will add value for community organizations, data providers, STLT partners, the public, CDC, and other important stakeholders.
Process Measures*	• of new partnerships established • of convenings held with new or existing partners
Outputs*	• Signed agreements with partners. • Priority use cases, functional requirements, and value propositions • Feedback mechanisms for improved understanding of real-world experiences
Budget Period Outcomes*	• Coordinated, enterprise-wide approaches for working across multi-stakeholer coalitions and scaling viable technical solutions. • Consensus among partners on priority use cases, functional requirements, and value propositions.
Outcome Measures*	• of partners/types of partners included in discussions to determine priority use cases, functional requirements, and value propositions. • of CBOs reporting improved connectedness with traditional and non-traditional components of the public health system for data modernization

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 77/200 words maximum

The applicant should be an independent non-profit that serves public health by building public-private partnerships across the US and around the world. The applicant should have experience in the arenas of COVID-19, Zika, and Ebola emergency responses to major initiatives on both infectious and non-infectious disease. The applicant must have the ability to establish and maintain community partnerships that further pubic health and support the development and testing of new, more holistic approaches to interoperability that can scale across domains and across the United States.

14 Applicant Program Experience:* 111/200 words maximum

The applicant must demonstrate a committment to data modernization and leveraging public-private partnerships to accelerate data modernization. Examples of successful partnerships that accelerate data modernization include convening the Digital Bridge Initiative and a successful public-private partnership with the Lehigh Valley ealth Network, a local philanthropy (Pool Trust) and the Allentown ealth Bureau, which are coming together to create a Pool Center for ealth Analytics and a Pool Institute for ealth – both focused on collating/gathering, analyzing and using clinical and community/public health/Social Determinat of ealth data to broadly improve health in Allentown. Through this cooperative agreement, we seek to build on these successes and catalyze new, standards-based approaches that can be tested in real-world settings and scale nationwide as the BulkF IR and SMART -on-F IR standards mature.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 58/200 words maximum

The awardee is expected to collaborate closely with CDC, its designees, and leadership from the Public ealth Data Modernization Initiative. A regular cadence will be established for project management and communication. Through this cooperative agreement, CDC will adopt an agile, hypothesis-driven design

will be established for project management and communication. Through this cooperative agreement, CDC will adopt an agile, hypothesis-driven design approach which will empower us to move quickly, demonstrate impact, and pivot where mutually beneficial.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 191/200 words maximum

We anticipate that the awardee will subcontract work in three main areas, including evaluation of these efforts:

1. Conduct human-centered design sprints to develop use cases in close concert with community organizations alongside technical, policy, and public health experts: ave demonstrated expertise in successfully facilitating human-centered design sprints that lead to development of functional requirements, design elements, and architectural principles. The approach to human-centered design should be consistent with best-practices articulated in the US Digital Services Playbook (https://playbook.cio.gov/) and the National Academy of Medicine s report titled *Procuring Interoperability: Achieving High-Quality, Connected, and Person-Centered Care* (https://nam.edu/procuring-interoperability-achieving-high-quality-connected-and-person-centered-care/).
2. Prepare, moderate, and produce proceedings for listening sessions and working group meetings: ave demonstrated expertise in successfully moderating listening sessions and workgroups across multi-stakeholder settings. Expertise in moderating sessions with stakeholders from healthcare and community organizations is desired.
3. Develop wireframes, prototypes, and associated open-source specifications and components that extend SMART -on-F IR and BulkF IR -based solutions that can be tested in real-world settings: Expertise with the US Core Data Elements for Interoperability, L7 F IR , SMART -on-F IR , BulkF IR , the 21st Century Cures Act and implementing regulations. Extend where appropriate and NOT re-build the existing SMART -on-F IR and BulkF IR reference implementations as well as any other associated tooling.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/05/2021 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

Print

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum

Supporting community health centers as partners to strengthen COVID-19 vaccine conversations

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

Target Population Category Descriptions

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

ealth centers and the patients and communities in which they serve.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$4,000,000 (Whole numbers only)

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 87/150 words maximum

As COVID-19 vaccine begins to roll out to essential workers and the general public, many communities are at risk from low vaccine coverage and the spread of vaccine misinformation. Community health centers can play a key role in building vaccine confidence in at-risk groups and empowering communities and individuals with accurate, accessible information about COVID-19 vaccines. The project will build community health center capacity to effectively address vaccine hesitancy and build vaccine confidence among C C patients and identify gaps and opportunities for C Cs to further strengthen their work to increase vaccine confidence with at-risk populations.

12 **12.7. Programs and Services**

Activities*

1. Identify needs and gaps related to burden of COVID-19 and knowledges, attitudes, beliefs of COVID-19 vaccine among community health centers to better engage with communities.
2. Develop and disseminate resources (e.g., messages, products, and tools) for community health centers to identify and effectively engage with vaccine hesitant individuals, especially in high-risk communities.
3. Develop strategic partnerships to improve vaccine confidence among community health centers and equip community health center staff with resources to have effective COVID-19 vaccine conversations with communities, groups, and individuals.
4. Build community health center capacity to effectively work with at-risk communities and disseminate effective approaches to improve vaccine confidence.

Process Measures*

- Number of external partners engaged
- Number of C Cs engaged to develop needs/risk assessment

Outputs*

- Resources for C Cs to identify and effectively engage with individuals in high-risk communities
- Completed needs/gap assessment among C Cs
- Report of findings from needs/gap assessment analysis

Budget Period

Budget Period Outcomes*	Improved capacity to build COVID-19 vaccine confidence among C Cs to effectively work with at-risk communities.
Outcome Measures*	• Number of new strategic partnerships • Number of engaged partners reporting use of resources developed under this project

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 31/200 words maximum

Recipient must have experience providing guidance and organizing Community ealth Centers serving underserved populations in the US, including capacity to work on COVID-19 immunization issues and interacting with underserved communities.

14 Applicant Program Experience:* 30/200 words maximum

Recipient must have experience providing guidance and organizing C Cs and partners among U.S. underserved, at-risk communities.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 17/200 words maximum

Recipient is expected to work collaboratively with public health partners and communities.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 43/200 words maximum

Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 56/100 words maximum

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 2

Save and Close **Submit** Submit without sending an email

Submission Date: 01/06/2021

You will be directed to a confirmation screen upon successful save or submission.

/

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Supporting health centers to reduce disparities in adult immunization

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

ealth centers and their patients and communities served

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$9,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
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- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

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Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 75/150 words maximum

CDC seeks to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage. The goal of this project is to support efforts to increase coverage for adults in racial and/or ethnic populations experiencing disparities in vaccination rates. Implementation will focus on improving u vaccination coverage now and COVID-19 vaccination coverage (when COVID-19 vaccines are available) among adults in racial and ethnic groups experiencing disparities.

12 **12.7. Programs and Services**

Activities*

The recipient should execute work in the focus areas described in this section, using and/or adapting a subset of the accompanying activities listed below. They may also enhance or add relevant activities to focus areas, as appropriate.

The recipient must select and subaward health centers, which will undertake activities for all focus areas in part A. In support of those activities, the applicant must also undertake activities for all focus areas in part B.

A. <u>Focus Areas for Subawarded health centers</u>

During the performance period, the applicant is expected to identify and fund health centers to implement u vaccination-related activities now and COVID-19 vaccination-related activities, when COVID-19 vaccines become available. All funded health centers are expected to implement activities in each of the following focus areas:

1. **Provide data and insights to CDC detailing barriers to vaccine uptake:** Work with communities to identify and address drivers of vaccine hesitancy, identify in uential community messengers and partners, and support community-acceptable approaches for improving vaccination availability, accessibility, and acceptability
2. **Equip influential messengers:** Educate and empower "trusted voices" in the community to support vaccine education and delivery and
3. **Increase vaccination opportunities and enhance provider partnerships:** Build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination.

B. Focus Areas for Applicant

B. Focus Areas for Applicants

During the performance period, the applicant is expected to build and implement infrastructure or capacity for u and COVID-19 vaccination activities and carry out those activities. This involves the identification of individual(s) within the applicant organization to address the following focus areas:

1. **Coordinate subawarded health centers:** Coordinate and advise on vaccination activities with health centers (described in part A)
2. **Deploy educational campaign:** Develop and implement a vaccination educational campaign focused on adults in racial or ethnic populations experiencing disparities as part of the applicant s other communications strategies and
3. **Enhance the resource and evidence base:** In coordination with the CDC, collaborate with the Learning ub, Data-Informed Technical Assistance, and Media Center to review, modify, and improve resources that can be more broadly shared, as appropriate.

The following list contains examples of possible activities. It is not an exhaustive list of all permissible activities.

Focus Area	Potential Activities
Part A: Subawarded health centers	
A.1. Provide data and insights to CDC detailing barriers to vaccine uptake: Work with communities to identify and address drivers of vaccine hesitancy, identify in uential community messengers and partners, and support community-acceptable approaches for improving vaccination availability, accessibility, and acceptability	• Conduct surveys, interviews, town halls, or focus groups to identify drivers of vaccine hesitancy, in uential messengers, and community-acceptable approaches • Document and share relevant learnings from events, conversations, or convenings with applicant organization (to share with CDC) • Respond to applicant sdata calls to identify common drivers of vaccine hesitancy and collect other key information • Based on community interactions and learnings, share tangible insights, common challenges, and key lessons learned with organization leadership to inform CDC s and organization s strategies in addressing racial and ethnic disparities in vaccination
A.2. Equip influential messengers: Educate and empower trusted voices in the community to support vaccine education and delivery	• Support and leverage CDC s seasonal u materials and COVID-19 resources in outreach to relevant groups and communities • Develop and implement community-based, culturally • and linguistically appropriate messages that focus on the following: 1. Disease spread, symptoms, prevention, and treatment 2. Vaccine safety and efficacy 3. Vaccination purpose, need, and opportunities/locations 4. Similarities and differences between u and COVID-19 (https://www.cdc.gov/ u/symptoms/ u-vs-covid19.htm anchor 1595599456) • Identify and train trusted community-level spokespersons (e.g., faith leaders, teachers, community health workers, radio DJs, local shop owners, barbers) to communicate the burden of u and importance of u and COVID-19 vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues • Support nonfunded local entities by sharing learnings and materials
A.3. Increase vaccination opportunities and enhance provider partnerships: Build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination	• Connect vaccination providers with places of worship, community organizations , recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barber shops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile u and COVID-19 vaccination sites, especially in high-disparity communities • Connect community health centers, and/or trusted healthcare organizations including pharmacies with communities through mobile u and COVID-19 vaccination clinics in communities facing disparities • Advocate for dialysis centers, prenatal care centers, well-baby care clinics, family planning clinics, dentists, nursing homes, COVID-19 testing sites, and other specific providers or programs to deliver u vaccines where patients are already seeking care for themselves or their family members • Organize events and mobile and/or temporary u vaccination sites for as long as the u vaccine is available, including during National In uenza Vaccination Week these activities may be adapted for COVID-19 vaccination https://www.cdc.gov/ u/resource-center/nivw/index.htm • Build partnerships with health care providers to increase provider understanding of the populations of interest and interventions to increase vaccination rates for these populations • Work with vaccination service providers to expand the types of

	health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff (e.g., front desk workers) engaged in promoting vaccination and increasing referrals of individuals to u and COVID-19 vaccination sites
Part B: Applicant	
B.1. Coordinate subawarded health centers: Coordinate and advise on vaccination activities with health centers (described in part A)	• Regularly convene project leaders from subawarded health centers to provide technical assistance, discuss project goals and progress, address common challenges, and identify and mitigate risks in consistent and collaborative manner • Facilitate regular information updates (situational awareness) with, or on behalf of, CDC and the applicant organization to branches, chapters, or affiliates to ensure consistent awareness both at a high level and in the field • Ensure funded branches, chapters, or affiliates are carrying out focus area activities, as identified in part A • Establish a protocol for collecting communications materials, successful messaging strategies, and other resources developed at local level and sharing across the organization, with CDC, and with the Learning ub, Data-Informed Technical Assistance, or Media Center, as appropriate • Adapt practices and resources developed/used by subawarded health centers for other subawarded and non-subawarded F Cs to use • Conduct data calls to collect information from health centers, as needed • Provide regular updates to CDC with lessons learned, recommendations, or common challenges
B.2. Deploy educational campaign: Develop and implement a vaccination educational campaign as part of the applicant s other communications strategies	• Identify and execute on opportunities to incorporate health, u, COVD-19, and u/COVID-19 vaccination messaging into existing organization communications campaigns and strategy, extending the reach of messaging beyond audiences targeted for vaccination-specific communications • Organize events and educational campaigns until the end of the in uenza vaccination season or for as long as the u vaccine is available, including during National In uenza Vaccination Week these activities may be adapted for COVID-19 vaccination • Support and leverage CDC s u, COVID-19, u/COVID-19 vaccination, and other health materials for relevant groups

B.3. Enhance the resource and evidence base: Collaborate with the Learning ub, Data-Informed Technical Assistance, and Media Center to review, modify, and improve resources that can be more broadly shared, as appropriate	• Modify or enhance resources such as toolkits, checklists, quick guides, etc., in collaboration with CDC, as appropriate
	• Collaborate with CDC to develop new materials and resources, as needed, based on observed common challenges and practices associated with u vaccination and COVID-19 vaccination implementation and uptake that have been or are likely to be successful
	• Develop and synthesize strategies and messaging for working with community-level organizations to understand vaccine needs, perceptions, and community-acceptable approaches for reducing racial and ethnic disparities in vaccination, including:
	  ○ Synthesizing practices, materials, and resources that have been or are likely to be successful across local entities efforts for inclusion in the Learning ub
	  ○ Drawing on expertise, experience, and evidence base in racial equity, health equity, and/or community-level interventions, identify, document, and share the following:
	  ▪ Practices in messaging to and communicating with racial and ethnic groups experiencing vaccination disparities that have been or are likely to be successful
	  ▪ Practices in identifying and working with community-level organizations that have been or are likely to be
	  ▪ Learnings and insights from project implementation to inform CDC s long-term strategy in addressing disparities in vaccination rates
	• Contribute to and leverage Data-Informed Technical Assistance resources supporting outreach to and vaccine uptake among groups experiencing disparities
	• Document lessons learned related to sub-awarded health center s activities, including recommendations and/or common challenges
	• Evaluate the resources developed, incorporating input from key

	• Evaluate the resources developed, incorporating input from key stakeholders
Process Measures*	• increase in heatlh centers and key stakeholders that receive resources and technical assistance • increase in the number of resources available
Outputs*	• Coordination, technical assistance, and other support for local branches, chapters, and/or affiliates • Educational campaign • Established criteria for an impac ul in uencer • User-tested and culturally and linguistically appropriate messages, visual assets, and other communications materials • Education and communications campaigns • Recruitment campaigns and training for in uencers • Educational modules, events, webinars, and convenings • MoU and partnership agreements with providers and community organizations • Mobile vaccination clinics and activities
Budget Period Outcomes*	• Increased range of trusted community voices supporting vaccine education and delivery • Increased availability of community or population-specific messages • Increased number and diversity of vaccination opportunities • Increased number of partnerships or collaborative activities between providers and community organizations • Increased range of partnerships or collaborative activities between providers and community organizations
Outcome Measures*	• Major successes for provider partnerships • Major challenges for provider partnerships • Number and types of audience-tested and culturally and linguistically appropriate communication products developed to promote in uenza vaccinations (e.g., social media post, email, radio spot) • Type(s) of communications vehicles or outlets used (e.g., social media pla orm, radio, television) • Number and types of events or campaigns held to promote in uenza vaccination • Number of people who attended promotional events • Major successes for equipping in uential messengers • Major challenges for equipping in uential messengers • List of partners and their notable contributions • Number of temporary and/or mobile u vaccination sites established because of partnerships • Number of people vaccinated at mobile u vaccination sites • Location of temporary and/or mobile u vaccination sites (e.g., county, neighborhood, community) • Number and types of educational campaigns conducted for providers or other healthcare professionals • Number and types of providers or other healthcare professionals reached through educational campaigns • Major successes for provider partnerships • Major challenges for provider partnerships

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 199/200 words maximum

Applicant must have established experience working with health centers, as well as diverse stakeholders related to immunization. Applicant must have qualified and experienced personnel to complete the activities listed in the project description.

Applicant should have project management skills critical to implementing this approach, including: program planning, performance monitoring, financial reporting, budget management and administration, personnel management.

Applicant should describe that they have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for S Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

Applicant should demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Applicant should demonstrate their ability to fund subawardees quickly (i.e., within three weeks of receiving the award), including any needed administrative requirements (e.g., letters of intent, memoranda of understanding).

14 Applicant Program Experience:* 113/200 words maximum

Applicant must demonstrate success working with health centers and coordinating with other immunization stakeholders. Applicant should have experience with disseminating best practices from health centers to their membership, as well as any relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.

This should include experience with existing partnerships and engagement of communities of focus. This should also include a description in the narrative of the number and geographic distribution of local branches, chapters, and/or formally established affiliates.

	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 179/200 words maximum
	This award builds on the work done through a supplement to CDC s Racial and Ethnic Approaches to Community ealth (REAC) program. Currently, NCIRD is deploying funding to REAC recipients to implement focus areas aiming to increase u vaccination coverage (and COVID-19, when appropriate) among racial and ethnic groups experiencing disparities. As a complement to the REAC work, CDC is also supporting a Learning ub and Data-Informed Technical Assistance. The Learning ub offers technical assistance, coaching, learning opportunities, and synthesized, organized resources. The data support services allow CDC and other partners to synthesize multiple data sources to inform decisions on identifying focus areas, segmenting populations, and tracking interventions and community-level progress. The applicant will build on REAC learnings and, based on their expertise and experience, will contribute to information and insights to both support services. Applicant must describe intentions to collaborate with CDC in improving technical and program guidance and evaluation. Applicant must also describe capacity to participate in stakeholder meetings and other collaborative efforts with public health partners to provide expert consultation to CDC and CDC-funded programs (as requested).
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 79/200 words maximum
	Approximately 90 of the award should be subawarded to health centers, which will implement focus areas and activities in part A. Subawards to each health center should not exceed $200,000. The applicant should propose subawardees in the application. Selection criteria should consider the health center s administrative capacity to manage the award and implement focus areas and activities in part A. CDC will work with the awardee to determine additional selection criteria, especially pertaining to public health need in the population or area the health center services.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	Recipients may use funds only for program purposes, including personnel (including contracting), travel, supplies, and services (e.g., media buys). Recipients may NOT use funds for research, clinical care (e.g., vaccine supplies), or equipment (e.g., vehicles). Reimbursement of pre-award costs is not allowed. No funds may be used for 1) publicity or propaganda for preparation or use of any material related to the enactment of legislation before any legislative body 2) salary/expenses of any grant/contract recipient/agent, related to any activity for in uencing the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

/

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/10 words maximum
Supporting YMCAs to strengthen vaccine confidence

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

YMCAs nationwide

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 77/150 words maximum

As COVID-19 vaccine begins to roll out to essential workers and the general public, many communities are at risk from low vaccine coverage and the spread of vaccine misinformation. Reaching these communities requires effective engagement with YMCAs, who can serve as credible, trusted messengers on the safety and effectiveness of COVID-19 vaccines for communities in a way that state and national organizations cannot. This project aims to support YMCAs nationwide to strengthen vaccine confidence and equip trusted local messengers to reach at-risk communities.

12 **12.7. Programs and Services**

Activities*

1. Support YMCAs to strengthen vaccine confidence.
2. Identify and implement innovative approaches to countering COVID-19 vaccine misinformation.
3. Educate and assist community organizations to serve as trusted messengers to promote COVID-19 immunization in at-risk communities.
4. Develop strategies to address vaccine hesitancy and counter misinformation.
5. Support creative, science-based, trusted, community-based initiatives to educate high-risk communities about COVID-19 vaccination, such as hotlines and innovative communication materials.
6. Evaluate progress and develop lessons learned and share success stories to improve engagement with YMCAs in at-risk communities.

Process Measures*

- Trainings held for YMCAs
- Number of activities implemented at YMCA branches
- Development of community-based partner engagement plan
- Identification and support for specific YMCAs or their community partners in areas of high need and/or reach with key groups.

Outputs*

- Completed partner engagement plan
- Development of criteria for identifying YMCAs or their community partners with promise for impact in strengthening COVID-19 vaccine confidence

	• Development of criteria for identifying YMCAs or their community partners with promise for impact in strengthening COVID-19 vaccine confidence • Direct support of key YMCAs or their community partners • Development and implementation of culturally appropriate resources or materials by key organizations to groups at risk of COVID-19, vaccine hesitancy, or vaccine misinformation.
Budget Period Outcomes*	• New community-specific resources or materials for groups at risk • Completed strategy for engagement at the community level to support vaccine confidence
Outcome Measures*	• Engagement with increased number of community-based partners • Increase in COVID-19 vaccine confidence among YMCA members • Completion of evaluation of activities

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 30/200 words maximum
	Recipient must have the capacity to complete the required activities, engage with diverse stakeholders and YMCAS, and support a broad range of innovative, community-based projects.
14	Applicant Program Experience:* 44/200 words maximum
	Recipient must have extensive experience engaging with community partners, supporting diverse projects in support of public health and immunization activities, and strong relationships with public health partners.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 17/200 words maximum
	Recipient is expected to work collaboratively with public health partners and communities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 39/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 60/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021

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Continuation CIO Project Plans

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/10 words maximum
Strengthening local health departments' public health emergency response capacity to COVID-19 through health officials Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local health departments (LHDs)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,500,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development	
Short-term	
☑	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☑	Increased leadership decision-making to address public health needs strategically and systematically
☑	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☐	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☐	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☑	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 25/150 words maximum

The purpose of the project is to build LHD capacity, especially in rural and frontier communities, to manage and sustain resources provided for the COVID-19 response.

12 **12.2. Leadership and Workforce Development**

Activities*

A National Organization will develop and coordinate the following workforce-related activities in collaboration with CDC Technical monitors (TMs):

1. Develop structural and practice approaches to sustain the contact tracing workforce, whether as long-term community health workers, surge staff, or other functional supports.
2. Develop leadership and organizational strategies for how local health departments can receive funding (or related resources) rapidly and use it to secure needed resources and build capacity. Incorporate a component of understanding the workforce changes and infrastructure that has changed; examine capacity at the local level.
3. Identify and document innovative and successful staffing surge practices used during the COVID-19 emergency response, such as partnering with Emergency Medical Technicians to serve as community health workers.
4. Partner and coordinate with relevant organizations to support resiliency among the front-line public health workforce.
5. Provide ongoing insights from front-line jurisdictions to pivot as the pandemic transitions into different phases and provide leadership for these communities at the national level.
6. Support the after-action reviews that CDC and the public health system will undertake to reflect on the COVID-19 pandemic.

Undertake these activities with a particular emphasis with those local health departments that are in rural or frontier locations and/or within communities with significant health disparities.

Process Measures*

- Number of resources developed for each activity area

Outputs*

- Focused project plans for each activity
- Financial strategic documents
- Strategic planning documents to support staffing surge requirements

	• Strategic planning documents to support staffing surge requirements • Success stories highlighting COVID-19 staffing surge practices • Resiliency resources • Other plans, reports, tools and workgroup meetings
Budget Period Outcomes*	• Improved local health department workforce capacity to continue to respond to COVID-19. • Improved workforce recruitment and retention for contact tracing and surge staffing • Improved leadership and organizational ability to rapidly secure and apply critical emergency response funding • Improved resiliency among the frontline public health workforce
Outcome Measures*	• # of LHDs reporting improved workforce capacity to continure to respond to COVID-19 • # of LHDs establishing or improving recruitment and retention practices for contact tracing and surge staffing • % of LHD leadership reporting an improved ability to rapidly secure and apply critical emergency response funding • % of frontline public health workforce reporting improved resiliency
12.7. Programs and Services	
Activities*	A national organization will develop and coordinate activities in collaboration with CDC technical monitors: 1. With the support of mini-grants to 35 rural and frontier localities, evaluate the benefits, use and value of the grants. 2. Explore alternative methods to provide critical just-in-time funding or other forms of public health support to rural and frontier (and other low resourced) health departments and evaluate feasibility, considering diverse governance structures. 3. Leverage existing public health preparedness resources for local health departments and adjust them for the COVID-19 response to support community-level prevention and mitigation efforts until population health protection is reached through vaccination. Consider delivery of the materials to support each phase of the response in a way to maximize their uptake.
Process Measures*	• Number of grants awarded • Number of types of health departments awarded • Number of engagements on innovative ways to support local health departments with just-in-time funding by governance structure • Number of resources adapted to COVID-19 response
Outputs*	• Evaluation plan and results • Sustainability plan • Report of innovative ways to support local health departments with just-in-time funding • Resources provided to local health departments to support prevention and mitigation
Budget Period Outcomes*	• Strengthened ability of local health departments to adapt existing resources to respond to COVID-19 • Increased local health department capacity to utilize targeted and/or innovative funding support to respond to a public health emergency • Increased capability of rural / frontier settings to continue activities and outcomes over time with refinement, financially sustainable models and support of partners. • Improved local and federal understanding of effective funding support for local health departments
Outcome Measures*	• # of LHDs reporting a strengthened ability to adapt and adopt strategies to respond to COVID-19 and future public health emergencies • # of rural/frontier LHDs reporting an increased capability to continue activities and outcomes over time with refined, financially sustainable models and support of partners. • # of methods used to distribute information on effective funding strategies to local, state, and federal components

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 100/200 words maximum
	The recipient will be a national organization with the capacity to improve the health of communities by strengthening local health departments especially in rural and frontier communities, to address and sustain resources provided for the COVID-19 response to respond to dynamic challenges by improving performance and demonstrating value and accountability. Use existing and new resources to build upon current efforts to increase the efficiency for improved workforce recruitment and retention activities for the response. Support and evaluate local health departments needs to help them perform successfully through on-going response and through formal and informal data collection and surveillance efforts.
14	Applicant Program Experience:* 95/200 words maximum
	The recipient will be a national organization with over 15 years of experience representing local public health, and that can reach local health departments quickly and effectively during public health emergencies to improve situational awareness and decision-making at all levels. The recipient will have the organizational capacity and structure, combined with a network of national partnerships that allow it to deliver critical content expertise across a wide range of public health disciplines that are required during a response such as the COVID-19 emergency response. In addition, is well-position to address the goals, activities, outputs, performance and outcomes measures, and requirements of this funding opportunity.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 84/200 words maximum
	The recipient will have a successful track record of executing a myriad of preparedness projects in collaboration with federal partners, local health departments, and non-profit organizations. Consistent engagement with partner organizations and other similar nationally recognized organizations will

	departments, and non-profit organizations. Consistent engagement with partner organizations and other similar nationally recognized organizations will ensure that all project work accurately reaches and reflects the needs and expectation of the local health departments and their partners response needs. Additionally, collaboration between the funded recipient and CDC's Technical Monitor will occur throughout the project lifecycle to inform communication and information needs.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	• The recipient may subcontract with other organizations to complete project activities. • The recipient will not be directed to subcontract with a specific organization.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	• Personnel, fringe, equipment, supplies, contracts, etc. are allowable costs under this award. Research, clinical care are unallowable. Recipient should seek approval from TM for new costs. • Recipient proposals should be scalable. If less funds are available, CDC and recipient will work together to revise and further prioritize activities in the workplan. • Recipient is expected to spend down the funding received within the budget period.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

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Added with Amendment 1

Center for State, Tribal, Local, and Territorial Support
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Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum
Building State Capacity to Implement a One Health Approach to COVID-19 Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
State, Tribal, Local and Territorial Epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$750,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

	Increased leadership decision-making to address public health needs strategically and systematically
	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
	Increased capacity to evaluate laws and policies to affect health
Intermediate	
	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☐	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 59/150 words maximum

Develop One Health guidance to support veterinary public health, including incorporating communication materials, supporting COVID-19 testing of animals, and surveillance at the state, local, or territorial level. One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.

12

12.7. Programs and Services

Activities* Develop state level One Health coordination mechanisms/networks as well as plans, guidance, and communication materials for veterinary public health and One Health needs related to:

- COVID-19 and animals
- COVID-19 testing of animals
- Surveillance among animals
- Management of animal needs related to COVID-19
- Supporting a community of practice for public health agencies to improve One Health coordination

Process Measures* Number of jurisdictions engaged in program activities

Outputs*

1. State One Health coordination mechanism or network
2. SOPs relevant to One Health, veterinary public health, and animal management
3. Surveillance system that captures animal health information
4. Toolkits or communication materials relevant to One Health

Budget Period Outcomes*

1. Enhanced One Health coordination at state level for One Health aspects of COVID-19
2. Improved knowledge of COVID-19 risks to animals
3. Enhanced animal surveillance capabilities
4. Enhanced risk management capabilities
5. Enhanced preparedness and response capabilities
6. Improved capacity of data and information systems to conduct public health monitoring and surveillance
7. Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Outcome Measures*	Maintenance or increase in partnerships used to coordiate state-level One Health activities related to COVID-19

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 42/200 words maximum

Recipient must demonstrate organizational capacity and skill sets need to:

- facilitate dialogue between national partners organizations, public health departments, other stakeholders
- understand surveillance needs, processes, activities, and systems
- manage large scale surveillance and surge capacity projects to address public health preparedness and response needs

14 Applicant Program Experience:* 58/200 words maximum

Recipient must demonstrate experience:

- working with public health agencies and national partners on surveillance enhancements
- managing large scale public health surveillance projects projects
- organizing, convening and hosting key stakeholder to discuss emerging issues and response-related needs
- collaborating with subject matter experts in public health informatics, clinical practice, and data policies
- partnering with supply chain managers to better understand supply usage, availability, and access

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 30/200 words maximum

Collaboration with CDC and public health agencies within jurisdications is necessary for successful implementation. Additional collaboration with partners is expected as needed and determined between CDC and the successful applicant.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 37/200 words maximum

The successful applicant is expected to play a substantial role in implementing project activities. Subcontracting is permitted, as needed, to address specific technical needs associated with project activities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 61/100 words maximum

Recipient will be permitted to expend funds for project-related costs (personnel, fringe, supplies, etc.) in accordance with general terms and conditions for non-research cooperative agreement. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum
State and local support for COVID-19 epidemiologists capacity and workforce needs Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 7/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State, tribal, local and territorial epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,750,000 (Whole numbers only)
◯ Funded ◯ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ◯ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 94/150 words maximum

Provide ongoing epidemiologic and data standardization with state, local, tribal and territorial epidemiology staff in support of the evolving nature of the COVID19 pandemic response.

The project will improve state and local workforce capacity through the maintenance of existing fellowships, understand and define epidemiology workforce capacity needs such as health disparities, surge demands and sub-populations of concerns. Extending epidemiology technical assistance to Tribal Nations that is targeted and culturally-tailored for workforce capacity support in contact tracing, public health intervention strategies and emerging epidemiologic issues in the COVID-19 response.

12 **12.2. Leadership and Workforce Development**

Activities*

A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors:

Supporting existing resources:

- Maintain existing epidemiological fellows supporting critical on-the-ground public health emergency response efforts
- Develop mitigation plan for staff turnover
- Document the fellows' activities, share stories, challenges and successes
- Share contact information with CDC STLT Task Force to facilitate shared technical assistance to jurisdictions

Understand epidemiology workforce capacity needs:

- Define epidemiologic capacity needs facing jurisdictions, considering:
  - Health disparities
  - Surge demands
  - Sub-populations of concern (congregate settings, schools, etc.)

Extending epidemiology technical assistance to Tribal Nations:

- Deliver targeted and culturally-tailored technical assistance to expand epidemiologic capacity in tribal nations

	• Provide workforce capacity support with epidemiologic tools for contact tracing, public health intervention strategies and other emerging epidemiologic issues in the COVID19 response
Process Measures*	• # of fellows extended and retained • # of replacement fellows successfully onboarded and retained • Implementation of method to define epidemiology capacity needs • Development of plan to support tribal epidemiology capacity
Outputs*	• Fellows in jurisdictions • Results of epidemiology capacity assessment • Culturally-tailored technical assistance resources for tribes
Budget Period Outcomes*	• Improved epidemiologic capacity through the retention of fellows • Epidemiology capacity needs assessed and reported to improve partnerships with national organizations and federal partners • Tribal epidemiology capacity expanded
Outcome Measures*	• # of STLT sites supported with fellows to extend epidemiologic capacity • # of jurisdictions consulted to inform report of epidemiology capacity needs • # of tribal sites that receive culturally-tailored technical assistance
12.3. Data and Information Systems	
Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors: • Identify and assess epidemiologic tools that facilitate contact tracing, case investigation or other critical public health interventions to reduce COVID-19. Where applicable, document relevant applications for STLT epis and the public health community. • As pandemic evolves, adjust contact tracing and case investigation tools, recommendations and approaches so as support STLT epis in addressing COVID-19 outbreaks. • Actively engage in relevant public health forums to advance knowledge and practices associated with contact tracing, case investigation, management of related data, standardization of data elements and other relevant topics associated with supporting public health's collective response to COVID-19. • In collaboration with other public health and health care organizations, develop tools and resources to address information system challenges with managing data associated with population-wide contact tracing. • Coordinate a national approach to school-based settings for case identification and classification, which would support contact tracing, case investigation and reporting. Current approaches have disparate definitions of a school-based cases and a variety of data collection efforts. Standardization is needed. Consider leveraging existing models and frameworks to bring together relevant stakeholders to develop and agree upon the case definition. Distribute to jurisdictions. ○ Consider expanding case identification and classification approach to other subpopulations as the pandemic continues to evolve, such as workplace locations.
Process Measures*	• #of tools identiied and assessed for contact tracing, case investigation, etc. • # of frameworks/stakeholders consulted for development of school-based case definition
Outputs*	• Tool identification list • Resources for managing population-wide data • Case definition for school-based cases • Standardized reporting formats for school-based cases of COVID19 exposure • Resource documents (I.e. FAQ's, success stories, lessons learned etc.)
Budget Period* Outcomes	• Improved public health capacity to manage contact tracing • A national approach to standardizing school-based case • Improved standardization of school-based cases definitions to facilitate national monitoring
Outcome Measures*	• % of epidemiologists reporting an increased understanding of managing conact tracing through use of resources • % of jurisdictions reporting adoption of school-based case definition

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 68/200 words maximum
	The recipient will be a nationally recognized organization that can reach public health epidemiologists working in the state, local, territorial and tribal levels and can connect and facilitate communication among STLT epidemiology public health officials at the national level. The recipient will also have the experience and organizational capacity to support workforce development, policy, administrative, surveillance such as contact tracing, and epidemiology on COVID-19 response program activities.
14	Applicant Program Experience:* 44/200 words maximum
	The recipient will have a long-standing history of working with public health agencies and national partners on surveillance enhancements and managing large

	scale public health surveillance projects. Specific experience in surveillance and informatics in electronic reporting, disease surveillance, developing and refining technical requirements, standards and collaboration with partner groups.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 54/200 words maximum
	The recipient will collaborate with a robust group of professional partners that include CDC, CDC-funded organizations, state, local, territorial and tribal agencies, academic institutions and schools, and other public health organizations. Additionally, collaboration between the funded recipient and CDC's Technical Monitor will occur throughout the project lifecycle to inform communication and information needs.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	• The recipient may subcontract with other organizations to complete project activities. • The recipient will not be directed to subcontract with a specific organization.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 56/100 words maximum
	• Personnel, fringe, equipment, supplies, contracts, etc. are allowable costs under this award. Research, clinical care are unallowable. Recipient should seek approval from TM for new costs. • Recipient proposals should be scalable. If less funds are available, CDC and recipient will work together to revise and further prioritize activities in the workplan. • Recipient is expected to spend down the funding received within the budget period
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Strengthening Maternal and Child Health Programs to Response to COVID-19 Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

MCH program directors and staff and CYSHCN directors in Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

10.2. Leadership and Workforce Development

Short-term

- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- [x] Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- [ ] Increased capacity to evaluate laws and policies to affect health

Intermediate

- [ ] Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 27/150 words maximum

The purpose of the project is to build health department maternal and child health (MCH) program director and staff capacity to address the COVID-19 response within their jurisdiction.

12

12.2. Leadership and Workforce Development

Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors: • Design and develop tools to support maternal and child health programs
Process Measures*	• Number of resources developed • Number of completed profiles in leadership • Number of engagements related to dissemination of COVID-19 information or resources • Number of state MCH and CYSHCN programs who have attended webinars or engagements
Outputs*	• Tools, engagements and other resources to support MCH workforce
Budget Period Outcomes*	• Increased MCH leadership and program staff capability to protect, respond, and support pregnant women and children during emergencies • Improved leadership capacity to identify and prioritize public health needs • Strengthened core and discipline-specific public health competencies among the workforce to improve job performance.
Outcome Measures*	• Agencies reporting increased capability to respond to the needs of pregnant women and children during the COVID-19 response • % of MCH program leadership reporting an improved capacity to identify and prioritize public health needs • % of staff reporting strengthened core and discipline-specific public health competencies after participating in engagements, using tools, etc.

12.4. Communication and Information Systems	
Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors: • Build MCH program capacity to develop and communicate key COVID-19 information to pregnant women and children with attention to health equity issues
Process Measures*	• Plan of dissemination • Number of new resources created to fill gap
Outputs*	• Communication plan to disseminate COVID-19 information • Messaging to share prevention and treatment strategies for addressing COVID-19
Budget Period Outcomes*	• Improved communication and information technology capacity to inform the public efficiently and effectively. • Strengthened capability to use communication and information technology to affect health decisions and actions
Outcome Measures*	• Number of agencies updating communication plan to disseminate information related to COVID-19, maternal and child health, and/or health equity issues
12.7. Programs and Services	
Activities*	A National Organization will develop and coordinate the following activities in collaboration with CDC Technical Monitors: • Provide training and technical assistance to improve delivery of MCH programs and services within communities • Support efforts to share lessons learned related to building or expanding telehealth capacity for MCH and CYSHCN programs
Process Measures*	• Plan of dissemination • Number of virtual engagements • Number of trainings and workgroup meetings • Number of collected best practices for telehealth • Number of technical assistance requests fulfilled
Outputs*	• Technical assistance materials developed • Report of MCH departments needs and how they could be addressed • Shared emergency plan for MCH and CYSHCN stakeholders • Issue brief or summary of lessons learned of use of telehealth for MCH and CYSHCN programs
Budget Period Outcomes*	• Improved operational capacity to evaluate, manage, and improve public health systems • Increased capability to implement evidence-based/informed public health programs and policies and services to address COVID-19
Outcome Measures*	• Number of agencies reporting improved delivery of MCH programs and services • Number of agencies reporting an iIncreased capability to implement evidence-based/informed public health programs and policies and services to address COVID-19, especially around expanding telehealth capacity for MCH and CYSHCN programs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 51/200 words maximum

The applicant should have established relationships with state and territorial programs for implementing Title V maternal and child health and CYSHCN programs to improve the health of women and children.

The applicant should have the ability to produce reports which synthesize the technical aspects of the project.

14 Applicant Program Experience:* 60/200 words maximum

1. Experience providing support and technical assistance to states for leadership development and program services in a virtual learning environment
2. Experience disseminating health information for MCH populations, include CYSHCN populations
3. Experience in convening MCH leaders across other sectors of public health to address issues with emergency response.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 41/200 words maximum

The awardee will be expected to establish and provide technical assistance to state and territorial MCH leadership and workforce in health departments. Furthermore, collaboration between the funded applicant and CDC's Technical Monitors (TMs) will occur throughout the project lifecycle to inform communication and information needs.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 57/100 words maximum
	Recipient will be permitted to expend funds for project-related costs (personnel, fringe, supplies, etc.) in accordance with general terms and conditions for non-research cooperative agreement. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/06/2021 You will be directed to a confirmation screen upon successful save or submission.

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Added with Amendment 1

Center for State, Tribal, Local, and Territorial Support
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Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Surveillance for SARS-CoV-2 infections among hospitalized children and adults Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

State, local and territorial epidemiologists

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$6,496,156 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology
	Short-term
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
	Intermediate
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
	10.5. Partnerships
	Short-term
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
	Intermediate
☑	Strengthened capability to respond to public health priorities collaboratively and strategically
	10.6. Laws and Policies
	Short-term
☑	Increased capacity to evaluate laws and policies to affect health
	Intermediate
☑	Strengthened capability to systematically apply and use laws and policies to improve health
	10.7. Programs and Services
	Short-term
☐	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
☐	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 147/150 words maximum
	To facilitate collaboration with public health partner organizations to conduct surveillance for SARS-CoV-2-associated infections, determine the health burden of SARS-CoV-2-associated infections, provide sound information to policy makers and public, promote prevention strategies, assess vaccine impact, detect changes in SARS-CoV-2-associated infections or circulating variants through genetic sequencing or other testing, and to guide public health interventions to limit morbidity and mortality. Additionally, this project supports the enhancement of public health decisionmaking and communication at public health departments by promoting initiatives that evaluate and enhance the utilization of short and long-term forecasts of COVID-19 activity and mathematical modeling that evaluate the potential impact of mitigation strategies (e.g. school closure, social distancing). The goals are to develop products and tools to increase the understanding and utility of forecasts and mathematical models for state and local public health officials that can be actively integrated into public health decisionmaking in preparation and response to COVID-19.
12	**12.1. Public Health Systems Infrastructure**
	Activities* • To conduct surveillance for SARS-CoV-2-associated infections among hospitalized children and adults. • Estimate hospitalization rates that can be examined by race/ethnicity, sex and age group in a timely manner; • Describe the temporal trends of laboratory-confirmed SAR-CoV-2 hospitalization, • Describe characteristics of persons hospitalized with severe illness; • Describe the clinical features and course of disease among persons hospitalized with SAR-CoV-2; • Examine risk and protective factors for severe sequelae of SAR-CoV-2 infections, including co-morbid conditions and vaccination status; • Potentially examine residual clinical specimens or other clinical specimens with genetic sequencing or other tests to identify circulating variants of SARS-CoV-2, if capacity allows; • Examine etiologic agents associated with severe bacterial illness, including pneumonia among SAR-CoV-2-infected persons; • Establish the completeness of case ascertainment by this population-based hospitalization surveillance system.
	Process Measures* Weekly transmission of data to CDC, which involves collection and regular reporting of a minimum set of variables for each case (case ID, state, case type, hospital admission date, sex, and date of birth or age, and evidence of positive SAR-CoV-2 test result transmissions on time (i.e., data posted by weekly deadline) Case data abstraction into a CDC-approved database and data transmission to CDC through established mechanisms and according to established timelines: • Collection of complete case report forms for COVID-19 cases • Submission of complete case counts and case report form data to CDC according to pre-established timeline
	Outputs* Daily or weekly crude rates of SARS-CoV-2-associated hospitalization by age groups.
	Budget Period Outcomes* Ability to track SARS-CoV-2 hospitalization rates in "real" time and publish on the CDC website

Outcomes*	Ability to track SARS-CoV-2 hospitalization rates in "real" time and publish on the CDC website.
Outcome Measures*	• ≥95% of weekly transmission of data to CDC on time • ≥95% of completed case report forms collected • 100% submission of complete case counts and case report form data to CDC
12.3. Data and Information Systems	
Activities*	In addition to items listed in "Public Health Systems Infrastructure" • Obtain data on SARS-CoV-2 testing practices. This would entail obtaining data on the proportion of patients who are tested for SARS-CoV-2 among a sample of patients (stratified by age groups) who had specific acute respiratory infection (ARI)-related ICD discharge codes. • To conduct surveillance for SARS-CoV-2-associated deaths after hospital discharge using public health departments' vital records.
Process Measures*	• Number of surveillance area hospitals with whom engagement is increased to gather SARS-CoV-2 testing practices data. • Number of state and local Vital Records with whom engagement is increased to identify SARS-CoV-2-associated deaths.
Outputs*	Annual adjusted rates of SARS-CoV-2-associated hospitalization and mortality by age groups.
Budget Period Outcomes*	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Outcome Measures*	• % of data on SARS-CoV-2 testing practices completed and sent to CDC through designated platform. • % of ascertainment of death data completed and sent to CDC through designated platform
12.5. Partnerships	
Activities*	• Plan and host annual meeting to discuss SARS-CoV-2 surveillance and gaps in current epidemiology • Provide support to the project to enhance public health decision making and communication by promoting initiatives that evaluate and enhance the utilization of COVID-19 forecasts and mathematical models. • Develop products and tools to increase the understanding and utility of forecasts and mathematical modeling results for public health officials and explore how they can be improved upon for and integrated into COVID-19 response decision making. • Identify and support academic and private industry groups to forecast COVID-19 and estimate the impact of various mitigation strategies
Process Measures*	• % participation from each site at the annual meeting (target: 100%). • Number of epidemiologists and public health professionals participating in the forum and network for the project • Number of workgroup meetings • Documentation of meeting summaries • Number of recommendations for how forecasting and modeling can be more effectively integrated into the COVID-19 response • Number of awardees to produce forecasts and modeling results in real-time for the COVID-19 response
Outputs*	• Refinement of surveillance strategy and/or development of special studies • Community Forum • Meeting Agenda and other materials • Meeting Evaluation • Monthly Workgroup meetings and written meeting summaries • Recommendations for how forecasting can be more effectively integrated into public health decision making • Awards to groups for COVID-19 forecasting and mathematical modeling
Budget Period Outcomes*	• Strengthened capability to respond to public health priorities collaboratively and strategically • Identify tools to inform public health decision makers and equip public health agencies with important information regarding timing, intensity, and short-term trajectory of COVID-19 and the impact of various mitigation strategies • Identify mechanisms for supporting real-time forecasting and mathematical modeling and building collaborations between federal, state, and territorial health officials and the forecasting and modeling groups
Outcome Measures*	• % of participating hospital sites which continue to implement surveillance and/or new special studies • Number of resources developed on forecasting and mathematical modeling enhancements towards public health decision making and practice • Recipient will facilitate the support of experienced academic and private industry groups to forecast COVID-19 in real-time and estimate the impact of various mitigation strategies to reduce the impact of COVID-19 in the United States
12.6. Laws and Policies	
Activities*	Collect case report form data on all hospitalized SARS-CoV-2 cases in the sites' catchment areas. Includes underlying medical conditions, antiviral treatment, and other potential interventions (e.g., vaccine)
Process Measures*	To complete ≥ 95% medical chart reviews for the case report form
Outputs*	Analyses and identification of high-risk groups at risk for severe SARS-CoV-2 infection to inform prevention and treatment strategies
Budget Period Outcomes*	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Outcomes	
Outcome Measures*	≥1 analysis in progress to identify high-risk groups

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 189/200 words maximum

The partnership between CDC/NCIRD and the recipient will develop enhanced surveillance and response systems for SARS-CoV-2 and methods to increase state, local and global preparedness during respiratory virus pandemics and interpandemic respiratory virus seasons. The program goals include:

- Improve the public's health by supporting the efforts of epidemiologists working at the state, local, tribal and territorial levels of the public health system.
- Promote the effective use of epidemiologic data to guide public health practice and improve health.
- Provide an evidence base for influencing public health programs and policy.
- Influence surveillance standards for all categorical programs in state, territorial and local health agencies.
- Provide an established resource to public health agencies and partners for epidemiology and surveillance.

Organizational capacity requires the following skill set: Program director capable of managing all focus areas and activities including leading SARS-CoV-2 projects and programs and staff supervision. A research analyst to manage all state SARS-CoV-2 projects, provide consultation on data collection, surveys, and assessments focusing on SARS-CoV-2 and public health informatics programs and related activities, and provide technical support for state-based SARS-CoV-2 projects. An accountant will be required to maintain day to day accounting activities related to state subgrants.

14 Applicant Program Experience:* 139/200 words maximum

To accomplish the program goals, the recipient will require experience in communication and coordination with state, local and federal public health agencies to guide and facilitate the promotion of effective public health decision making. Experience in epidemiology of respiratory viruses including influenza and RSV, and in operating respiratory virus surveillance systems in public health departments. Experience in conducting training in surveillance. Experience in collecting, analyzing and reporting data from epidemiologic studies and surveillance systems. Experience in working with partners to provide technical assistance on surveillance data. Experience in working with CDC programs to implement surveillance systems. Experience in epidemiology of COVID-19 and in operating infectious disease surveillance systems in public health departments. Experience in working with partners to provide technical assistance on surveillance data. Experience in working with CDC programs to implement surveillance systems.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 84/200 words maximum

Information gathered from this collaboration will support state, local, and territorial health departments, as well as other public health partners: determine the health burden of SARS-CoV-2; provide sound information to policy makers and the public; promote prevention efforts; evaluate prevention strategies; guide vaccine development; guide public health interventions to limit morbidity and mortality; provide information to state and local policy makers on the timing and short-term trajectory of COVID-19; and guide public health interventions to limit morbidity and mortality.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 188/200 words maximum

The recipient will sub-contract with state or local health departments to conduct population-based surveillance for SARS-CoV-2-associated hospitalizations. Sub-contractors should have experience with conducting population-based surveillance for other respiratory viruses such as influenza or RSV. These sites should have epidemiologic and surveillance expertise in respiratory disease surveillance (e.g. influenza, RSV); flexibility to adapt to the changing SARS-CoV-2 response; strong relationships with infection preventionists, state/local public health laboratories, NNDSS, vital records, and other clinical and public health partners; ability to work with electronic medical records and health information exchanges; and data cleaning and management staff (ideally, REDCap).

The recipient will also sub-contract academic and private industry groups to produce COVID-19 forecasts and implement mathematical models to estimate the potential impact of varous mitigation strategies. Criteria for selection should be based on previous experience collaborating with public health officials on real-time forecasts for infectious disease outbreaks and/or estimates for the impact of various mitigation strategies, as well as initial work on COVID-19. In addition, subcontractors should have a documented record of scientific publications on these topics and experience working with other academic and private industry groups on forecasting and/or mathematical modeling.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 55/100 words maximum

Funds will be allocated for subawards to academic and private industry groups, meeting and conference attendance, personnel support for position descriptions, and subawards to public health agencies to accommodate the activities listed in Section 12. Recipient should develop a work plan and budget that are scalable to accommodate funding availability.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Building Capacity of Community Health Centers to Respond to COVID-19 Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 9/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Health centers and the patients and communities they serve

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

☐	Increased capability of public health systems to achieve nationally established standards
10.2. Leadership and Workforce Development	
Short-term	
☑	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☑	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☑	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☑	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11

Project Purpose : * 143/150 words maximum

Build the capacity of health centers to respond to the COVID-19 pandemic, through 2 major strategies:

1) National Stategy to share CDC guidance and resources, and provide training and tools to health centers. Objectives are to:

- Educate/train health center leaders and care teams;
- Partner with CDC to disseminate information and improve knowledge of updated guidance related to SARS-CoV-2 testing, treatment, vaccination, and prevention services;
- Analyze weekly health center survey data to improve services; and
- Increase use by health centers of health center data

2) Multi-state Strategy to describe and identify characteristics associated with the health burden, disparities, and overall impact of COVID-19 on health centers. Objectives are to:

- Collect and partner with CDC to analyze health center and individual patient data on SARS-CoV-2 testing, COVID-19 test results, vaccinations, and COVID-19 impact on programmatic activities;
- Disseminate analyses for decision making and improvement of services, health systems, and organizational capacity.

12

12.2. Leadership and Workforce Development

Activities*	• Provide trainings, webinars, or interactive sessions on SARS-CoV-2 testing and COVID-19 prevention, vaccination, and supportive services • Use newsletters, webinars, and/or other trainings/communication strategies to reach the most health center staff and have the greatest impact on COVID-19 service provision
Process Measures*	• # of training, webinars, or interactive sessions developed

Measures	# of training, webinars, or interactive sessions developed • # of educational materials prepared
Outputs*	• Trainings, webinars, interactive sessions on SARS-CoV-2 testing and COVID-19 prevention, vaccination, and supportive services • Additional educational materials for health center staff
Budget Period Outcomes*	• Increased training opportunities for health center staff on SARS-CoV-2 testing and COVID-19 prevention, vaccination, and supportive services • Improved knowledge among health center staff on SARS-CoV-2 testing and COVID-19 prevention, vaccination, and supportive services
Outcome Measures*	• % of health center staff reporting increased opportunities to learn about SARS-CoV-2 testing and COVID-19 prevention, vaccination, and supportive services • % of health center staff attendees reporting improved knowledge of SARS-CoV-2 testing and COVID-19 prevention, vaccination, and supportive services
12.3. Data and Information Systems	
Activities*	• Develop information technology for use by health centers to monitor and evaluate supply and demand needs for personal protective equipment (PPE), SARS-CoV-2 testing kits, and vaccinations • Use individual health center patient data (EMR) to assess SARS-CoV-2 testing and COVID-19 vaccinations by patient population and health center characteristics • Build capacity of health centers to improve COVID-19-related data monitoring and surveillance, and use of data to inform decision-making
Process Measures*	• # of health center reporting improved monitoring of PPE, test kits, and vaccination supplies • # of risk factors identified for COVID-19 and associated with poor health outcomes • # of strategies developed to decrease disparities in SARS_CoV-2 testing and COVID-19 vaccinations by patient and health center characteristics
Outputs*	• Inventory systems for monitoring PPE, test kits, and vaccination supplies • Summary of analysis of health center patient data for COVID-19 risk factors • Summary of difference in SARS-CoV-2 testing and COVID-19 vaccinations by health center and patient characteristics • Strategies to reduce disparities in SARS-CoV-2 testing and vaccinations
Budget Period* Outcomes	• Improved monitoring of PPE, test kit supplies, vaccination supplies for response to COVID-19 • Improvements in patient outcomes by patient population characteristics • Improvements in patient outcomes by health center characteristics
Outcome Measures*	• # and % of health centers having adequate PPE, testing, and vaccination supplies • # and % of health center patients tested for SAR-CoV-2 • # and % of health center patients vaccinated against COVID-19
12.5. Partnerships	
Activities*	• Develop new partnerships with key health partners of health centers • Maintain existing partnerships with CDC, HRSA, HRSA-funded health centers, local/state public health entities, hospitals, nonprofit groups, and private healthcare organizations • Develop avenues of communication for health centers to share supply and demand needs with local, state, federal, and private entities
Process Measures*	• # of new partnerships formed • # of existing partnerships strengthened through collaboration • # of communication processes established for health centers to report supply needs for PPE, SARS-CoV-2 testing, and COVID-19 vaccination
Outputs*	• Strong, productive partnerships • Standard communication procedures for reporting health center COVID-19 supply needs
Budget Period Outcomes*	• Increased connectivity among health centers and key public health partners • Improved communication channels among health centers and relevant partners for COVID-19 supply needs and fulfillment
Outcome Measures*	• # of health centers reporting new or strengthened partnerships with external partners • # of health centers reporting clear procedures for alerting of supply needs for COVID-19 response
12.7. Programs and Services	
Activities*	• Disseminate information nationally on new guidelines and best practices that meet the needs of health centers • Improve capacity to identify and prioritize patient populations that might need additional support to get SARS-CoV-2 testing or COVID-19 vaccination, including strategies to address vaccine hesitancy • Improve capacity of health centers that might need additional support to conduct SARS-CoV-2 testing or COVID-19 vaccination
Process Measures*	• # of resources shared • User data (e.g. clicks/time spent on a webpage, etc.) • # of health centers which receive technical assistance
Outputs*	

Outputs	• Guidelines and best practices tailored to health center needs • Strategies for addressing vaccine hesitancy
Budget Period Outcomes*	• Increased distribution of national guidelines and best practices for health centers • Improved capacity of health centers to identify and prioritize patient populations for increased outreach for SARS-CoV-2 testing or COVID-19 vaccination
Outcome Measures*	• # of health centers that receive national guidelines and best practices • # of health centers reporting Improved capacity of health centers to identify and prioritize patient populations

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 63/200 words maximum

The recipient must have the organizational capacity to attend multiple meetings per week, and to communicate with CDC and HRSA partners as needed (possibly daily). The recipient must have several (3 or more) staff qualified to aggregate and analyze large databases and utilize information and analytical technology. The recipient must have already established a trusted relationship with health centers, including a reputation for quality communication and technical assistance.

14 Applicant Program Experience:* 71/200 words maximum

At least 5 years of exerience working with HRSA-funded health centers to address public health priorities, population-level disparities, and public health emergencies. A proven history of collaboration with federal agencies (including HRSA and CDC), as well as with primary care associations and associations of state and local health departments. At least 2 years of experience providing training or technical assistance to staff of healthcare providers. Demonstrated products, such as newsletters, technical tools, websites, training archives are desirable.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 35/200 words maximum

Collaboration with CDC and HRSA is expected to occur regularly and frequently (weekly, possibly daily) through phone conferences, webinars, dissemination of CDC messages, guidance, websites, resources, etc.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum

Any subcontractors will be monitored for quality assurance by the recipient and held accountable by them. Subcontractors should also have a high quality reputation among collaborating partners and organizations.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 36/100 words maximum

Funds will be used for staffing and benefits, technical assistance (including on information technology), data aggregation websites, communication and analytic software, tools-development, supplies, and essential travel, as well as subcontracting to provide the preceding services and modeling expertise.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 2

Submission Date: 01/05/2021

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/10 words maximum

Novel Harm Reduction and Treatment Strategies to Support Individuals with Opioid Use Disorder Part 2

2 CIO:*

3 Division/Branch/Office/Unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

Target Population Category Descriptions

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community behavioral health organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$750,000 (Whole numbers only)

○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate	
☐	Increased capability of public health systems to achieve nationally established standards
10.2. Leadership and Workforce Development	
Short-term	
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
Intermediate	
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
10.3. Data and Information Systems	
Short-term	
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
Intermediate	
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
10.4. Communication and Information Technology	
Short-term	
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
Intermediate	
☐	Strengthened capability to use communication and information technology to affect health decisions and actions
10.5. Partnerships	
Short-term	
☐	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
Intermediate	
☐	Strengthened capability to respond to public health priorities collaboratively and strategically
10.6. Laws and Policies	
Short-term	
☐	Increased capacity to evaluate laws and policies to affect health
Intermediate	
☐	Strengthened capability to systematically apply and use laws and policies to improve health
10.7. Programs and Services	
Short-term	
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
Intermediate	
☑	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 58/150 words maximum

The purpose of this project is to 1) build capacity of harm reduction organizations and treatment providers to implement innovative strategies that are helping to increase access to services during COVID-19, 2) develop new technical assistance tools to promote the uptake of innovative harm reduction strategies in other jurisdictions, and 3) enhance the evaluation component of this funding opportunity.

12 **12.7. Programs and Services**

Activities* (1) Build capacity of harm reduction organizations and treatment providers to implement innovative strategies that are helping to increase access to services during COVID-19. CDC will work with the funded recipient to identify and prioritize those innovations that are benefitting or could benefit from additional funds to expand their scope and reach. Some innovations could include:

- preparing infrastructure to move from a 1:1 exchange model to providing clients with two weeks' worth of supplies to decrease the need for frequent visits to the program in response to new SAMHSA guidelines indicating that methadone clinics should offer home delivery
- collaborating with buprenorphine prescribers and opioid treatment programs to facilitate enhanced, proactive follow-up of patients on buprenorphine/methadone and support SAMHSA's recently developed guidance on how MAT could be delivered to patients unable to leave their homes
- collaborating with primary care/addiction medicine clinics to conduct telephone outreach and check-ins
- working with community-based organizations to ensure that behavioral health care is ongoing and easily accessible in these times when the potential for support to be disrupted is greater
- going beyond simple warm hand-off by helping to schedule telemedicine visits on an ongoing basis to combat feelings of isolation/loneliness
- working closely with emergency departments to ensure people presenting with a drug overdose are being linked to treatment and community supports

Up to 21 organizations could be funded in Year 3, including up to 16 organizations that were funded in Year 2, in addition to up to five new organizations

	that are selected in Year 3 through a competitive RFA. (2) Develop 2-3 new technical assistance tools to promote the uptake of these strategies in other jurisdictions. Use findings from Year 2 around novel, innovative, and emerging harm reduction practices implemented as a result of the COVID-19 pandemic to inform the creation of two to three new tools in Year 3. (3) Enhance the evaluation component of this funding opportunity. Year 3 funding would support continued evaluation and development of a more robust evaluation plan. Further, evaluation of the up to five newly funded harm reduction organizations and treatment providers in Year 3 would be needed.
Process Measures*	• Two to three new technical assistance tools developed and produced • Competitive RFA to support implementation of innovative harm reduction strategies developed and released for organization response • Harm reduction organizations recruited to apply to RFA • Up to 5 new organizations selected to receive funding to support innovative harm reduction strategies • Enhanced evaluation plan developed
Outputs*	• Development and production of two to three new technical assistance tools to disseminate best and promising practices informed by the environmental scan conducted in Year 2 • Competitive RFA developed and released for organization response • Eligibility criteria for selecting harm reduction organizations and providers (if different from Year 2) • Financial support provided to the 16 organizations funded in Year 2 to continue innovative implementation efforts around harm reduction; • Financial support provided to up to 5 new organizations to support innovative implementation efforts around harm reduction • Enhanced evaluation plan that extends the current timeline into Year 3 and involves more stakeholders
Budget Period Outcomes*	• Increased understanding of novel harm reduction strategies • Increased implementation of novel harm reduction strategies by harm reduction organizations and treatment providers.
Outcome Measures*	• Increased linkage to treatment and services for opioid use disorder • Increased coordination between health care systems and community organizations • Increased access to treatment for opioid use disorder • Decreases in opioid-involved overdoses

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 30/200 words maximum

Must have adequate staffing and organizational capacity to identify evidence-based strategies, work in public health settings, work in communities and with partners, develop tools and resourses.

14 Applicant Program Experience:* 60/200 words maximum

Applicant should have experience identifiying, developing and/or implementing evidence-based and promising public health strateiges to prevent opioid overdose. Extensive experience working in community settings with public health, behavioral health, and public safety partners. Experience implementing technical assistance in communities and developing fact sheets, tools and resources to support the implementation of evidence-based and promising strategies to prevent opioid overdose.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 19/200 words maximum

The applicant must collaborate with CDC on the establishment of criteria for selecting subcontractors.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

The applicant should subcontract or partner with harm reduction organizations or treatment providers with experience implementing innovative harm reduction strategies during COVID-19.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 2

Save and Close | Submit | Submit without sending an email

Submission Date:

You will be directed to a confirmation screen upon successful save or submission.

/