Page: Entry Information

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity for the Improving Vaccine Access, Education, and Outreach Through Faith-Based Partnerships demonstration site project to support local health departments (LHD) in collaborating with faith-based partners to identify and implement strategies to improve COVID-19 and routine vaccine confidence, education, and access.

Through this funding opportunity, NACCHO will issue five (5) awards in the form of fixed-priced contracts equaling $100,000 to LHDs selected to participate in this project. The project period is expected to begin on October 1, 2023 and will end September 29, 2024.

If you have questions at any point during the application process, please email immunization@naccho.org.

First Name *

________________________________________

Last Name *

________________________________________

Email Address *

________________________________________
Phone #

Primary address *
Street:

Line2:

City:

Country:

State:

Zip:

Note: If you need to edit the organization address or your name on this submission, this information is stored in our membership database. Please visit your MyNACCHO profile to make updates, then log out and back into the application website. You may need to start a new application for the address to populate correctly. Additionally, you can reach out to membership@naccho.org for more information.

What is the name of your organization? *
Size of Jurisdiction Served *
Select one option

○ less than 50,000
○ 50,000-499,999
○ 500,000 or more

Characteristics of Jurisdiction *
Select one option

○ Rural
○ Urban
○ Suburban
○ Mixed

If mixed, please explain: *

______________________________________________________________________________________________

Counties Served *
List the counties included within the jurisdiction of your LHD.

______________________________________________________________________________________________

Please indicate the number of FTE designated to immunization services. *

______________________________________________________________________________________________
Name, phone number, and email for primary point of contact for the application. *

Page: Statement of Need

Please be aware that copying into this box from Word can cause formatting issues. We do not recommend adding tables as it does not render correctly in this platform. If needed, copy first into Notepad, then into the submission form. Check your work thoroughly for any source code or formatting errors.

Please note that the 2500-character limit includes spaces and characters.
Jurisdictional Need: *

Describe the demographics and characteristics of your jurisdiction and burden of COVID-19 and other Vaccine Preventable Diseases (VPDs). (2,500-character limit)

Please include the following:

- Current burden of VPDs in your area and the data source (occurrence of outbreaks or increase in cases).

- A description of the faith-based community that will be the project focus and rationale for why this population was chosen (i.e., low vaccine uptake, information on identified barriers to vaccinations, etc.).

- Information on social determinants of health, demographics, or other systemic factors impacting the health of the community and/or and well-being of the identified faith-based community.
**Strategy and Approach**

Describe your proposed activities to address vaccine confidence and uptake among the identified population of interest. (2,500-character limit)

Please include the following:

- Describe activities and partnerships you plan to implement to meet the needs of the population identified to address vaccine confidence and/or access.

- Describe how this project will ensure services/activities reach and focus on the population identified.

- Describe how your program will use culturally appropriate prevention messages, strategies, and interventions that are tailored for your community.

- Describe how your project will coordinate with faith-based community members and faith-based leaders/organizations to complete the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and formulate a corresponding partner engagement plan.
Capacity to Implement Approach *

Describe existing relationships with community partners aimed at improving immunization coverage and confidence, including opportunities or challenges to building and maintaining those relationships. (2,500-character limit)

Please include the following:

- An overview of the LHD’s current immunization programs, services, and any current strategies to address COVID-19 and routine vaccine confidence, hesitancy, and uptake, especially relevant to the faith-based community of interest.

- Staff that will be responsible for project execution/implementation in addition to their roles and responsibilities for the project.

- Describe the sustainability of the project, such as how this project aligns with other funding streams, builds upon past work, supports future goals, and how new partnerships might be supported or leveraged beyond the funding period.
Collaboration and Partnerships *

Describe existing relationships with community partners aimed at improving immunization coverage and confidence, including opportunities or challenges to building and maintaining those relationships. (2,500-character limit):

Please include the following:

- Description of existing partnerships between your LHD and community-based organizations, academic institutions, health systems, employers, community health centers, etc. that align with the identified faith-based population of interest to improve vaccine acceptance and uptake.

- Description of partnerships and organizations your LHD would like to collaborate with, and challenges (if any) experienced in establishing such partnerships.

- Support needed by your LHD to maintain and strengthen community partnerships.
Please attach your budget using the template provided. *

- Refer to the budget template and instructions. (Note: The template will appear in your browser’s downloads. If the link does not work, copy and paste into browser)

- Applicants must provide a detailed line-item budget totaling $100,000.

- Please review the budget guidance document to assist in developing your budget line items.

Max file size is 10 MB. Please upload an Excel spreadsheet.

[File Upload]
Please attach a budget narrative (one page or less) to explain each line-item and how the amounts were derived. *

- Include a narrative cost justification for each line item and how the amounts were derived. The budget narrative template can be located in Appendix C of the RFA.

- Please ensure you have reviewed the unallowable costs listed in Appendix D of the RFA.

Max file size is 10 MB. Please upload a PDF or Word document.

[File Upload]

Respond to the following two questions at the end of the budget narrative.

**Do you have prior experience in federal contracting? ***
Select one option
○ Yes
○ No

**Have you completed a single audit? ***
For a full definition of "single audit," visit the HHS website.

Select one option
○ Yes
○ No

Page: Additional Information
Please upload the attachments below. Max file upload size for each attachment is 5 MB.

**Note**: The following documents are not required at the time of application submission but will be required for the contracting process. To ensure timely contract execution, we encourage you to submit these documents as soon as possible. If submitting these documents after the application deadline, please email them to immunization@naccho.org.

**Vendor information form**

Please use the [vendor information form](#) attached to upload a Word Document or PDF. Max file size is 5 MB.

[File Upload]

**Certification of non-debarment**

Please use the [template](#) linked to upload a Word Document or PDF. Max file size is 5 MB.

[File Upload]

**W-9**

Please use the [template](#) linked to upload a Word Document or PDF. Max file size is 5 MB.

[File Upload]
FFATA data collection form

Please use the template linked to upload a Word Document or PDF. Max file size is 5 MB. (NOTE for completing this form: This grant opportunity is federally funded and the CFDA # is 93.421.)

[File Upload]

Provide proof of active registration with SAM.gov in accordance with an active Unique Entity ID. (A screenshot is acceptable.)

A screenshot is acceptable.

[File Upload]

Back up documentation to show approved Fringe and Indirect rates if they exceed the 10% de minimis rate OR if no approved rates, please provide on letterhead explanation of Fringe and Indirect rates.

Please see budget guidance document for detailed information on acceptable documentation.

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