

APPLICATIONS DUE NOVEMBER 1ST AT 11:59 PM ET



## REQUEST FOR APPLICATIONS

### **Demonstration Sites for Bridging Preparedness, Infectious Disease, Maternal-Child Health, and Birth Defects within Cities and Counties Project**

#### **I. Overview**

The National Association of County and City Health Officials (NACCHO) is the voice of nearly 3,000 local health departments (LHDs) across the country. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

NACCHO, with support from the National Center on Birth Defects and Developmental Disabilities (NCBDDD) within the Centers for Disease Control and Prevention (CDC), is pleased to offer a new funding opportunity designed to support LHDs in identifying emerging infectious disease threats that impact pregnant people and their infants and develop feasible action items to implement in their jurisdiction.

NACCHO will award up to \$20,000 to up to four health departments and will facilitate virtual action planning processes to support recipients to identify priorities for collaboration and take concrete steps to increase the prioritization of pregnant people and infants over the course of the project period.

This funding opportunity is part of NACCHO's Bridging Preparedness, Infectious Disease, Maternal-Child Health, and Birth Defects within Cities and Counties (MIP) Workgroup, which supports public health and clinical care partnerships at the local level to increase local jurisdictions' ability to protect, respond, and support pregnant people and their infants from emerging infectious disease threats. Selected awardees will be expected to participate in the MIP Workgroup.

**All necessary information regarding the project and application process may be found in this Request for Applications (RFA). Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing Elana Filipos at [efilipos@naccho.org](mailto:efilipos@naccho.org).**

#### **II. Background**

Maternal Child Health (MCH) populations, including pregnant people and infants, each have unique needs that must be taken into consideration during response plans and efforts. From the Zika virus

outbreak, COVID-19 pandemic, and other infectious disease outbreaks, the U.S. is facing an increasing number of complex public health emergencies that impact MCH populations in different ways. Responses to each of these public health emergencies have identified gaps and a critical need for the U.S. public health and health care systems at the national, state, and more specifically the local levels to build community resilience to prepare for and rapidly respond to the unique needs of pregnant people and their families. However, their prioritization is often hampered by fragmented responses resulting from disconnected stakeholders.

NACCHO uses a definition of community resilience put forth by RAND.

“Community resilience entails the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid the community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and (3) using knowledge from a past response to strengthen the community’s ability to withstand the next health incident.”<sup>1</sup>

Community resilience is strengthened through partnership building around MCH populations, as the recognition and addressing of this gap area with unique needs accounts for vulnerability.

In December 2014, NACCHO published a white paper titled *Community Resilience and Mobilizing for Action Through Planning and Partnerships (MAPP): A Plan for Community Performance Measurement and Improvement*. This white paper provides a theoretical connection between MAPP and community resilience and a conceptual foundation for using MAPP as a basis for community engagement projects. MAPP is useful because it is a community-owned process that involves broad representation of the local public health system, engages the community, and uses qualitative and quantitative data to inform the development, implementation, and evaluation of strategic community plans.

### **III. Funding Opportunity Overview**

NACCHO will facilitate a virtual action planning process using MAPP principles with awardees that enable them to: develop or improve relationships among MCH, Infectious Disease (ID), and Emergency Preparedness and Response (EPR) staff; identify shared goals; include MCH priorities, considerations, and populations in EPR plans; and develop and implement joint action plans that effectively integrate MCH populations into preparedness planning and exercises, ultimately improving community resilience. NACCHO will facilitate the action planning development and implementation process, providing both group and individually tailored technical assistance (TA) and resources to awardees, as well as fostering a community of peer-to-peer learning among awardees.

### **IV. Eligibility**

Funding is available to all local health departments.

NACCHO will select up to four (4) awards available through this funding opportunity. Each LHD may request up to \$20,000 to support project activities. NACCHO will consider geographic distribution,

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<sup>1</sup> Chandra, Anita et al. 2011. *Building Community Resilience to Disasters*. RAND Corporation.

jurisdictional characteristics, and population size served to ensure diversity in LHDs selected. The project period shall begin upon both parties' full execution of the contract and will end July 31, 2023. Applications must be submitted through the online submission form no later than **11:59 PM EST on November 1st, 2022**. In fairness to all applicants, NACCHO will not accept late submissions.

A deliverable-based consultant contract will be executed between NACCHO and the LHD; however, LHDs may subcontract with community organizations or other consultants to accomplish the work plan activities. A proposed deliverable schedule can be found in section V.

Informational Webinar: NACCHO hosted an informational webinar to discuss the funding opportunity and respond to questions. View the [webinar recording](#) and the [presentation slides](#) for more information.

## **V. Project Requirements and Timeline**

Awarded applicants will be required to agree to a detailed Scope of Work (SoW) after notification of award. Specific activities related to the planning and implementation of the proposed action plan that will be enumerated in the SoW are below. All details are provisional and NACCHO reserves the right to request additions to the SoW as necessary.

### **Scope of Work:**

1. Participate in a project kick-off call with NACCHO, CDC, and other awardees.
2. Complete a baseline assessment to assess MCH, ID, EPR capacity within the LHD.
3. With NACCHO support, design and develop a series of virtual action planning meetings with LHD staff and, if relevant, additional stakeholders. The purpose of these meetings will be to:
  - a. strengthen collaboration between MCH, ID, and EPR departments by sharing priorities, goals, activities, and responsibilities of the departments;
  - b. facilitate relationship and partnership building with the goal of incorporating MCH populations into preparedness plans and;
  - c. prioritize EPR plans and exercises for MCH inclusion and develop an action plan to respond to and prepare for emerging infectious disease threats that impact pregnant people and their infants.
4. Finalize an action plan in collaboration with NACCHO.
5. Initiate implementation of the action plan.
6. Participate in the MIP Workgroup membership by attending bi-monthly workgroup meetings. Prepare to share project updates and highlights with the full workgroup at each meeting.
7. Prepare a final end of year project presentation for the MIP Workgroup membership.
8. Participate in NACCHO led virtual site visits upon completion of action plans.
9. Revisit the capacity assessment.

10. Participate in peer sharing and technical assistance calls facilitated by NACCHO to review progress of planned activities and share practices and lessons learned.
11. Complete an evaluation worksheet that summarizes progress in achieving action steps and partner engagement strategy, including examples of changes to any existing health department plans that reflect increased integration of MCH, ID, and EPR.

NACCHO will provide awardees with technical assistance as needed and facilitate virtual action planning meetings. Results of this project will be disseminated among NACCHO’s members and other stakeholders.

The following table outlines the tasks expected of the selected sites and an overall project timeline:

|  |                                      |
|--|--------------------------------------|
| Application submission deadline            | Tuesday, November 1, 2022 11:59PM ET |
| Anticipated contract start date            | Wednesday, November 30, 2022         |
| MIP Workgroup bi-monthly calls             | December 2022 – June 2023            |
| Project kick-off call                      | January 2023                         |
| Series of virtual action planning meetings | January – April 2023                 |
| All-awardee calls                          | January – April 2023                 |
| Final Project Presentation                 | June 2023                            |
| Anticipated contract end date              | July 2023                            |

**Proposed Invoice Schedule and Deliverables:**

| Invoice #  | Invoice Date | Invoice Amount |
|--|--------------|----------------|
| <b>Invoice I – Initial kick off call and completed pre-assessment</b>                          | January 2023 |                |
| <b>Invoice II – Participation in all required meetings, scheduled action planning meetings</b> | April 2023   |                |
| <b>Invoice III – Submission of final action plan</b>   | May 2023     |                |
| <b>Invoice IV – Final project presentation, post-assessment and evaluation</b>                 | July 2023    |                |
| Total  |              | Up to \$20,000 |

Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

**VI. MIP Workgroup Overview**

NACCHO, with support from NCBDDD within the CDC formed an Ad-hoc MCH, ID, and Preparedness (MIP) Collaborative Workgroup four years ago to support public health and clinical care partnerships at the local level to increase local jurisdictions’ ability to protect, respond to, and support pregnant people and their infants from emerging infectious disease threats.

The workgroup is an opportunity to discuss the role of MCH, preparedness, and ID departments and staff in addressing infectious diseases that impact MCH populations at the local level. In the past year, the MIP Workgroup reviewed and provided comments on federal guidance, held bi-monthly meetings to share and discuss local collaborative efforts, and co-authored NACCHO publications.

This demonstration site funding opportunity is part of NACCHO's MIP Workgroup, and selected awardees will be expected to participate in the MIP Workgroup as outlined in the scope of work.

## VII. Technical Assistance and Support to Awardees

NACCHO, in collaboration with CDC, will provide the following TA and support to awardees:

- Schedule and conduct check-in calls with each awardee
- Provide opportunities for peer-to-peer networking among awarded LHDs
- Provide technical assistance and ad-hoc individual meetings
- Assist with strategic planning and action planning

## VIII. Application Format and Instructions

- 1) Review the requirements and expectations outlined in this RFA.
- 2) Applicants are urged to carefully consider activities that will be both meaningful and feasible to accomplish during the previously described project timeframe.
- 3) Read NACCHO's standard contract language 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. Do not sign or send back the contract with the application.
- 4) Submit the application to NACCHO by **November 1st at 11:59PM EST**. Submissions after this deadline will not be considered. Please submit your application using NACCHO's online portal [here](#). **Please note that to gain access to the submission portal, applicants will need to create a NACCHO.org account if they do not already have one.** No applications will be accepted by fax, e-mail, or postal mail.
- 5) The application must include the following items to be deemed complete:
  - Complete responses to the questions that address the four domains described below:
    - Background Information, Statement of Need, Proposed Project Plan, LHD Capacity to Implement Approach
  - Budget Justification and Narrative
  - Completed attachments
  - **The applicant must be registered with the System for Award Management (SAM) and its SAM number.** For applicants without a SAM number, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM number at the time of submission.
- 6) Complete the application with your responses and save a copy for your records.

NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to [efilipos@naccho.org](mailto:efilipos@naccho.org).

Below are questions you will be required to answer through the [online submission form](#):

#### Category #1: Background Information

1. Contact information
2. Jurisdictional characteristics
3. Briefly describe your community/the population your LHD serves (250 words).

#### Category #2: Statement of Need

4. Identify an infectious disease currently impacting your jurisdiction.
5. Describe MCH, ID, and EPR challenges faced by your LHD. For example, challenges might be related to relationships with key stakeholders/communication plans, epidemiology/surveillance, informatics, and/or workforce (500 words).
6. Tell us about your existing partnerships, both within the LHD and with external stakeholders. In your response, describe the level of collaboration among MCH, ID, and EPR, and other relevant departments, and identify external partners that you need to work with to meet your goals (250 words).

#### Category #3: Proposed Project Plan

7. Describe how this project will increase the capacity of your LHD to meet the needs of pregnant people and infants, and reduce inequities related to public health emergencies. In your response, please include how you envision your MCH, ID, and EPR departments working together to achieve these goals and the types of activities that you hope to incorporate into your project plans (1000 words).
8. How will this project build community resilience in your jurisdiction? See the appendices for sample measures related to community resilience (250 words).

#### Category #4: LHD Capacity to Implement Approach

9. Identify key staff that will support this program, including their positions and anticipated roles on this project (250 words).
10. Describe your LHD's experience developing and conducting preparedness plans, exercises, and responses (250 words).
11. Describe your LHD's current data surveillance capacity (250 words).

#### Budget Justification and Narrative

- Applicants must provide a detailed line-item budget and narrative justification of the items included in their proposed budget.
- The purpose of the line-item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work. The budget should span 7 months with the understanding that the project would end on July 31, 2023. Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Restrictions that must be considered while planning the programs and writing the budget are listed in section XI.

- Applicants must demonstrate sufficient staff support to manage and coordinate the proposed program activities and ensure adequate evaluation expertise to support project requirements.
- At minimum, applicants must allocate 10% of their proposed budget to support LHD personnel costs.

Applicants will be notified of their selection status by e-mail to the project point of contact around October 31, 2022. Selected LHDs will be required to confirm participation and agreement with the contract scope of work after receiving notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

## IX. Selection Criteria

A Review Committee composed of representatives from NACCHO will use the following criteria to evaluate proposals for the purpose of ranking them in relative position based on how fully each proposal meets the requirements of this RFA:

- **Prioritization of Issues (20 points):** Applicant demonstrates a knowledge of infectious disease threats impacting the MCH population, especially among pregnant people and infants, and has demonstrated why they are prioritizing a certain infectious disease.
- **Project Approach (25 points):** Applicant describes a project plan that is feasible, responsive, and likely to increase the EPR capacity of the LHD to prioritize MCH populations. The project plan should include statements about how this will improve community resilience. Applicants should also demonstrate overall commitment, completeness in answering the questions, and submission of all required information and documents.
- **Organizational Capacity (25 points):** Applicant has capacity to develop and implement EPR plans, exercises, and responses.
- **Commitment to Collaborate (20 points):** Applicant demonstrates a commitment to collaborate across MCH, ID, and EPR departments. Note that lack of a pre-existing relationship among MCH, ID, and EPR departments is not a barrier to a successful application. If there is currently no coordination, we seek evidence of a commitment to collaborate either through the narrative or letters of commitment from department directors.
- **Commitment to Addressing Equity (10 points):** All successful applications will have identified inequities within MCH populations, particularly among pregnant people and infants, and propose approaches that address these inequities.

## X. Attachments

Required Application Resources

- Budget Proposal – [Template](#)
- NACCHO Standard Contract for review – [Template](#)
- Vendor Information – [Form](#)
- W-9 Form – [Form](#)

- Certification of Non-Debarment – [Form](#)
- Required: Proof of active registration with SAM.gov in accordance with an active Unique Entity Identifier number
- In addition, you will be required to answer the following two questions:
  - Does your organization have prior experience in federal contracting?
  - Has your organization completed a Single Audit?

## XI. Unallowable Costs

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should NACCHO and CDC determine applicant’s proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget.

- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may not use funds for research, incentives such as gift cards, or vehicles.
- Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
- Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
  - Procure or obtain,
  - Extend or renew a contract to procure or obtain; or
  - Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
    - For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
    - Telecommunications or video surveillance services provided by such entities or using such equipment. iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022.



During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- 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
- Funding restrictions stated in [CDC-RFA-OT18-1802](#) apply

## Appendix A – Components of Community Resilience Example Measures

- Social and economic well-being
  - Percent unemployed
  - Percent children under poverty level
  - Percent families under poverty level
  - Median household income
  - Ratio of high school students graduating who entered 9th grade 3 years prior
  - Number and proportion of migrant persons
  - Number and proportion of homeless persons
  - Number and proportion of non-English speaking persons
  - Number and proportion of persons aged 25 and older with less than a high school education
  - Number and proportion of persons without health insurance
  - Number and proportion of single parent families
  
- Physical and psychological health of population
  - Perceived health status
  - Average number of sick days
  - Mortality rate
  - Unintentional injuries
  - Fatal injuries
  - Homicides
  - Infant deaths
  - Preterm births
  - Adults who are obese
  - Children and adolescents who are considered obese
  - Healthy People Leading Health Indicators for Mental Health
  - Suicide rate
  - Adolescents who experience major depressive episodes
  - Average number of days for which adults report that their mental health was not good
  - Psychiatric admissions rate
  - Domestic violence rate
  - Rates of illegal drug use
  - Drug-related mortality rate
  - Rate of confirmed cases of child abuse and neglect among children
  
- Risk communication

Local Public Health System Assessment Questions (included in National Public Health Performance Standards Local Instrument). At what level does the local public health system:

  - 3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?
  - 3.2.2 Use relationships with different media and public relations and for sharing information among LPHS organizations?
  - 3.3.1 At what level does the LPHS develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
  - 3.3.2 At what level does the LPHS make sure resources are available for a rapid emergency communication response?

- 3.3.3 At what level does the LPHS provide risk communication training for employees and volunteers
  
- Social connectedness
  - Percentage of residents doing favors for neighbors
  - Percentage of residents eating dinner with their family at least few times a week
  - Percentage of children living in neighborhoods that are supportive
  - Voting-eligible population highest office turnout rate
  - Percentage of community residents volunteering
  - Average volunteer hours per resident
  - Rate of volunteer retention
  
- Integration and involvement of organizations involved in planning, response, and recovery
 

Local Public Health System Assessment Questions (included in the National Public Health Performance Standards Local Instrument). At what level does the local public health system:

  - 2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?
  - 2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
  - 2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?
  - 3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
  - 3.3.2 Make sure resources are available for a rapid emergency communication response?
  - 5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?
  - 5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?
  - 5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?