

# NACCHO

National Association of County & City Health Officials

## Summary Information

- **Project Title:** Building Rural and Frontier Local Health Department Capacity to Address Disparities and Advance Health Equity
- **Deadline for submissions:** March 15, 2024, 11:59 p.m. EST
- **Maximum Funding Amount:** up to \$50,000
- **Point of contact for questions:** Lluvia Botello at [hesj@naccho.org](mailto:hesj@naccho.org).
- **Submit proposal to:** Lluvia Botello at [hesj@naccho.org](mailto:hesj@naccho.org).
- **Special conditions of this award:** See below for complete information.

## PURPOSE, INTENDED OUTCOMES AND PRIORITY AREAS

### **Purpose**

This request for applications (RFA) enhances the reach and desired outcomes of OT21-2103A, designed to address health disparities and advance health equity due to the COVID-19 pandemic. This opportunity is designed to provide funding and capacity-building training, technical assistance, and tools/resources to: 1) expand the capacity and services of eligible rural and/or frontier-serving local health departments (LHDs) to prevent and control the infection (or transmission) of COVID-19 and other infectious diseases among populations at higher risk and that are underserved, including racial and ethnic minority groups, and people living in rural and/or frontier communities; and 2) strengthen coordination and collaboration with existing 2103 grant recipients, including State, Local, and US Territorial Health Departments, a list of which can be found [here](#).

### **Outcomes**

The intended outcomes for this RFA, as aligned with OT21-2103A, are to:

1. Support efforts to address rural health inequities and the social determinants of health related to COVID-19 and/or other infectious diseases.
2. Improve and increase capacity and sustainability of local health departments serving rural and/or frontier populations, including racial and ethnic minoritized communities, to provide COVID-19 and/or other infectious diseases-related resources to their jurisdictions.

3. Improve and increase coordination and collaboration among rural and/or frontier-serving LHDs and other OT21-2103 grant recipients.
4. Improve health outcomes for local rural and/or frontier populations at higher risk of COVID-19 and/or other infectious diseases.

### **Priority Areas**

Grant recipients will receive funding, training, technical assistance (TA) and tools/resources to build capacity in the following areas, as selected and proposed by each grant recipient, and will be required to develop project implementation, sustainability plans, and demonstrate progress implementing plans through approved project activities to:

1. Expand existing and/or develop new mitigation and prevention resources and services in preparation for future public health emergencies, and to reduce health disparities among populations at higher risk and that are underserved as a result of COVID-19.
2. Increase/improve data collection and reporting to guide public health response for rural and/or frontier populations disproportionately burdened by health inequities related to COVID-19 and/or other infectious diseases.
3. Build, leverage, and expand infrastructure support for COVID-19 and other communicable diseases to minimize impact among rural and/or frontier populations.
4. Mobilize partners and collaborators to develop relevant strategies that nurture health equity and address social determinants of health as they relate to COVID-19 and/or other infectious diseases among rural populations.

This opportunity is designed to provide applicants the flexibility of proposing activities that align with any of the above four (4) priority areas. Applicants are not required to include activities across all priority areas but must propose efforts focused on at least one (1) area, while having the option to include others. In addition, the activity may be new, planned, or existing and may leverage or enhance the activity of a 2103 grant recipient. Please review the OT21-2103 grant website and recipients table for reference.

<https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>

<https://www.cdc.gov/publichealthgateway/docs/partnerships/OT21-2103-Awardees.pdf>

### **AWARDS AND PERIOD OF PERFORMANCE**

#### **Awards**

Awards up to \$50,000 each will be granted to up to fifteen (15) eligible and competitively selected LHDs to participate in this funding, training, and capacity building technical assistance opportunity. Funding amounts and the number of grant recipients are subject to change.

#### **Period of Performance**

The project period is anticipated to be for approximately three (3) months, from May 2024 through July 2024.

### **ELIGIBILITY**

This RFA is open to governmental LHDs who:

- 1) Are not already an OT21-2103 grant recipient;
- 2) Are not a current recipient of funds from NACCHO under the COVID Workforce project Year 3.

**Note:** LHDs who participated in NACCHO COVID Workforce project in Year 1 (February 2021 - November 2021) or Year 2 (April 2022 to December 2022) are eligible to apply, as listed here. Recently awarded LHDs for Year 3 (August 2023 to July 2024) are NOT eligible for this. See appendix B for a complete list of previous awardees.

3) With **at least 30%** of their jurisdiction being designated as *rural and/or frontier* according to the USDA, which is determined as follows:

#### Definitions

- **Rural:** For this project, *rural areas* will be defined by [Rural Urban Commuting Area \(RUCA\)](#) codes to determine the degree of urbanization of a community. RUCA codes 4-9 are for jurisdictions that are considered rural.
- **Frontier:** For this project, *frontier* will be defined by RUCA code 10 to indicate noncore areas adjacent to micro area and does not contain a town of at least 2,500 residents.

Please verify the RUCA codes for the ZIP codes within your jurisdiction by downloading the “Rural-Urban Commuting Area Codes, ZIP code file” spreadsheet on [Rural-Urban Commuting area codes](#) and looking up the RUCA code for each of your ZIP codes. You may also visit [RHlhub](#) and enter your ZIP code into the search bar and find the “Rural Urban Commuting Areas (RUCAs) by census tract.” Both resources will provide you with the same RUCA code for your office’s ZIP code. Note that a list of all the zip codes in your jurisdiction is required in the application.

Agreement with NACCHO’s standard contract terms and conditions is a requirement. **No modifications to the terms or contract language will be made. Contractors that cannot agree to NACCHO’s contract language should not apply for this initiative.** See Attachment H: NACCHO Standard Contract Language for more information. As part of the application, the contractor/organization will be asked to verify that they have read NACCHO’s Standard Contract Language and have provided a copy to the individual with signing authority at your organization for advanced consideration. It is the responsibility of the selected site to return a signed copy of the contract within 30 calendar days of receipt.

**Note:** NACCHO has a specific contract template as approved by the State’s General Counsel for applicants from the State of Florida and Texas. Please email us for a copy should you need it.

Selected LHDs will execute a contract with NACCHO to complete the deliverable(s) specified in the application. NACCHO will issue awards in the form of **Fixed Price Contract and pay each awarded as payment in exchange for completion of the assigned scope of work and accepted deliverables.** Deliverables will be priced as a percentage of the total award amount. NACCHO will provide a payment schedule in accordance with the assigned completion percentage (estimated 3 payments). Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

### SCHEDULE OF EVENTS

*Please note the following deadlines and events for this opportunity:*

Event	Date/Time
Release of RFA	March 4, 2024
Application period closes	March 15, 2024
Anticipated notice of award	Week of March 22, 2024
Anticipated project start date	Week of April 22, 2024
Anticipated project end date	July 31, 2024

## APPROACH AND TECHNICAL REQUIREMENTS

Selected LHDs will receive funding, training and technical assistance, tools and other resources, and benefit from peer engagement and learning designed to enhance and broaden the reach and desired outcomes of OT21-2103 initiative, which is designed to address health disparities and advance health equity as a result of the COVID-19 pandemic. More specifically, this opportunity is designed to: 1) expand the capacity and services of eligible rural and/or frontier-serving local health departments (LHDs) to prevent and control the infection (or transmission) of COVID-19 and other infectious diseases among populations at higher risk and that are underserved, including, racial and ethnic minority groups, and people living in rural communities; and 2) strengthen coordination and collaboration with existing 2103 grant recipients, including State, Local, and US Territorial Health Departments, as relevant.

Applicants are required to propose activities to be completed by the project end date that align with at least one (1) of the above *priority areas*, with the option of proposing activities across additional priority areas. The intent of this opportunity is to provide eligible LHDs the flexibility to propose activities the best meet their capacity-building needs within this project's *priority areas* and leverage or enhance the activities of OT21-2103 recipients in their regions.

Within the approximately 3-month period of performance, each awarded LHD, in coordination with their partners and with the support of NACCHO and project consultants, will develop and implement approved activities, as well as participate in this project's capacity-building technical assistance efforts.

## SUMMARY OF GRANT ACTIVITIES TO BE COVERED BY AWARD

Within the approximately 3-month period of performance, each awarded LHD, in coordination with their partners and with the support of NACCHO and project consultants, will develop and implement approved activities that can be sustained beyond funding period, as well as participate in this project's capacity-building technical assistance efforts.

### **Required**

1. Participate in a (1) 60–90-minute virtual kick-off call that will include an overview of OT21-2103, the purpose, design, and requirements for this project.
2. Participate in 1:1 TA check-in calls, at least once a month or three (3) total by the end of the project period, to report on your implementation progress and address capacity-building needs.
3. Participate in one (1) OT21-2103 virtual or in-person activities with OT21-2103 recipients

offered by NACCHO or other OT21-2103 national partners.

4. Submit a sustainability plan based upon your approved proposed activities towards the beginning of the project. Approved proposed activities can include virtual capacity-building workshops/sessions (individualized or group) within the project period. Topics for all activities offered must be specific to COVID or emerging health threats and related to inequities. In addition, the activities should offer a specific skill or tool as an output (ex. toolkits, infographics, etc.).
5. Participate in a (1) 60–90-minute virtual project wrap-up call near the end of the project and create and present a (1) slide on project results near the end of the project.
6. Participate in a post-program assessment activity to highlight sites' successes, challenges, and satisfaction with technical assistance (including focus groups/interviews to share success stories).

#### **Voluntary (Additional Opportunities)**

1. Request and engage in additional ad hoc TA calls.
2. Participate in NACCHO's [Rural Cafe](#) peer network activities.

### **PROJECT IMPLEMENTATION AND TRAINING AND TECHNICAL ASSISTANCE (TTA) AREAS**

NACCHO, CDC, and other expert providers aim to build LHD rural and/or frontier workforce capacity and sustainability by providing tailored, target training and technical assistance to grant recipients aligned with this project's priority areas. This TTA will be focused on supporting LHD grant recipient needs specific to their approved activities as well as broader cross-cutting areas relevant to the larger cohort, such as action and sustainability planning. This includes facilitating monthly virtual, interactive workshops; facilitating a community of practice (CoP) to foster peer exchange and learning; providing tools and resources that meet immediate and longer-term needs (e.g., templates, checklists, guides); and providing robust, tailored technical assistance.

As such, selected applicants will be **required** to implement activities that correspond with at least one (1) Priority Area, with flexibility of focusing efforts on others (i.e., up to all 4 areas). In addition, applicants are encouraged to coordinate with 2103 recipients to leverage recipient activities/resources and/or tailor proposed activities to meet their communities' needs or address gaps related to COVID-19 related inequities. The following are examples of activities under each Priority area; these are meant to illustrate possible approaches and are not required activities.

#### **Priority Areas and Example Activities**

1. **Expand existing and/or develop new mitigation and prevention resources and services** in preparation for future public health emergencies, and to reduce health disparities among populations at higher risk and that are underserved as a result of COVID.
  - i. Develop Resource Guide to increase awareness about resources available to address health inequities related to COVID and/or emerging health threats
  - ii. Expand or establish a helpline or social media campaign to educate and promote COVID and/or other communicable diseases prevention resources and services

2. **Increase/improve data collection and reporting** to guide public health response for rural populations disproportionately burdened by health inequities related to COVID-19 and other health threats.
  - a. Examples:
    - i. Expand systems or data collection strategies to understand vaccination rates or laboratory test results and implications for public health activities;
    - ii. Build or refine data dashboards to assist with public information or public health decision making;
    - iii. Leverage existing data and information (e.g., CMS claims data, immunization registries, etc.) to understand disparities within the community and inform public health actions
    - iv. Develop an assessment tool or a tracker to collect disaggregated data and information
3. **Build, leverage, and expand infrastructure support** for COVID-19 and other communicable diseases to minimize impact among rural populations.
  - a. Examples:
    - i. Develop a medical countermeasure plan with a focus on marginalized rural communities that include how LHD acquires, stores, and dispenses vaccines, therapeutics, etc.
    - ii. Establish a protocol on how to communicate and partner with other local government departments and delivery service entities to improve access to resources assisting in the response to COVID and/or emerging health threats.
    - iii. Conduct and complete the full NACCHO Roots of Health Inequity course to familiarize and support staff with health equity principles and strategies to effectively respond to COVID and/or emerging health threats
4. **Mobilize partners and collaborators** to develop relevant strategies that nurture health equity and address social determinants of health as they relate to COVID-19 and other communicable diseases, as well as other health disparities among rural populations.
  - a. Examples:
    - i. Conduct a Stakeholder and Power Analysis/Assessment to take inventory, set goals, and cultivate an understanding of how to achieve health equity related to COVID and/or emerging health threats
    - ii. Create narratives and messages about addressing COVID and/or emerging health threats with partners to share collaborations and tell communities stories.

### **PARTICIPATION IN PROJECT IMPROVEMENT AND SATISFACTION ACTIVITIES**

To inform the design and implementation of this project, as well as to highlight participant satisfaction engaging in this opportunity, LHD grant recipients will be required to participate in the project's assessment activities which could include the following:

1. Participating in a group conversation near the end of the project period (up to 90 minutes) to capture participant satisfaction and experience throughout the program.

### **SCOPE OF WORK & PAYMENT**

Awards of \$50,000 each will be provided to up to fifteen (15) LHDs serving rural areas to participate in and apply in the project’s activities. Only one award will be made per site/LHD. NACCHO will issue two (2) payments totaling \$50,000, upon completion and receipt of the deliverables submitted according to the payment schedule identified in the Scope of Work below. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

*The following table outlines the tasks expected of the selected grant recipient:*

<b>Invoice</b>	<b>Project Activities</b>	<b>Deliverables</b>	<b>Amount</b>
<b>Invoice # 1</b>  May 31st, 2024	1. Participate in kick-off call, including the creation of an introduction slide  2. Participate in at least one (1) 1:1 TA check-in call  3. Draft an implementation and sustainability plan	1. Copy of introduction slide, registration confirmation, summary report of kick-off call  2. Notes and agenda from 1:1 TA check-in call  3. Final implementation and sustainability plan in a Word document.	1. \$8,000.00 2. \$2,000.00 3. \$15,000.00
<b>Invoice 1 Total</b>			<b>\$25,000.00</b>
<b>Invoice 2</b>  July 31 <sup>st</sup> , 2024	1. participation in one (1) OT21-2103 virtual or in-person activities with OT21-2103 recipients offered by NACCHO or other OT21-2103 national partners.  2. Participate in one (1) 1:1 TA check-in calls  3. Complete activities in the implementation and sustainability plan  4. Compile at least 3-5 resources (toolkits, infographics, etc.)	1. Copy of registration confirmation, event/activity agenda, and summary report of event/activity  2. Notes and Agenda from 1:1 TA Check-in call  3. Notes, Agendas, and Progress Report of all implementation and sustainability plan activities  4. At least 3-5 resources (toolkits, infographics, etc.)	1. \$8,000.00 2. \$2,000.00 3. \$10,000.00 4. \$5,000.00
<b>Invoice 2 Total</b>			<b>\$25,000.00</b>
<b>Project Total</b>			<b>\$50,000.00</b>

**\*Note:** Please be advised your LHD is required to complete one (1) virtual or in-person OT21-2103 activity in the invoice schedule above.

**APPLICATION PROCESS**

Applicants will be required to describe their efforts to improve health outcomes for local rural populations at higher risk of COVID-19, other health threats, and health disparities, their goals in increasing capacity and sustainability and how participation in grant activities will help them achieve those goals and expected outcomes. The applicant will also be required to provide a budget of \$50,000 for accomplishing deliverables described above. For guidance on allowable expenses see the budget section in the Application Document.

- 1) Review the requirements and expectations outlined in this RFA.
- 2) Applicants are urged to carefully consider the categories and deliverable(s) to ensure that they would be both meaningful and feasible to accomplish during the project timeframe, as described earlier.
- 3) Read (**Attachment H**) and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. Selected LHDs must agree to the contract language and be able to sign and return a contract to NACCHO within approximately 30 days of receiving it. **No modifications will be allowed.**
- 4) Complete the [Application Document](#) with your responses and save a copy for your records.
- 5) Complete a proposed project budget, using the [budget template](#), and [budget narrative](#).
  - Email the application document and the required attachments by **11:59 PM ET on Friday, March 15, 2024**. Applicants will complete their application using the form provided by NACCHO and email it to [hesj@naccho.org](mailto:hesj@naccho.org) using the subject line "COVID HE Rural/Frontier Grant - name of LHD." Project budgets, budget narratives, and other required attachments (a comprehensive list with templates can be found below in the Attachments section) should be attached in the same email. Each LHD may submit one application only. Project budgets, budget narratives, and other required attachments (a comprehensive list with templates can be found below in the Attachments section) should be attached in the same email. Each LHD may submit one application only. Email completed forms to [hesj@naccho.org](mailto:hesj@naccho.org).

## **SELECTION CRITERIA**

Eligible applicants for this project will be evaluated by NACCHO and scored based on the following criteria.

### **Each application will be reviewed and rated on the following information:**

- **Understanding Project Purpose and Goals:** Applicant has a clear understanding of the project goals and deliverables.
- **Experience of Organization/Consultant:** Applicant and key staff have clearly demonstrated (in detail and documentation) their (and their team's) experience with content development with educational purposes and their expertise in health equity, social justice and/or other related areas.
- **Budget:** The proposal includes a detailed, line-item budget justifying the proposed expenses, which are appropriate for the deliverables.
  - *Allowable Expenses:* The following is a sample list (not exhaustive) of suggested use of funds that can support the project activities. NACCHO reserves the right to approve and deny the use of budget funds.
    - Contractors: Hire/contract with external experts, including for evaluation, quality improvement, marketing/communications, as well as policy change (as relevant)
    - Staffing: Increase staff FTE to ensure greater dedicated time for executing project deliverables



- Systems: Investment in (better) systems (e.g., data management, project management, fiscal/grants management)
- Promotion:
  - Local: Paid media (social, print, etc.) to promote partnership, programs, and results (content/products developed by contractors and/or staff – see above)
  - National: Participate in national conferences and inform articles, as identified, to support the dissemination of results
- Project supplies tied to project activities
- In addition, please see CDC terms for non-research activities under the contract eligibility on the attached document: <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf> For further guidance on the salary cap information Senior Executive Service (SES) Level 2 Pay ([federalpay.org](http://federalpay.org)) in the budget guidelines.
- *Unallowed Expenses*: Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$212,100). **See Appendix A1 for a full list of restrictions.**
- **Applicants will be notified on or around the week of March 22, 2024.**

Please note that submission of a proposal to this funding opportunity is a statement of acceptance of NACCHO's standard contract language (Appendix A). If any items cannot be accepted, these issues need to be resolved prior to submitting a proposal.

#### ATTACHMENTS

Please include the following attachments with your application by sending the following completed forms:

- A. [NACCHO Vendor Form](#)
- B. [W-9](#)
- C. [Budget Template](#)
- D. [Budget Narrative](#)
- E. [Certificate of Non-debarment](#)
- F. [FFTA Form](#)
- G. Proof of active registration with SAM.Gov in accordance with active UIE and/or DUNS number
- H. [NACCHO Standard Contract Language \(for your records\)](#)

#### APPENDIX A1: FUNDING RESTRICTIONS

Restrictions, which must be taken into account while writing the budget, are as follows: In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGO's that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the sources of fund, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign

non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability ([Additional Requirement – 35 | Grants | CDC](#)).

- Recipient may not use funds for research
- Recipients may not use funds for clinical care
- Recipients may only expend funds for reasonable program purposes including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provide who is ineligible.
- Other than for normal and recognized executive-legislative relationships no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).

#### **Regarding Purchase of General (i.e., non-specialized) and Specialized Equipment**

Requests to use awarded funding to purchase general equipment (excluding vehicles) on behalf of Jurisdiction Health departments or other beneficiary organizations outlined and approved in the associated Work Plan may be considered. Such spending must be identified and itemized, in the budget narrative, explained and justified in the narrative and is subject to review and approval by the Grants Management Official. Costs for purchase of general equipment (excluding vehicles) without approval by the Grants Management Official may be disallowed. Costs for purchase of general vehicles are not allowed.

Requests to use awarded funding to purchase specialized equipment (including specialized vehicles) on behalf of Jurisdictional Health Departments or other beneficiary organizations outlined and approved in the associated narrative may be considered. Such spending must be identified and itemized in the budget narrative, explained and justified in the Work Plan and is subject to review and approval by the Grants Management Official. Costs for purchase of specialized equipment (including specialized vehicles) without approval by the Grants Management Officials may be disallowed.

#### **Unallowed Expenses**

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently \$203,700).

- Please note that the federal government has implemented a prohibition against using federal funds to purchase telecommunications and video surveillance equipment and services from certain Chinese companies. This regulation is being incorporated into federal grants and contracts received NACCHO through [2 CFR 200.216](#) and/or Federal Acquisition Regulations (FAR) clause [52.204-25](#).

- The federal regulation specifically prohibits the purchase of telecommunications equipment and services from: Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities defined below); Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities). The definition of “Affiliate” can be found in [FAR 2.101](#). The list of subsidiaries and affiliates of Huawei and ZTE can be found in [Supplement Number 4 to 15 CFR Part 744](#).

The recipient can obtain guidance for completing a detailed justified budget on the CDC website at the following Internet address: [Budget Preparation Guidelines \(cdc.gov\)](#)

Please see CDC terms for non-research activities under the contract eligibility on the attached document: <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>.

For further guidance on the salary cap information <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/EX.pdf> in the budget guidelines.

## **APPENDIX A1: COMPLETE LIST OF OT21-2103 RECIPIENTS**

1. Maricopa County Department of Public Health
2. Pima County Health Department
3. Alameda County Health Care Services Agency
4. City of Long Beach Human Services Department
5. County of Riverside Department of Public Health
6. County of Sacramento Department of Health and Human Services

7. Fresno County Human Services System
8. Los Angeles County Department of Public Health
9. Orange County Health Care Agency
10. San Bernardino County Department of Public Health
11. San Diego County Department of Health and Human Services Agency
12. San Francisco Department of Public Health
13. Santa Clara County Health Department
14. Denver Department of Public Health and Environment
15. El Paso County Public Health (CO)
16. Duval County Health Department
17. Florida Department of Health in Miami-Dade County
18. Fulton County Board of Health
19. Chicago Department of Health
20. Cook County Department of Public Health
21. The Health and Hospital Corporation of Marion County
22. Louisville-Jefferson County Metro Department of Public Health and Wellness
23. Boston Public Health Commission
24. Baltimore City Health Department
25. City of Detroit Department of Human Services
26. City of Minneapolis Health Department
27. Kansas City Health Department
28. Mecklenburg County Health Department
29. Wake County Health Services
30. Douglas County Health Department
31. Southern Nevada Health District
32. Fund for Public Health in New York, Inc.
33. City of Columbus Center for Public Health
34. Oklahoma (City) County Health Department
35. Tulsa County Health Department
36. Multnomah County Health Department
37. Philadelphia Department of Health
38. Metro Public Health Department of Nashville and Davidson County
39. Shelby County Health Department
40. City of Austin Health and Human Services Department
41. City of El Paso Department of Public Health (TX)
42. City of San Antonio Metropolitan Health District
43. Dallas County Health and Human Services
44. Harris County Public Health
45. Houston Department of Health and Human Services
46. Tarrant County Public Health
47. Virginia Beach Department of Public Health
48. Seattle & King County Public Health
49. City of Milwaukee Health Department
50. American Samoa Department of Health

51. Federated States of Micronesia (FSM) Department of Health and Social Affairs
52. Guam Department of Public Health and Social Services
53. Commonwealth Northern Mariana Islands Healthcare Corporation
54. Puerto Rico Department of Health
55. Republic of Marshall Islands Ministry of Health
56. Virgin Islands Department of Health Group
57. Palau Ministry of Health and Human Services

The full list of OT21-2103 recipients can be found [here](#).