

COVID-19 Vaccination Community Outreach Funding Request Form

Open to Current Vaccination Community Outreach Grant Recipients

Instructions

Timetable

Funding Request Due Date October 25, 2021 at 4:00 PM CST

Anticipated Award Notification Date November 1, 2021

Send questions and your completed request to: DHSCOVIDVaccineOutreachGrant@dhs.wisconsin.gov

Overview

The State of Wisconsin seeks to continue to distribute the COVID-19 vaccine safely, efficiently, and equitably across the state. The State of Wisconsin recognizes that this must include strategies to ensure that vaccines reach communities that face barriers to accessing medical care and people who have a mistrust of government agencies, the medical community, and vaccines. Community-based organizations and trusted messengers remain a key piece of these strategies to promote acceptance of and access to COVID-19 vaccination among marginalized and underserved communities.

Opportunity

Supported by the State of Wisconsin Department of Health Services (DHS), this funding award seeks to engage community-based organizations, local health departments, and federally qualified health centers to help remove barriers to and promote acceptance of COVID-19 vaccination for communities that face barriers to accessing medical care and people who have a mistrust of government agencies, the medical community, and/or vaccines. The awarded organizations will build upon existing relationships they have with communities, and will use or adapt strategies to meet the unique identified needs of each community.

By increasing knowledge of and access to COVID-19 vaccines, community outreach activities will facilitate downstream improvements in COVID-19 vaccination rates and reduce the disparities that exist in these rates.

Awards of up to \$100,000 are available through this opportunity. Project expenses will be eligible for reimbursement with this funding from the notice of award through 10/31/2022. Applicants will be awarded based on available funding, and application scores as determined by the review panel. Awards will be geographically dispersed and in consideration of social vulnerability factors and healthcare utilization.

Should additional funding become available at any point during the course of the grant period, DHS reserves the right to use the results of this competitive application process to increase funding to

selected agencies or to fund additional agencies that applied but were not funded originally. DHS also reserves the right to award grants for less than an applicant's proposed amount.

Eligibility

Eligible organizations must meet the following criteria.

- The organization must be a recipient of the COVID-19 Vaccination Community Outreach Grant. This includes organizations who are also part of Wisconsin Department of Health Services' Minority Health Partner and Federally Qualified Health Center programs.
- The organization must have met their grantee commitments under the current Vaccination Community Outreach program.
- The organization may not discriminate on the basis of race, ethnicity, religion, sex, sexual
 orientation, gender identity/expression, age, or national origin in their staffing policies, use of
 volunteers, or provision of services.

Mutual Commitments

Grantee Commitments

- Submit a final report on activities, success stories, and lessons learned no later than 12/2/22.
- Submit three quarterly reports by 4/8/22, 07/8/2022, 10/7/2022.
- Prepare and submit expense reports monthly.
- Use resources in the manner described.
- Use (or adapt, as needed) science-based information provided by DHS.
- Uphold public health practices and trauma-informed approaches in carrying forth this work.
- Use culturally competent messaging and services.
- Respond to requests for information/activity from DHS.
- Inform DHS about progress, impacts, and outcomes of the effort.
- Solicit technical assistance and support from DHS to ensure accurate information.
- Optional: Provide a document of ideas for potential action to further advance health equity in the community(ies) served.

DHS Commitments

- Provide funding for efforts to enhance awareness, accessibility, and access for COVID-19 vaccination
- Provide technical assistance on credible public health practices and the COVID-19 vaccination program.
- Respond to requests for information/activity from grantees.

Use of Funds

As inequitable vaccination rates persist across the state, it is critical to continue to support community level efforts to disseminate accurate information about the COVID-19 vaccines, address individual concerns, and eliminate the barriers to vaccine access. As more people become eligible to receive the COVID-19 vaccine through 2022, it is also critical to prepare communities to be ready to disseminate and accept the vaccination in these groups.

This program will fund activities in Wisconsin focused on increasing knowledge and awareness of the COVID-19 virus and vaccines, addressing misinformation, decreasing vaccine hesitancy, and decreasing barriers to accessing COVID-19 vaccine.

Funds will not be distributed in advance of project expenses, but on a reimbursement basis through this grant program. The following is a list of allowable project expenses that would be eligible for reimbursement through this program from awarded organizations.

Examples of Allowable Expenses

Please read the below list carefully as some items have changed from the previous Vaccination Community Outreach grant.

- Personnel (salary/wages, fringe benefits)
- Travel for provision of services (excluding meals and in compliance with state and local restrictions)
- Supplies (office resources, community outreach materials)
- Contractual costs (staffing, grassroots awareness campaigns, stipends)
- Indirect expenses (must be <10% of total proposed project budget)
- Translation, production, and printing services
- Incentives are allowable in compliance with the restrictions below.
 - Incentives may only be purchased within certain categories to encourage vaccination, not participation in educational or outreach events.
 - o Incentives must be no more than \$50 in total per person.
 - Items used for incentives cannot be branded with an external organization's logo.
 Branding, outside of Covid-19 messaging is unallowable.
 - Cash is not an allowable incentive.
 - Gift cards and vouchers are allowable as participant incentives provided that the grantee has established a way to ensure that the gift card cannot be used to purchase unallowable items in a written agreement with the gift card vendor.
 - Gift card incentives may not
 - be associated with entertainment (e.g., movies, games, lottery, etc.)
 - be redeemable for cash
 - be used to purchase tobacco, alcohol, or firearms
 - be used to purchase food (e.g., restaurants, etc.)
 - be transferred by recipient to other parties
 - Additional information on incentives can be found in the HHS GPS, Sections II-33 and II34 and in 45 CFR 75.438
 - Please note that gift cards would be considered a cash equivalent and should adhere to APP Manual Section 2 as it relates to the handling of cash and cash equivalents, found here: https://www.dhs.wisconsin.gov/app/cash.htm.

Examples of Unallowable Expenses – major categories

- Capital purchases or leases.
- Reimbursement of pre-award costs.
- Funding advocacy or lobbying efforts.

- Administration of clinical care, not including COVID-19 vaccine administration.
- Research.
- Food.
- Incentives not compliant with the above state and federal guidelines.

Please note that outreach materials, including existing materials translated into additional languages, created with this award are to be made available publicly for use with other communities and other areas of the state as applicable.

Funding Request

Funding Request Submission

Applications are **due to DHS no later than 4:00 pm CST on October 25, 2021**. <u>Late funding requests will **not be accepted**</u>. Applicants should email their application to:

DHSCOVIDVaccineOutreachGrant@dhs.wisconsin.gov with the subject line "Request for Funding—COVID-19 VCO Grant 2.0." Applicants will receive an email confirming receipt by DHS.

Please complete the application form below. Responses should be typed with Times New Roman, Calibri, or Arial font no smaller than size 10.

Funding Questions

Applicants should submit all questions about this Request for Funding in writing to DHSCOVIDVaccineOutreachGrant@dhs.wisconsin.gov.

Funding Request Review

All requests for funding will be subject to an initial technical review for completeness and adherence to the specifications and requirements. Requests that fail the initial review will receive no further consideration.

DHS reserves the right to reject any and all submissions. DHS also reserves the option to conduct discussions with agencies about their applications for clarification purposes. If discussions are conducted, agencies may be invited to modify their applications as needed.

Vaccination Community Outreach Grant Funding Request Form
Organization Information
Organization Name:

COVID-19 Vaccination Community Outreach Project Title:

Contact Name:

Contact Email:

Contact Phone:

Website:

Social media page (if applicable):

Request Information

Requested award amount: \$

Provide a brief description of your request for funding. (60 word limit)

Population Served

(125 words or less).

Which of the following categories describe the population(s) you will be focusing on for your project? The following list is not designed to be comprehensive, nor are grant recipients limited to populations fitting these categories. If the population(s) you will be focusing on are not listed below, please select other and describe. ☐ African American/ Black ☐ American Indian/Alaskan Native ☐ Elderly ☐ Farm Workers ☐ Frontline or Supply Chain Workers ☐ Hmong ☐ Homebound ☐ Houseless/Housing Insecure ☐ Immigrants/Refugees ☐ Individuals with Disabilities ☐ Latinx and Hispanic ☐ LGBTQ+ ☐ Low Income ☐ Low Literacy ☐ Migrant Workers ☐ Rural Populations ☐ Youth ☐ Other (please describe below) If you selected other, or would like to provide more detail, please briefly describe your target population for your project. (optional) Which size region will you be serving with your project? ☐ One or multiple counties Please list the counties you will be serving: ☐ One or multiple Tribal Nations Please list the Tribal Nation you will be serving: ☐ One or multiple cities Please list the cities you will be serving: ☐ The whole state Is this the same or similar population to the one you served under your current Vaccination **Community Outreach grant award?** \square Yes (if yes, please skip the next question) □ No If this is a different population than the one you are currently serving under the Vaccination Community Outreach grant, please briefly describe your experience working with this population.

Project Information
Briefly describe your request for funding and how it will provide timely and accurate information to
promote COVID-19 vaccination among high-risk and underserved populations including racial and
ethnic minority populations and rural communities and/or how it will reduce barriers for individuals
facing racial, economic, or geographic inequities related to COVID-19 vaccination efforts. Please note

what lessons learned you will be applying from your previous VCO project. (500 words or less).

Please describe the existing barriers faced by the intended population(s) for your activities (indicated above), and how these barriers will be addressed through the project. Please note if the barriers have changed or remain the same from your previous application. (500 words or less).

Please briefly describe your planned project activities and milestones through October 31, 2022. (500 words or less)
Describe how you would work with existing partners, or develop new partnerships in the community to connect with the population. (250 words or less).
If known, please list any organizations you intend to collaborate with on this project and their
intended role for this project.

Does your organization intend to	offer sub-awards with this funding?			
☐ Yes				
\square No (If no, please skip the fo	llowing two questions)			
If yes, list any organizations identified for sub-awards with this funding, and/or your plan for identifying sub-awardees.				
Detail any criteria that will be used for making and monitoring sub-awards. (125 words or less).				
Expenses List and briefly describe your expenses	ected expenses in as much detail as you ca	n in the table	helow.	
Categories may include personnel,	travel, supplies and equipment, indirect, in			
costs. Add rows as needed.				
Category	Item/Description	Quantity	Amount	
Total				

Please briefly describe the need for the above proposed costs for your project. (250 words or less).

Does your organization expect to use any additional funding sources, volunteer staff, or in-kind resources to support this project? If so, please briefly describe. (125 words or less).
Does your organization intend to purchase incentives with this funding?
 ☐ Yes (If yes, please complete an Incentive Request Form) ☐ No
The Incentive Request Form can be found on the Vaccination Community Outreach grant landing page.
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