**Applications due by 11:59 PM ET on Monday, February 27, 2023.**



**Wastewater Surveillance for SARS-CoV-2 Mentorship Program (2023) Application**

The National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) have established Wastewater Surveillance for SARS-CoV-2 Mentorship Program to match local health departments with demonstrated expertise in wastewater surveillance with local health departments currently looking for guidance, tools and resources, and recommendations to build program capability.

NACCHO will issue a total of four (4) awards for the 2023 cohort of the Wastewater Surveillance Mentorship program: one (1) mentor award up to $15,000 and three (3) mentee awards up to $10,000 each. Interested applicants must complete and submit this application with all the required materials outlined in the Request for Application.

**Completed applications and all required materials must be sent to** **WASH@naccho.org** **no later than 11:59 PST on Monday, February 27, 2023.**

**To complete this application**: Please fill out sections 1-6. Some sections contain more than one item. For written answers, please type in your answer next to or below the question. Questions requiring written answers may specify a word limit. If no word limit is specified, please keep answers as succinct as possible.

For multiple choice questions please highlight your selection, for example:

Select one option:

* Yes
* No

## **Applicant [six (6) items]**

* **Applying as a mentee or mentor, select one:**
* Applying as a mentee - a local jurisdiction with demonstrated interest and need in developing and/or expanding wastewater surveillance.
* Applying as a mentor - a local jurisdiction with subject-matter expertise and experience leading a wastewater surveillance program.
* **Local Health Department/Agency/Organization Name:**
* **City or County:**
* **State:**
* **Jurisdiction Size, select one:**
* Small (0-50,000)
* Medium (50,000-499,999)
* Large (500,000+)
* **Please provide a primary contact for your agency/organization:**
* Name:
* Title:
* Email Address:
* Phone number:

## **Background [seven (7) items, all written answers]**

* **Describe your organization’s prior or current wastewater surveillance efforts. Please include experience with any wastewater surveillance indicators (.e., opioid use, polio, SARS-CoV-2).**
* **Why are you interested in applying to this program as mentor or mentee?**
* **[*Mentees only*] Describe how your jurisdiction would benefit from setting up or expanding a wastewater surveillance program for SARS-CoV-2 based on your jurisdiction’s current needs and challenges.**
* **[*Mentors only*] Please describe your jurisdiction’s subject-matter expertise in wastewater surveillance and how you will apply this experience to serve as a mentor in this program.**
* **Describe your organization’s current partnerships with: A) wastewater utilities; B) laboratories (commercial, government, and/or academic); C) other government agencies (local, state, or national level); D) others.**
* **If you are NOT employed at a local health department, how is your organization planning to collaborate or currently collaborating with your local health department in your wastewater surveillance efforts?** *Please skip this question if you are employed at a local health department.*
* **List the titles and responsibilities of staff (including yourself) that would be involved with the program, if selected as a participating mentor or mentee.** *This response will not affect your application strength – this information is for NACCHO’s awareness.*
* **Optional:** Please share any additional information you would like us to take into consideration when reviewing your application.

## **Pre-Assessment [five (5) items, all multiple choice]**

*Please complete this assessment based on the status of your jurisdiction’s wastewater surveillance program prior to NACCHO’s mentorship program. For multiple choice questions, please highlight your answer or place an* ***X*** *by your answer when indicated.*

* **What is the status of your jurisdiction’s wastewater surveillance program?**
* Does not exist
* Planning stages
* Early implementation stages
* Fully implemented
* **Rate the strength of your health department’s partnerships with the following organizations related to wastewater surveillance by placing an X under your answer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No partnership | Poor | Moderate | Excellent |
| Wastewater utilities |  |  |  |  |
| Laboratories |  |  |  |  |
| State health department |  |  |  |  |
| Federal agencies |  |  |  |  |
| Other local government agencies |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

* **Are you aware of resources from the following entities to support local wastewater surveillance programs? Place an X under your answer.**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Other local jurisdictions |  |  |
| State |  |  |
| Federal |  |  |
| Other |  |  |

* **Rate your organization’s experience with the following as they related to wastewater surveillance programs. Place an X under your answer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Experience | Limited Experience | Moderate Experience | Extensive Experience |
| Mapping/GIS |  |  |  |  |
| Wastewater sampling |  |  |  |  |
| Laboratory testing and analysis |  |  |  |  |
| Genomic sequencing |  |  |  |  |
| Data utilization for local decision-making |  |  |  |  |
| Communicating findings with the public |  |  |  |  |

* **Share your level of agreement with the following statements about wastewater-based epidemiology (WBE). Place an X under your answer.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral/Unsure | Agree | Strongly Agree |
| My jurisdiction has the tools and resources to implement a strong WBE program |  |  |  |  |  |
| My jurisdiction has sufficient and sustainable funds to support a WBE program. |  |  |  |  |  |
| WBE is an important tool in preventing and responding to COVID-19 in my jurisdiction. |  |  |  |  |  |
| WBE can be used to address a variety of public health priorities in my jurisdiction. |  |  |  |  |  |
| WBE should be a permanent program in my health department. |  |  |  |  |  |

## **Statement of Work [one (1) item, written]**

Please provide a brief summary (one page) of the activities that your program will complete during the project period. Please refer to the Technical Requirements and Expectations of Mentors and Mentees in the Request for Applications.

Highly rated applications will include the following:

**Mentors**

* Describe areas of interest for mentorship
* Identify strengths for supporting capacity building among mentees over the course of the program
* Describe how experience and technical expertise will be leveraged to provide guidance to local jurisdictions that are in the early stages of setting up a wastewater surveillance program.

**Mentees**

* Describe areas of interest for mentorship
* Identify goals for capacity building over the course of the program
* Describe how goals will support jurisdictional needs
* Indicate how the applicant intends to encourage program sustainability (e.g., conducting staff trainings, developing sampling and testing protocols, creating standard operating procedures to document operational practices with key partners, etc.)

Please provide your statement of work:

## **Workplan [one (1) item, written]**

Expand on your statement of work by writing a more detailed workplan for the project period of March – July 2023. This can be written in paragraph, bullet point, or table format. Please include your specific objectives, activities, outputs/deliverables, and timeline.

Please provide your workplan:

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## **6. Eligibility Checklist [five (5) items, all multiple choice]**

Agreement with NACCHO standard contract terms and conditions (Request for Applications: Appendix B) is a requirement for application. Applicants should review all terms and conditions to determine whether or not they are appropriate for submitting a proposal. No modifications to the terms, contract language, or scope of work will be made. (Note: NACCHO has a specific contract template as approved by the State’s General Counsel for applicants from FL and TX. Please email us for a copy should you need it.) **Contractors that cannot agree to NACCHO’s contract language should not apply for this initiative.** If awarded, the organization must be registered with SAM.gov and will provide proof of completion by sharing a DUNS number. Awardees will also be required to complete NACCHO’s Risk Assessment form ([link here](https://www.naccho.org/uploads/body-images/NACCHO-Risk-Assessment-Policy.docx)).

Please select yes or no for the following questions:

* **Our agency has read NACCHO’s standard contract language (Appendix B) and provided a copy to the individual with signing authority.**
* Yes
* No
* **Does your organization have prior experience with Federal Contracting?**
* Yes
* No
* **Has your organization completed a Single Audit?**
* Yes
* No
* **Is your organization registered with SAM.gov and have an assigned DUNS number?**
* Yes
* No
* **Our agency has reviewed NACCHO’s Risk Assessment Policy and provided a copy to the individual with signing authority.**
* Yes
* No

## **7.Completed Attachments**

Please include the following attachments with your application:

1. [Budget](https://www.naccho.org/uploads/downloadable-resources/Budget_WW-Surveillance-2023-Cohort.xlsx) *(template provided in the RFA)*
2. [Budget Narrative](https://www.naccho.org/uploads/downloadable-resources/Budget-Narrative_WW-Surveillance.docx) *(template provided in the RFA)*
3. [Contract Cover Sheet](https://nacchohq.sharepoint.com/sites/WASHPreparedness/_layouts/Doc.aspx?sourcedoc=%7B5BA2EFAC-A68C-42F5-93D1-35E1C85652FB%7D&file=Contract-Cover-Sheet%20WW%20Surveillance.docx&action=default&mobileredirect=true)
4. [Vendor Information Form](https://www.naccho.org/uploads/downloadable-resources/Vendor-Form.pdf)
5. [W-9 Form](https://www.naccho.org/uploads/downloadable-resources/W-9-Blank.pdf)
6. [Certification of Non-Debarment](https://www.naccho.org/uploads/downloadable-resources/Certification-of-Non-Debarment.pdf)
7. Proof of active registration with SAM.gov in accordance with active DUNS number (a screenshot can be uploaded)
8. [Certification Regarding Lobbying Form](https://www.naccho.org/uploads/downloadable-resources/Certification-Regarding-Lobbying.E_210827_155855.pdf)
9. [Certification Regarding Non-Applicability of Single Audit](https://www.naccho.org/uploads/downloadable-resources/Certification-Regarding-Non-Applicability-Single-Audit-Requirement.pdf)
10. [Subrecipient Risk Assessment Form](https://www.naccho.org/uploads/body-images/NACCHO-Risk-Assessment-Policy.docx#asset:196241)
11. 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