NACCHO SM

National Association of County & City Health Officials

Request for Application

Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities

Release Date: September 8, 2026

***Applications are due by 11:59 pm ET on October 9, 2026**

SUMMARY INFORMATION

Project Title:	Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities
Application Due Date and Time:	by 11:59 pm ET Friday, October 9, 2026
Selection Announcement Date:	On or around October 16, 2026
Source of Funding:	Centers for Disease Control and Prevention
NOA Award No.:	5 NU38PW000037-03-00
Total Funding Amount:	**$40,000.00** per award
Estimated Period of Performance:	**November 9, 2026** - July 31, 2027
Informational Webinar:	September 23, 2026 at 1:00pm EST
Point of Contact for Questions Regarding this Application:	NACCHO Immunization Program: immunization@naccho.org

OVERVIEW

The National Association of County and City Health Officials (NACCHO) is the voice of over 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster.

In partnership with the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity *Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities*. Selected LHDs will identify, implement and evaluate an evidence-based intervention to improve vaccine uptake, access, and confidence within high-risk populations. Communities considered high-risk are those that experience persistently low vaccination rates due to deeply rooted beliefs, community norms, or barriers that contribute to low vaccine confidence and an increased risk of outbreaks. These communities may also face a higher risk of negative health outcomes due to limited access to or uptake of medical services. With support from NACCHO, awardees will document lessons learned, develop communication materials, and participate in shared learning experiences.

Through this funding opportunity, NACCHO will issue up to eight awards in fixed priced contracts equaling **$40,000** each to LHDs selected to participate. The project period is expected to begin on **November 9, 2026**, and will end on July 31, 2027. Applications must be submitted through the online submission form no later than **October 9, 2026, at 11:59 pm ET**. In fairness to all applicants, NACCHO will not accept late submissions.

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 emailing immunization@naccho.org.

SCHEDULE OF EVENTS

Applicants are advised to consider the following deadlines and events for this application

Event	Date/Time
Launch RFA	September 8, 2026,
Informational Webinar (**register here**)	September 23, 2026, at 1:00 pm ET
Application Submission Deadline	October 9, 2026, at 11:59 pm ET
Award Notification Date	On or around October 16, 2026
End of Period of Performance	July 31, 2027

PROJECT GOALS & TECHNICAL REQUIREMENTS

The *Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities* project will provide LHDs with resources to pilot strategies to improve vaccine receptivity, uptake, and adherence to outbreak mitigation measures in un or under vaccinated communities. This will include training and technical assistance to help LHDs develop and evaluate tailored interventions for priority populations within their jurisdictions. Awardees will be expected to design, implement, and evaluate interventions that meet the following criteria:

- **Focus on high-risk populations:** Intervention should focus on one specific, defined high-risk population that resides within the LHD's jurisdiction. Participants should also prioritize at least one routine vaccination for vaccine preventable diseases (VPDs) that pose a significant outbreak risk, not including COVID-19, influenza, and RSV.
- **Community Engagement:** A partnership between one or more community-based organizations that serve the priority population, or with community leaders within the focus population.
- **Community Assessment:** Selection of priority intervention and approach should be informed by recent review of target community immunization needs.
- **Promising or Evidence-Based Practice:** Intervention should be informed by evidence and/or data. This can include an adaptation of an existing, evidence-based strategy or an innovative strategy that is designed using evidence-based principles, theories, or frameworks. (*See **Appendix D** for examples of such practices*).
- **Feasible and Replicable Across Jurisdictions:** Proposed interventions should demonstrate the potential to feasibly be replicated and/or adapted for use in other jurisdictions with similar populations and/or contextual factors.
- **Ready for Start-Up or Implementation:** Proposed intervention should be ready to be implemented or already being implemented to some extent.

Selected applicants will be required to conduct the activities listed below in addition to implementing their proposed program activities. A SOW will be agreed upon after award acceptance by applicants. A draft SOW is provided in Appendix B.

All awardees will be required to conduct the following activities throughout the project period:

- Create a project work plan outlining specific activities the LHD will complete to meet the project objectives and deliverables.
- Develop an evaluation plan and collect the necessary data to answer key evaluation questions.
- Use the data from the evaluation activities to guide the development of at least one vaccine communication, outreach, and/or education material.
- Use evaluation findings to develop a Lessons Learned report.
- Regularly attend and participate in NACCHO led meetings including learning collaboratives, peer-to-peer engagement opportunities and one-on-one technical assistance calls.
- Contribute to at least one learning collaborative by presenting selected intervention, design, implementation, and evaluation efforts.
- Develop a Sustainability Strategy and Action Plan

NACCHO Support

NACCHO staff will serve as a resource to the LHD to ensure adequate completion of the SOW and achievement of project goals by fulfilling the following responsibilities:

- Provide background information related to the project, including access to NACCHO resources necessary to complete the tasks above.
- Provide opportunities for learning and peer-to-peer mentoring among awarded LHDs.
- Provide training and technical assistance to guide the LHDs in developing a work plan, evaluation plan, and communications materials.
- Provide direct technical assistance for the completion of tasks, including phone or email consultations.
- Facilitate routine conference calls, webinars, and information exchange between recipients.

ELIGIBILITY AND CONTRACT TERMS

Eligibility: This opportunity is open to LHDs with an identified need or interest in evaluating and strengthening vaccine uptake with high-risk communities in their jurisdiction.

Contract Terms: NACCHO expects the applicant to review and agree to the NACCHO standard contract terms (Appendix A) and conditions as a requirement of award. **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. If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

It is the responsibility of the selected LHDs to return a signed copy of the contract within approximately 30 days of receipt. Recipients are encouraged to be proactive in coordinating their agency's grant approval process to avoid possible delays. Applicants should review all terms and conditions to determine whether they are appropriate prior to submitting a proposal.

Selected LHDs will enter into a contract with NACCHO to complete the required activities outlined below. NACCHO will pay each awarded LHD in exchange for completion of the assigned scope of work (SOW) and accepted deliverables. Deliverables will be priced as a portion of the total award amount. The SOW will outline an invoicing schedule. Please note NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary. Please note, due to internal or external contracting processes, the start date may be retrospective to the date of the fully executed contract.

Award Terms & Conditions, Federal Regulations and Policies: CDC and grant recipients must comply with all applicable terms and conditions of award, federal laws, regulations, and policies: General Terms and Conditions for Non-Research Grant and Cooperative Agreements (cdc.gov).

Method of Payment

NACCHO will pay the selected contractor in **3 installments** upon receipt of deliverables per the payment schedule identified in Appendix B. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

PROPOSAL RESPONSE FORMAT & SELECTION CRITERIA

Applications for NACCHO's *Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities* project must include the following:

A. Cover Page and Project Abstract

- Applicant organization name, address, city, and state
- Two points of contact: Name, phone number, and email
- Project summary: A brief description of the project (100-word limit)

B. Project Narrative

- **Statement of Need**: Summarize the burden of vaccine preventable diseases (VPDs) within your jurisdiction. Clearly identify a population of focus for this project and explain why they were selected and the burden or risk of VPDs on this population (250-word limit).
  - Briefly describe the demographics of your jurisdiction and of the high-risk community that you serve.
  - Describe the impact of at least one routine vaccination for a VPD that

poses a significant outbreak risk, not including COVID-19, influenza, and RSV within your jurisdiction in general, as well as on the high-risk community you propose to reach.
    - What has been the response to VPDs within the high-risk community? What challenges and/or barriers is the high-risk community experiencing?
  - Describe any data collection/needs assessment activities for vaccine preventable diseases with the high-risk community that have been conducted by you or others in your jurisdiction showing the vaccination coverage within your jurisdiction.
- **Proposed Strategy and Approach:** Describe at least one evidence-based intervention you propose to address vaccine preventable diseases with the high-risk community in your jurisdiction. Examples of best and promising practices with high-risk communities can be found in Appendix D (250-word limit).
  - Describe how the intervention was informed by a recent review of target high-risk community immunization needs.
  - Explain how this intervention will be tailored to the target community.
  - Provide a brief overview of the timeline, roles, and responsibilities for this intervention, explaining what will happen, when, and by whom.
- **Overview of Current or Planned Partnerships:** Describe your current or planned partnerships to address vaccine preventable diseases and implement your proposed intervention with the high-risk community (250-word limit).
  - An overview of current partnerships, highlighting any gaps concerning the population of focus.
  - Describe how you will engage organizations or leaders within the high-risk community you propose to work with.
  - What ongoing or new structures will be in place to facilitate communication and engagement?
- **Organizational Capacity:** Describe your LHD's capacity to coordinate and execute the proposed activities, including any technical, financial, administrative, and/or project management resources that will be used (250-word limit).
  - Describe your current capacity to evaluate this project, including your ability to develop an evaluation plan, design and implement data collection tools, and to collect and analyze data showing the impact, effectiveness, and cost of the intervention.
  - Identify staff responsible for the project and their specific roles.

C. Budget Justification and Narrative:

- Budget (template provided): Applicants must provide a detailed line-item budget, **totaling $40,000**, that clearly outlines the dollar ($) amount and percent (%) of total budget. Please review the budget guidance document to assist in developing your budget line items. (Note: the template will appear in your browser's downloads). Please provide a detailed budget narrative in the cost justification section of the budget template for each line item.

- If fringe or indirect rates exceed the 15% de minimis rate, provide supporting documentation (e.g., an Indirect/Fringe Rate Agreement) demonstrating the approved rates. See the budget guidance for alternative documents. Note on unallowable expenses: Funds may not be used for equipment or vaccine purchases. Per HHS requirements, funds awarded under this RFA are prohibited from being used to pay the direct salary of an individual at a rate in excess of the current Federal Executive Schedule Level II salary cap. Please see Appendix C for a list of unallowable expenses.

D. Additional Forms:

Required: Contractor Cover Sheet **We highly recommend submitting the documents with your application to facilitate a swift contracting process, should you be selected.** Please ensure that all documents are signed and dated within the past year, as any documents signed more than a year ago will not be accepted.

- Provide proof of active registration with SAM.gov in accordance with active Unique Entity ID. A screenshot is acceptable.
  - The applicant must be registered with the System for Award Management (SAM). For applicants without a Unique Entity ID, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM Unique Entity ID at the time of submission.
  - Note: If an applicant's Unique Entity ID is expired at the time of contract execution, the applicant will be required to renew. If your registration is expected to expire within the next 60-days, please renew to avoid any delays.
- Scope of Work
- Vendor Information Form
- Certificate of Non-Debarment
- W-9 Form
- FFATA data collection form

APPLICATION SCORING

NACCHO will review and score applications for this RFA in accordance with the following criteria (out of 100 points):

Criteria	Weight
Statement of Need: Extent to which proposed strategies are likely to improve or address prevention and mitigation needs	25
Proposed Strategy and Approach: Extent to which proposed interventions are evidence-based, ready for implementation/piloting, and likely to be replicable/adaptable in other jurisdictions	30
Overview of Current or Planned Partnerships: Extent to which the proposed approach includes meaningful partnerships that will facilitate outreach and engagement of the high-risk community	25
Organizational Capacity: Extent to which organization has the capacity to ensure successful implementation of the proposed intervention	20

SUBMISSION INSTRUCTIONS

Applications for the *Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities* project should use the online application system accessible **here**. Applicants should:

- Review the requirements and expectations outlined in this RFA.
- Read NACCHO's standard contract language (Appendix A) 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 made.
- Complete the online application form. The following items must be included for the application to be deemed complete**:**
    - Local jurisdiction information
    - Narrative that addresses the four domains (need, overview of current communications, strategy and approach, and implementation capacity) described above.
    - Anticipated budget (template provided).
- Submit the completed application via the online application system by 11:59 pm ET on October 9, 2026. Submissions after this deadline will not be considered.

NACCHO will confirm receipt of all applications within two to three business days, however, receipt does not guarantee verification of completeness. All applicants will be notified of their status on or around October 16, 2026. All questions may be directed to immunization@naccho.org.

APPENDICES

- Appendix A: NACCHO's Standard Contract Language
- Appendix B: Scope of Work and Invoicing Schedule
- Appendix C: Unallowable Costs
- Appendix D: Evidence-Based and Promising Practices for Strengthening Vaccine Uptake and Confidence in High-Risk Communities

APPENDIX A – NACCHO'S STANDARD CONTRACT LANGUAGE

NACCHO CONTRACT # 2026- _ _ _ _ _ _

CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and *[insert name of Contractor]* (hereinafter referred to as "Contractor"), with its principal place of business at *[insert mailing address of Contractor].*

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of ____ GRANT # ___, CFDA # ____, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.

2. TERM OF AGREEMENT: The term of the Agreement shall begin on (*insert date*) and shall continue in effect until (insert date), unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.

3. PAYMENT FOR SERVICES:

a. Payment for professional services to be performed (not including travel. For travel, please see b. below), NACCHO agrees to pay Contractor an amount not to exceed $ #####.00, (*enter amount to be paid, either as a flat rate or hourly rate. You should also insert here the time schedule on which the consultant will be paid.* Three invoices Firm Fixed Price must be submitted as follows:

Invoice No.	Amount	Deliverable	Due date
Invoice I			
Invoice II			

Invoice III			

(insert time increment). (May be "monthly" or after completion of specific activities, etc. The fewer payment invoices to process the better and the more you can pay later the better!).

b. Reimbursement - travel expenses, NACCHO agrees to pay Contractor an amount not to exceed $ #####.00. Travel cost reimbursement must follow NACCHO Travel Policy, please see attached Exhibit III:

Invoice No.	Amount	Proof of travel	Due date
Invoice IV	NTE ____		During the performance period, within 30 days of completed travel.

All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I.

NACCHO award number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first class mail, at the address for *the giving of notices as set forth in Section 24* of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. PAYMENT OF TAXES AND OTHER LEVIES: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.

3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone

directly or indirectly employed by the Contractor.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.

5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.

6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.

7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.

8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall

not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14

9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. In the event of termination, Contractor shall wind down their work in a practical manner and comply with NACCHO's termination workplan, timeline, and final invoice guidance. NACCHO will pay Contractor for services rendered through the date of termination. Upon termination in part or in its entirety, Contractor remain responsible for compliance with the requirements in 2 CFR 200.344 and 2 CFR 200.345.

11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.

12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).

14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no

additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.

15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.

16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), CFR Part 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), and the General Terms and Conditions for Non-Research Grants and Cooperative Agreements, if funded by the Centers for Disease Control and Prevention (CDC). It is the Contractor's responsibility to understand and comply with all requirements set forth therein.

17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D , Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to Executive Order 12549 and Executive Order 12689 entitled "Debarment and Suspension", 2 CFR 180 and 2 CFR 376, Contractor certifies to the best of its knowledge that it is not presently debarred or suspended and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.

19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor hereby certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

20. SALARY LIMITATION: Pursuant to CDC Additional Requirement – 32: Appropriation Act, General Provisions, cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this Agreement shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary

that may be paid with federal funds.

21. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

22. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."

23. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.

24. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via email or facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

25. DOMESTIC PREFERENCES FOR PROCUREMENT - Maximizing Use of American-Made Goods, Products, and Materials (E.O. 13881): Executive Order 13881 promotes the Buy American Act, 41 U.S.C. §§ 8301-8305, proposing the policy of the United States to buy American and to maximize, consistent with law, the use of goods, products, and materials produced in, and services offered in, the United States. The proposed rule revives heightened restrictions for commercially available-off-the-shelf ("COTS") products. The Buy American Act ("BAA") restricts the country of origin of goods bought by the U.S. government, requiring the purchase of "manufactured articles, materials, and supplies that have been manufactured in the United States substantially all from articles, materials, or supplies, mined, produced, or manufactured, in the United States." 41 U.S.C. § 8302(a).

Under the current FAR rules (particularly Subparts 25.1, 25.2, and 25.5), a domestic end product is one where: (1) the end-product is manufactured in the United States, and (2) more than 50 percent of the cost of all component parts are manufactured in the United States. FAR 25.101. The agencies anticipated to be impacted by this executive order include the Departments of Defense and Commerce, the National Aeronautics and Space Administration, the General Services Administration (GSA), and the Executive Office of the President. Consistent

with this Order, Contractors shall insert the substance of this clause, including this paragraph (c), in all subcontracts.

Pursuant to §200.322, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products which means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber).

1. FLOW-DOWN PROVISIONS: The Contractor agrees to assume, the same obligations and responsibilities that NACCHO assumes toward the Concerned Funding Agency under those applicable Concerned Funding Agency acquisition regulations, if any, that are mandated by their own terms or other law or regulation to flow-down to subcontractors or subgrantees, and therefore the Agreement incorporates by reference, and the Contractor is subject to, all such mandatory flow-down clauses. Such clauses, however, shall not be construed as bestowing any rights or privileges on the Contractor beyond what is allowed by or provided for in the Agreement, or as limiting any rights or privileges of NACCHO otherwise allowed by or provided for in the Agreement. The Contractor also agrees to flow-down these same provisions to any lower-tier subcontractors.

2. INSURANCE: The Contractor shall effect and maintain an insurance policy or policies of insurance providing an adequate level of coverage in respect of all risks which may be incurred by the Contractor, arising out of the Contractor's performance of the Agreement, in respect of death or personal injury, or loss of or damage to property. The Contractor shall produce to NACCHO, on request, copies of all insurance policies referred to in this condition or other evidence confirming the existence and extent of the coverage given by those policies, together with receipts or other evidence of payment of the latest premiums due under those policies. Notwithstanding the foregoing, in the event the Contractor is prohibited by law from contractually obligating itself to obtain insurance coverage as required above, this Section shall be void.

3. REQUIRED DISCLOSURES for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 2 CFR 200.112, Contractor must disclose in a timely manner, in writing to NACCHO copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.

FOR NACCHO: National Association of County and City Health Officials Attn: _____ [Name of Program Staff] 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005 Tel. (202) _____ Fax (202) 783-1583 Email: _____@naccho.org	With a copy to: National Association of County and City Health Officials Attn: Ade Hutapea, LL.M., CFCM, CCCM Director, Contracts 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005 Tel. (202) 507-4272 Fax (202) 783-1583 Email: ahutapea@naccho.org
FOR CONTRACTOR: *(Name and address of Contractor's Contract Officer or Designee, including telephone and fax.)*	

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

NACCHO:

By: _____

Name: Jerome Chester

Title: Chief Financial Officer

Date: _____

CONTRACTOR:

By: _____

Name: _____

Title: _____

Date: _____

Federal Tax ID No.:

DUNS No.:_____

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

CONTRACTOR AGREEMENT – ATTACHMENT I

SCOPE OF WORK

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

CONTRACTOR AGREEMENT – ATTACHMENT II

Updates to HHS General Terms & Conditions

Effective as of 10/1/2025

The Department of Health and Human Services (HHS) recently updated their Grants Policy Statement (GPS). This new revised GPS is effective October 01, 2025. This updated version conforms to the movement of all HHS grants from 45 PART 75 (the HHS version of the Uniform Guidance) to full 2 CFR 200 and 2 CFR 300. Please ensure to review these new requirements as they contain requirements that may impact on your organization's work.
The following are links to the applicable federal regulations and policies:

► 2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards:
https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200

► 2 CFR Part 300 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards:
https://www.ecfr.gov/current/title-2/subtitle-B/chapter-III/part-300

► HHS Administrative and National Policy Requirements:
https://www.hhs.gov/sites/default/files/hhs-administrative-national-policy-requirements.pdf

► HHS Grants Policy and Regulations:
https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf

► If funded by CDC – CDC General Terms and Conditions for Non-Research Grants and Cooperative Agreements:
https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.Eff.2025.10.01.pdf

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
CONTRACTOR AGREEMENT – ATTACHMENT III

Per HHS Administrative and National Policy Requirements: 2.5.4.3: Civil Rights Assurance (page 21):

By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams.

APPENDIX B – SCOPE OF WORK AND INVOICING SCHEDULE

Scope of Work: [Insert Health Department Name]
Project: Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities
Project Period: November 9, 2026 - July 31, 2027
Award Amount: $40,000

Project Background

The *Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities* project will provide LHDs with resources to pilot strategies to improve vaccine receptivity, uptake, and adherence to outbreak mitigation measures in high-risk communities. This will include training and technical assistance to help LHDs develop and evaluate tailored interventions for priority populations within their jurisdictions.

Objectives

With support from NACCHO, [Insert Health Department Name], seeks to meet the objectives and corresponding Scope of Work below:

- Identify, implement, and evaluate an intervention for addressing vaccine preventable diseases with high-risk communities.
- Engage in a learning collaborative with other local health departments and partners to exchange information on vaccine uptake strategies and participate in educational sessions and peer-to-peer opportunities.
- Contribute to shared learning and reporting of challenges, results, and outcomes throughout the project to inform project partners and broader NACCHO membership.

Required Activities

To achieve these goals, [Insert Health Department Name], will complete the following activities throughout the project period of performance:

- Create a project work plan outlining specific activities the LHD will complete to meet the project objectives and deliverables.
- Develop an evaluation plan and collect the necessary data to answer key evaluation questions.
- Use the data from the evaluation activities to guide the development of at least one vaccine communications, outreach, and/or education materials.
- Use evaluation findings to develop a Lessons Learned report.
- Regularly attend and participate in NACCHO led meetings including learning collaboratives, peer-to-peer engagement opportunities and one-on-one technical assistance calls.
- Contribute to at least one learning collaborative by presenting selected intervention, design, implementation, and evaluation efforts.
- Develop a Sustainability Strategy and Action Plan

Invoicing Schedule

Invoice Number and Payment Schedule	Deliverable	Deliverable Amount
Invoice #1 Invoice total: $10,000 Due: December 31, 2026	Develop and submit a project workplan outlining specific activities the LHD will complete to meet the project objectives and deliverables.	$5,000
	Develop and submit a project evaluation plan to collect the necessary data to answer key evaluation questions.	$5,000
Invoice #2 Invoice total: $24,000 Due: June 15, 2027	Contribute to one learning collaborative highlighting selected intervention, design, implementation, and evaluation efforts.	$7,000
	Develop and submit at least one immunization communication, outreach, or educational product.	$10,000
	Develop and submit a Lessons Learned report using the data from the evaluation activities and findings.	$7,000
Invoice #3 Invoice total: $6,000 Due: July 15, 2027	Regularly attend all project calls including 1:1 check-ins, and peer-to-peer learning collaboratives throughout the project period	$3,000
	Develop a Sustainability Strategy Action Plan	$3,000

APPENDIX C – *UNALLOWABLE COSTS*

1. Interest Expense (FAR 31.205-20) is unallowable however represented including bond discounts, costs of financing and refinancing capital including associated costs. Some associated costs include related legal and professional fees incurred in connection with prospectuses, the costs of preparing stock rights are generally unallowable with special rules. However, interest assessed by certain state and local taxing authorities are allowable under certain conditions. Suggest the author be contacted on these special rules.
2. Donations/Contributions (FAR 31.205-8)
3. Entertainment (FAR 31.205-14) – The costs of entertainment and recreation however represented are unallowable including associated costs. It also includes costs associated with social activities including social, dining, country clubs and similar organizations are unallowable.
4. Contingencies (FAR 31.205-7)
5. Bad Debts (FAR 31.205-3)
6. Fines and Penalties (FAR 31.205-15) – The costs of fines and penalties for violating federal, state or local laws is unallowable including associated costs. Specifically, the costs associated with the mischarging of costs to government contracts is unallowable.
7. Goodwill (FAR 31.205-49) – The write-up of assets, resultant depreciation and goodwill from business combinations is unallowable.
8. Losses on Contracts (FAR 31.205-33) – The excess of cost over income on any contract is unallowable. This includes the contractor's share of any cost contribution on cost sharing agreements.
9. Organizational (FAR31.205-27) – Organization costs and re-organization costs are unallowable however represented including professional and legal fees. However, the costs of executive bonuses, employee savings plans, and employee stock ownership plans are not considered organization or re-organization costs and are not made unallowable by this principle. Such costs are addressed by FAR 31.205-6.
10. Food- Direct charges for meals/food and beverages are unallowable charges to this project.
11. Alcohol – Alcohol is expressly unallowable under all circumstances.
12. Promotion – this cost is unallowable if the primary purpose is to promote a company's image or products or service.
13. Personal Use – Personal use of anything as compared to business purpose is unallowable.
14. Profit Distribution – Any cost presumed to be a distribution of profits is unallowable in all cases.
15. First Class Air Fare – First class air fare is unallowable in most cases. There are a few exceptions, but are available in rare circumstances. Please contact me about these exceptions as needed.
16. Legal Costs – Certain legal costs are unallowable. In order for legal costs to be allowable the costs must be documented by scope of work, rate description and work product. In any case please contact me regarding the circumstances that these costs are allowable or not. Claims against the government and Defense of certain fraud proceedings are unallowable.
17. 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.
18. Equipment purchases and fixed assets. An equipment item is a tangible, non-expendable piece of property that has a useful life that exceeds the project period of performance.
19. Harm Reduction supplies or syringes. Funds **cannot** be used for vaccine purchases or vaccination administration costs.

20. Gift cards/Incentives - Gas gift cards as incentives are not allowable. Gift cards as incentives will require prior approval and are not guaranteed to be approved. If including gift cards, please specify the vendor (i.e. Target, Walmart, etc.). Cash gift cards (i.e. Visa, Mastercard, etc.) will require additional CDC approval, delaying the budget approval process.
21. Salaries for personnel, consultants, or contractors in excess of the federal cap on Senior Executive level salaries for the calendar year.

Appendix D. Evidence-Based and Promising Practices for Strengthening Vaccine Uptake and Confidence in High-Risk Communities

Purpose of this Appendix

This appendix provides local health departments (LHDs) and their partners with examples of evidence-based and promising practices that may be used to improve vaccine confidence, access, and uptake among high-risk communities. Communities considered high-risk are those that experience persistently low vaccination rates due to deeply rooted beliefs, community norms, or barriers that contribute to low vaccine confidence and an increased risk of outbreaks. These communities may also face a higher risk of negative health outcomes due to limited access to or uptake of medical services. The practices included in this appendix are intended to support applicants in developing responsive, community-informed vaccination strategies that address barriers and leverage existing community strengths.

Definition of Evidence-Based and Promising Practices

- **Evidence-Based Practices** are interventions that have demonstrated effectiveness through research, evaluation, or consistent implementation across multiple settings.
- **Promising Practices** are interventions supported by emerging evidence, documented experience, practice-based knowledge, or community success but may not yet have extensive research demonstrating effectiveness.

Both evidence-based and promising practices may be appropriate for this funding opportunity when applicants provide a clear rationale for their proposed approach.

How Applicants Should Use This Appendix

Applicants may use this appendix to:

- Identify strategies that align with their community needs.
- Develop work plans and proposed activities.
- Inform partnership development.
- Strengthen the rationale for proposed interventions.

Important Note

The practices described in this appendix are intended to serve as examples and **are not exhaustive**. Applicants are encouraged but **not limited** to the practices included in this appendix. Proposed interventions may include a combination of listed strategies (ex. faith-based partnership that includes nontraditional communicators and tailored messaging). Applicants should provide data-driven justification for interventions not listed below describing how the selected intervention addresses identified community needs and why it is likely to be effective.

1. Non-traditional Communicators

Tailored community messaging incorporates individuals that have established relationships with the high-risk community, including community health workers, community navigators, respected elders, faith leaders, peer educators, and other non-traditional communicators, that can increase confidence in vaccination by providing accurate information through existing relationships.

Why This Approach Is Effective

Non-traditional communicators help address misinformation, increase credibility, provide relevant information, and reduce barriers associated with distrust of healthcare systems. Because they are viewed as members of the community rather than outside authorities, they can often facilitate conversations that might otherwise be difficult to initiate.

Implementation Considerations	Example Activities	Potential Partners
• Identify individuals through community input. • Provide vaccine education and communication training. • Compensate participants when appropriate. • Establish ongoing support and feedback mechanisms. • Ensure communicators reflect the populations being served. • Collaboratively develop outreach strategies.	• Recruit and train community ambassadors. • Conduct peer-led educational sessions. • Host question-and-answer events. • Develop testimonial campaigns. • Provide appointment navigation assistance. • Conduct outreach at local gathering locations. • Disseminate information through established communication channels.	• Community-based organizations • Community health workers • Refugee-serving organizations • Tribal organizations • Neighborhood associations • Faith-based organization

2. Sustainable Relationships

Long-term trust building involves sustained engagement with communities before, during, and after vaccination efforts. It prioritizes relationship development and community partnership rather than short-term outreach. Trust-building activities should acknowledge community histories, previous experiences with healthcare systems, and local contexts that may shape trust.

Why This Approach Is Effective

Communities are more likely to engage with public health initiatives when trust has been established over time through consistent, transparent engagement. Sustained relationships can improve community readiness and responsiveness during future public health emergencies.

Implementation Considerations	Example Activities	Potential Partners
• Maintain engagement outside public health emergencies. • Demonstrate responsiveness to community concerns. • Share decision-making with community representatives. • Invest in ongoing relationship building. • Ensure continuity of staff and partnerships whenever possible.	• Establish community advisory groups. • Attend community events throughout the year. • Conduct regular community meetings. • Support community-led health initiatives. • Develop formal partnership agreements.	• Community leaders • Neighborhood associations • Tribal governments • Community coalitions • Faith organizations

3. Tailored Multi-Channel Communication

Communication strategies that reflect the language, norms, literacy levels, and information needs of the intended audience. Using multiple communication platforms and methods to reinforce consistent vaccine information across a community.

Why This Approach Is Effective

Information is more likely to be received, understood, and acted upon when it is relevant and delivered in the preferred language of the audience. Tailored communication can also help address misconceptions, concerns, and barriers specific to a community. People receive information from a variety of sources. Consistent messaging across multiple channels increases visibility, strengthens message retention, and helps reach individuals who may not engage through a single communication method.

Implementation Considerations	Example Activities	Potential Partners
• Involve community members in message development. • Identify preferred communication channels. • Incorporate accessible formats/plain language. • Test materials with intended audiences. • Address community-specific questions/concerns. • Ensure consistent messages across platforms. • Monitor and respond to misinformation. • Coordinate communication efforts among partners.	• Develop relevant messaging campaigns. • Create multilingual videos and graphics. • Produce audience-specific FAQs. • Adapt materials for varying literacy levels. • Launch social media campaigns. • Disseminate community newsletters. • Broadcast radio announcements. • Send text-message reminders. • Distribute print materials in community settings	• Language access providers • Ethnic media outlets • Community leaders • Translation and interpretation services • Local media outlets • Community-based organizations • Schools • Faith organizations

4. Strategic Partnerships

Strategic partnerships with trusted organizations, community networks, health care providers, and other relevant stakeholders to increase vaccine awareness, confidence, access, and uptake among high-risk communities.

Why This Approach Is Effective

Organizations with established relationships, community knowledge, relevant expertise, and access to priority populations can help strengthen vaccine outreach and address barriers to vaccination. Partnerships can extend the reach and credibility of vaccination efforts, connect community members to accessible vaccination services, and ensure messaging and engagement strategies are responsive to community needs, concerns, and preferences. Partnership approaches should be tailored to the populations and barriers being addressed and build on existing relationships and infrastructure whenever possible.

Implementation Considerations	Example Activities	Potential Partners
• Identify partners based on reach, and community connections. • Establish clear roles, responsibilities, and shared goals • Share accurate and accessible resources. • Engage partners in planning and decision-making. • Maintain regular communication and coordination.	• Form community advisory structures. • Develop joint outreach initiatives. • Co-create educational materials. • Coordinate community events. • Conduct collaborative planning meetings.	• Community-based organizations • Community health boards • Health care providers, clinics/pharmacies • Schools, colleges, and universities • Faith-based organizations • Local coalitions and community collaboratives • Organizations serving priority populations

5. Community Assessments and Listening Sessions

Activities designed to gather community perspectives, identify barriers to vaccination, understand local priorities, and inform program design. Assessment methods should reflect community preferences, language needs, literacy levels, and expectations for participation.

Why This Approach Is Effective

Programs are more effective when they are built upon community-identified needs rather than assumptions. Assessments and listening activities can help ensure that interventions are responsive, relevant, and appropriate.

Implementation Considerations	Example Activities	Potential Partners
• Engage diverse voices within the community. • Conduct assessments before implementing interventions. • Use findings to guide planning. • Share results back with participants. • Incorporate feedback into program improvements.	• Facilitate listening sessions. • Conduct focus groups. • Administer community surveys. • Perform rapid community assessments. • Conduct key informant interviews. • Map community assets and resources.	• Universities • Community organizations • Community leaders • Faith leaders • Advisory groups • Health centers

6. School and Childcare Partnerships

Partnerships with schools and childcare settings to support vaccine education, outreach, and access among children and families. Strategies should be tailored to local educational systems, family needs, and community preferences.

Why This Approach Is Effective

Schools and childcare providers maintain regular contact with families and can serve as trusted channels for information, engagement, and service delivery. These settings can also reduce barriers related to convenience and access.

Implementation Considerations	Example Activities	Potential Partners
• Coordinate with academic calendars and schedules. • Engage parents and caregivers. • Provide age-appropriate educational materials. • Work closely with school health personnel. • Address logistical barriers that may affect participation.	• Host school-based vaccination clinics. • Conduct parent information sessions. • Organize back-to-school vaccination events. • Engage childcare providers in outreach efforts. • Share vaccine information through school communications.	• Public schools • Private schools • School nurses • Childcare centers • Parent-teacher organizations • Youth-serving organizations

7. Bundling Vaccination with Community Services

Integrating vaccination opportunities into existing health, social service, or community programs that residents already access and trust. Bundled services should reflect community priorities and address the most significant barriers facing the target population.

Why This Approach Is Effective

Bundling services reduces barriers, increases convenience, and allows community members to address multiple needs during a single interaction. It can be especially effective when communities face competing priorities that may limit participation in stand-alone vaccination activities.

Implementation Considerations	Example Activities	Potential Partners
• Identify services frequently used by the target population. • Coordinate service delivery among partners. • Train staff on referral and navigation processes. • Minimize duplication of services. • Ensure vaccination is integrated into client-centered workflows.	• Offer vaccinations at health fairs. • Integrate vaccination into wellness screening events. • Include vaccine services in maternal and child health activities. • Provide vaccination opportunities at community resource fairs. • Combine vaccine outreach with benefit enrollment events.	• Community health centers • Social service agencies • WIC programs • Community-based organizations • Local government agencies • Maternal and child health programs

8. Community-Based Vaccine Access

Providing vaccination opportunities in convenient, trusted, and accessible community locations rather than relying solely on traditional healthcare settings. Service delivery models should be tailored to transportation patterns, work schedules, geography, accessibility needs, and preferred community gathering locations.

Why This Approach Is Effective

Bringing vaccination services directly to communities reduces logistical barriers such as transportation challenges, limited clinic availability, scheduling constraints, and distance from healthcare facilities. Community-based approaches can make vaccination more convenient and accessible.

Implementation Considerations	Example Activities	Potential Partners
• Select locations based on community input. • Offer flexible hours and scheduling options. • Ensure language access and responsiveness. • Coordinate staffing and operational logistics. • Address accessibility and transportation considerations.	• Operate mobile vaccination clinics. • Conduct pop-up vaccination events. • Provide home-based vaccination services. • Offer drive-through vaccination opportunities. • Organize workplace vaccination events. • Hold clinics at community centers and gathering spaces.	• Community health centers • Pharmacies • EMS agencies • Employers • Schools • Hospital systems • Community centers

Conclusion

Applicants should select interventions based on community-identified needs, existing community strengths, available partnerships, and local context. Strong applications will demonstrate how proposed activities are informed by community engagement and supported by evidence, practice experience, or both. In many cases, combining multiple practices may create a more comprehensive and effective strategy than relying on a single approach. For example, non-traditional communicators may be paired with tailored messaging, community-based vaccine access, and community organization partnerships to address trust, information, and access barriers simultaneously.