

## Strengthening Local Public Health among Afghan Refugee, Immigrant, and Migrant (RIM) Communities

### Frequently Asked Questions (FAQs)

#### Eligibility

1. **Can you summarize what type of CBO fits the criteria for this opportunity? (For example, is there a minimum budget or staffing requirement?).** A: CBOs include, but are not limited to, nonprofits that provide health or social services or support community development, common interest groups, and faith-based organizations. There is no minimum budget or staffing requirement.
  
2. **Are fiscally sponsored non-profits allowed to apply (so long as we partner with a LHD)?** A: Yes, for Tier one applicants, if you are a community-based organization serving Afghan communities, and you have a fiscal sponsor, the fiscal sponsor would apply on your behalf.
  
3. **Who qualifies as a Local Health Department (LHD)?** A: A local health department is defined as administrative or service unit of local government concerned with health. To find local health departments in your area, please go to our directory. <https://www.naccho.org/membership/lhd-directory>.
  
4. **Can Local Health Departments apply directly for this fund? Would the LHD need to partner with a Afghan serving organization? If so, what kind of Afghan serving organization would we need to partner with to qualify for this funding? Are there specific requisites for the Afghan serving organization (i.e., must be a 501c3)?** A: Yes, LHDs can apply directly for this funding under Tier one but need to engage in a meaningful partnership with an Afghan serving organization, as indicated by a Memorandum of Understanding or Letter of Support from the organization. These organizations can include, but are not limited to, nonprofits that provide health or social services or support community development, common interest groups, and faith-based organizations. While there is no requirement that the organization must be a 501(c)(3), we anticipate that most will be. Tier two is limited to LHD applicants only.

If the community-based Afghan serving organization is applying directly for the funding themselves (with a Memorandum of Understanding or Letter of Support from a LHD) they must be able to accept federal funds and comply with federal funding requirements, which in general requires 501.3.c status and a tax ID.

5. **Does the grant application have to be initiated by a health department, or can it come from a community-based organization with health department support?** A: Either is acceptable for Tier one, if the grant is initiated by the health department, it must be done so in partnership with a community-based organization as demonstrated in a Memorandum of Understanding or Letter of Support. Tier Two must be initiated by a LHD.

6. **Can the CBO be a national nonprofit reaching Afghan communities?** A: If you are a national nonprofit you would need to partner with one or more local health departments as the intent is that activities occur within local communities.
7. **I work for our city government. If I include all of the required documentation, can I submit a project proposal on behalf of our LHD and CBO?** A: City health departments are included under the generic term “local health department”. Your application would be acceptable as long as you engage in a meaningful partnership with at least one CBO as described in a Letter of Support or a Memorandum of Agreement.
8. **Do you have a preference in terms of impact numbers?** A: No.
9. **Does NACCHO’s definition of local health department include the state health department, or is it only the county/local departments?** A: The opportunity is limited to county/city/local health departments, and state health departments are not eligible to apply. However, we would welcome applications from either local health departments or community-based organizations that included partnerships with state health departments.
10. **We are not yet a 501(c)3 and would need one of our partners to be the funding recipient. May we still submit the application.** A: You could write the application on behalf of and in partnership with another organization, but the funding recipient must submit the application. You should make it clear in the application that you are not the funding recipient, and you are proposing to work in partnership with the funding recipient. A memorandum of understanding between you and the funding recipient should be included. And all the contract attachments (Vendor Information Form, Certificate of Non-Debarment, W9, FFATA data collection form) would need to be completed by the funding recipient.

#### Funding Levels and Uses

11. **Is this a nationwide RFA?** A: Yes.
12. **Are there any restrictions on budget allocation and what funds can be used for?** A: Funding should be used for reasonable program purposes, such as to support costs for personnel, IT equipment or software, travel, training, educational materials, and contractual support for monitoring and evaluation or health information systems enhancements. Funds may be used to support full-time employees with the organizational capacity to conduct and oversee program activities as well as part-time or temporary staff. Funding may not be used for clinical care (except as allowed by law), research, or incentives for participating in program activities.
13. **We are a community-based organization applying for this grant with relationships with several LHDs. Would the funds be disbursed to us, or to the LHD? If the funds are disbursed to us, would we need a Letter of Support from LHDs or a Memorandum of Understanding?** A: For Tier One funding, if the CBO is submitting the application, the funds would be dispersed directly to the CBO. You would need to attach a Letter of Support or Memorandum of Understanding from one or more Local Health Departments. Tier Two must be initiated by a LHD
14. **As a local health department, if we were funded, may we offer the funding to various community organizations through a competitive funding process?** A: Yes, you can use the funds to subcontract

with other organizations. However, if applying for Tier One funds you need to submit a letter of support from a community-based organization that works with Afghan populations and who you intend to work with on this project, so the competitive selection process you've described may be unrealistic as you'd need to identify at least one partner organization prior to applying.

**15. Do funds have to be used for new programming or can this grant support work begun before this grant?** A: Funds can be used to continue existing programming if the existing strategies are in line with the requirements of the RFA and funds are used to support new/ongoing activities and not duplicating existing efforts.

**16. May our organization use funds to pay employees?** A: Yes you may include employee salary costs in your budget.

**17. What is the indirect cap for the grant?** A: NACCHO has not placed a cap on your indirect rate. We follow CFR 200.414 as follows: *“Any non-Federal entity that does not have a current negotiated (including provisional) rate, except for those non-Federal entities described in appendix VII to this part, paragraph D.1.b, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. No documentation is required to justify the 10% de minimis indirect cost rate. As described in § 200.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”*

Any non-Federal entity that has a current federally-negotiated indirect cost rate shall provide NACCHO with back up documentation and it will be subject to review and approval. If your indirect rate is above the de minimis rate and you do not currently have a federally negotiated rate, you should include a justification as to what is included in your indirect rate and how it arrives to the amount presented.

**18. Is this a reimbursement grant, and will there be an advance?** A: The funding mechanism will be via a contractual agreement, and no advances will be provided.

**19. Can indirect costs support organizational functions outside the applicant jurisdiction?** A: Indirect costs must be costs related to implementation of the project.

**20. Is there an opportunity for multi-year funding for this project?** A: We do not know whether or not multi-year funding will be made available for this project.

## Partnerships Tier One

**21. Could you elaborate on partnership requirements? What sort of partnerships have you seen/would you like to see?** A: For Tier One applicants, at a minimum we would like to see meaningful engagement of partners in the planning and oversight of project implementation. At minimum, a letter of support/memorandum of understanding is required to demonstrate that the community-based organization and local health department are committed to partner on the project.

- 22. If we are a CBO that goes in as a prime do we need to include the local health department in the budget, or can they be an unfunded partner?** A: For Tier One applicants, while CBOs and LHDs are required to demonstrate meaningful engagement with each other via a Letter of Support or Memorandum of Understanding, the decision as to whether this partnership should be funded or unfunded is up to the applicant.
- 23. Does the fund go to one CBO, or does it go to the local government health department and then distributed to the CBOs?** A: **For Tier One Applicants;** Both CBO's and LHD may apply for and receive the funds. The partnerships that the applicant enters into do not have to be funded partnerships.
- 24. If the CBO is the primary applicant, what is the role of the health department? If the Health Department is the primary applicant, what is the role of the CBO? Who will be responsible for attending the monthly meetings, submitting budget information, conducting a needs assessment, evaluation plan, data collection and others in either of the scenarios above?** A: We have purposely left our description of the required partnership between the CBO and the LHD very broad, to allow partners flexibility in how they manage their relationship. The primary applicant (whether CBO or LHD) would receive the funds and would therefore be responsible for managing the grant for fiscal and program compliance – that is, submit budget information, conduct financial reporting and management, and report on deliverables. However, it would be completely up to the partners on the grant as to who would be responsible for program implementation (e.g., conducting a needs assessment, evaluation plan, data collection, and so on).
- 25. Can CBOs be the primary applicant? If so, do they need evidence of partnership with LDH with a MOU?** A: Yes. CBOs can be the primary applicant but must include a Letter of Support or Memorandum of Understanding from a local health department.
- 26. May a local health department support more than one application from their jurisdiction?** A: Yes
- 27. Can more than one CBO partner with the LHD?** A: Yes. LHDs may not submit multiple applications but can be named as a partner by multiple CBOs in their jurisdiction.
- 28. May community-based organizations partner with multiple health departments for the grant? If so, would it be in one application or a separate application for each health department partnership?** A: Community based organizations may partner with more than one local health department in the design of a single project. A Memorandum of Understanding or Letter of Support would be required from each participating local health department. A separate application is required when projects fundamentally differ from each other (i.e., if you were to implement a different project with each local health department).
- 29. What if there is a consortium of 10 CBOs working with the LHD?** A: This is allowable.
- 30. Can a lead org apply for a collaborative project with several CBOs?** Multiple partners can be involved, but at minimum one CBO and one local health department.

- 31. Are you prioritizing funding applications that have LHDs as leads vs. CBOs as leads?**  
A: No. Applications from local health departments and community-based organizations will be considered equally in our review process.
- 32. Are LHDs able to partner with universities and other non-CBOs in addition to partnering with the CBO?** A: Yes, other local stakeholders can be involved.
- 33. Can a CBO partner with LHD and as well as partner with Department of Human Services that serve RIM population?** A: The intent is to ensure that there is a relationship between an applicant CBO and a local health department for the implementation of the project. Additional partnerships that support project implementation are also allowed and encouraged.
- 34. Do organizations have to partner with Health Centers to apply? Or are organizations not required to partner with LHD?** A: Partnerships are required. The partnership must be between a local health department and a community-based organization (which may include health centers).
- 35. Do CBOs need to partner with local hospitals if they are the primary applicant?** A: If a CBO is the primary applicant, they must partner with a local health department. They may also partner with other organizations, such as local hospitals, if they wish.
- 36. If a CBO proposes to work with multiple counties, will a letter be required from each LHD?** A: If a CBO proposes to partner with multiple counties, a letter will be required from each LHD in the partnership.
- 37. A Letter of Support and MOU are vastly different documents. Does a Letter of Support/MOU depend on the project being proposed?** A: Yes, a Letter of Support and a Memorandum of Understanding are very different documents. That being said, either is acceptable for this project.
- 38. In our application, can we indicate we will issue an RFP for subcontractors or do we have to identify partners at the time of application?** A: You must have identified at least one partner at the time of application, as described in a Memorandum of Understanding or Letter of Support from that organization.

#### **Program Design, Monitoring and Evaluation, and Technical Assistance**

- 39. Can you describe the type of technical assistance you are able to provide?** A: Technical assistance will be tailored to the needs of the recipient, and provided in the areas of communications, community engagement, program implementation, monitoring and evaluation, and financial and administrative management.
- 40. Can you talk more about evaluation and reporting requirements?** A: The intent of the RFA is to support demonstration projects that will generate best practices. We expect the applicant to conduct routine monitoring and outcome evaluation activities to achieve that goal. Technical assistance for the design and implementation of monitoring and evaluation approaches will be provided.

- 41. Will the grant cover baseline research, qualitative research, or third party document review?** A: Funds may not be used to conduct research. However, assessment activities to support program planning, and monitoring and evaluation activities to demonstrate outcomes and inform replicability are acceptable, including establishing a baseline, and conducting qualitative assessment and outcome evaluation activities.

## The Application

- 42. Would you be able to clarify if the application submission is single or double spaced?** A: The application should be single-spaced.
- 43. Do we need letters of support from all our partners or just some of them? Would it make us a more competitive applicant if we include more?** A: You must include a letter of support or memorandum of understanding from a partner local health department (if you are applying a community based organization) or a partner community based organization (if you are applying as a local health department). Additional letters of support may be useful but are not required.
- 44. If our organization does not get approved the maximum amount that we ask for, is there a chance we can get approved for a partial amount?** A: We may consider partial funding for applications not selected for full funding.
- 45. Applicants mentioning work about community advisory board. Which section in the RFA can you expand on that?** There are several sections within the RFA that you can expand on this, including the sustainability action plan and partnership portion of the work. Another section you can speak to work with a community advisory board(s) is in the first section of the RFA when you are discussing successes you have had with development of partnerships and collaborations alongside a community advisory board.
- 46. Can prior RIM grant awardees still apply for funding with this new funding?** Yes, all previous funding recipients are eligible to apply for new funding as they have previously established partnerships with RIM communities.
- 47. Can applications be with local health departments and multiple nonprofits working collaboratively?** Yes, for this RFA, the requirement is that you have at least one partnership between the local health department and a community-based organization (CBO). However, you can include as many partnerships as you see feasible.
- 48. How many RFAs can applicants apply to? You can apply to both RFAs (please pay close attention to the eligibility criteria) but each organization will only receive funding through one RFA.**
- 49. Can you also clarify whether applicants can apply to both tiers in the RFA? Applicants can only select and apply for one tier within the RFA.**
- 50. How can we access budget and budget narrative templates?** Both budget and budget narrative templates are listed in the RFAs. It can also be found on the NACCHO website

- 51. What are ineligible expenses?** We are not able to support direct medical services. Funds can however, be used to support partnerships with local health departments (LHDs) to put together community events and pop ups that may offer medical services, such as vaccinations by LHD nurses. Cash incentives are not permissible, we can provide funding for gift cards and other health education items, including items for giveaways.
- 52. What is the anticipated timeline for projects to start once funding is awarded?** The timeline for the project is tentative, as it is based on when the contract is drawn up. You will have 12 months from the date of an executed contract for a project. For example, if your contract is executed on March 1st, you will have 12 calendar months from that time.
- 53. Are projects being funded by CDC/ federal funding?** They are funds initiated through the CDC but are not considered federal funding since you are not directly receiving funds from CDC.
- 54. How many RFAs can applicants apply to?** You can apply to both RFAs (please pay close attention to the eligibility criteria) but each organization will only receive funding through one RFA.
- 55. Do we submit the completed application to the RIM email or through the NACCHO online system?** Applications must be submitted by February 10, 2023, at 11:59 PM ET via email to [RIM@naccho.org](mailto:RIM@naccho.org)
- 56. Are there any specifications to font size, formatting for the proposal?** There are no specific requirements, but we ask that you please use single spaced with a standard font no smaller than size 10 to enable readers to easily review submissions.
- 57. Is there any difference between the previous RIM grant and the new grant opportunity?** The two grants are similar, but some of the project activities implemented this year will differ from the previous grant. You are welcome to either propose new project activities in your application or replicate similar work you have done previously.
- 58. Can we use this grant for medical services? How can funding be used in partnership to offer medical services?** No, not directly, but you can partner with local health departments to offer medical services. For example, you could use the funding to address vaccine hesitancy through vaccine promotion and in partnership with local health departments you could host vaccine clinics, but the actual vaccine administration cannot be covered by the grant.