

Frequently Asked Questions

Request for Applications:

Building Local Operational Capacity for COVID-19, Healthcare-Associated Infections, and Antimicrobial Resistance (BLOC COVID-19 +)

How much will be awarded to selected local health departments and how many awards do you anticipate providing?

Local health departments (LHDs) that elect to complete the required activities may receive up to \$70,000; LHDs that elect to conduct the required and supplemental activities may receive up to \$100,000. The number of LHDs receiving funding could be up to 50, but it is not fixed and depends on the number of LHDs who apply for supplemental activities.

We have an infectious disease content expert on staff as our medical director. Can we use their expertise and allocate the funding to their time rather than contract with an outside infection prevention and control expert?

NACCHO understands that in some circumstances, the infection prevention and control (IPC) subject matter expertise may exist in the health department and can address those on a case-by-case basis. Applicants should include information on the identified individual's IPC background to verify that it is appropriate and leveraging any individual or group that can still support the development of an IPC training plan for staff is still in line with the goals of the project.

Can the IPC content expert “donate” their time or provide expertise as part of their normal relationship with the LHD?

There is no requirement that funds be attached to the relationship between the LHD and IPC content expert. LHDs can contract with and provide funding to an IPC content expert. If a relationship can be relied upon without funding, funding for the IPC content expert is not necessary.

Is it required that a contract be executed with an IPC content expert, including if a non-contractual relationship already exists?

NACCHO asks LHDs execute an “agreement” with an IPC content expert. The agreement does not need to be contractual. NACCHO recommends documenting the expectations of the IPC context expert to ensure the needs of the LHD are met.

We are interested in using grant funding to reach out to a medically remote community and are wondering if that is an appropriate use?

This funding opportunity is specifically for IPC in high-risk facilities. If there is a facility that would meet that criterion and applicants are able to make the case in their application that this will qualify as a high-risk facility, that would be appropriate. However, for broader outreach not connected to infection prevention and control, that would not be a good fit.

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Is indirect cost allowable at a federally negotiated rate?

Yes. Applicants including fringe/indirect rates will be asked to submit a copy of their federally-approved rate agreement during the contract process.

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Are federally recognized tribes eligible for this opportunity?

Eligible applicants for this funding opportunity are local health departments, which include public health departments providing services locally or regionally and tribal health departments that are active NACCHO members. Upon notification, NACCHO will confirm that selected applicants are current NACCHO members in good standing. To confirm membership status or to become an active NACCHO member, visit <http://www.naccho.org/membership>.

For the Federal Funding Accountability and Transparency Act Data Collection Form, what should be listed as the CFDA # and Treasury Account Symbol (TAS) as reported in FPDS?

This grant opportunity is federally funded and the CFDA # is 93.421. There is no TAS for this award, so please leave that field blank. More information about this form can be found at: <https://www.fsrs.gov/>.

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It appears the period of performance is January 2022, through July 31, 2022, with the possibility of a no-cost extension to end on June 30, 2023. Should applicants write their budgets for a project period from January 2022 – July 31, 2022?

There are two columns in the budget template—one for a period from January through July 31, 2022, and one for August 1, 2022, to June 30, 2023. Please budget for the full 18-month project period, with the funding occurring in these two periods.

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How would we continue the project if there were no new funds from August 1, 2022, to June 30, 2023?

The project will continue when NACCHO receives an extension of the programmatic activities of the related grant from the Centers for Disease Control and Prevention (CDC) and subject to CDC's

acceptance and approval for NACCHO to continue work with the funded demonstration sites. NACCHO has been approved through “Expanded Authority” to temporarily continue the program while waiting for the extension approval and asks for demonstration sites to plan for the full 18-month project period.

What are the differences between the BLOC COVID-19 + project and the [Infection Prevention and Control Assessment Training \(IPC-AT\) project?](#)

BLOC COVID-19 + and IPC-AT aim to enhance IPC capacity in LHDs so they can better respond to infection threats, such as COVID-19 and healthcare-associated infections (HAIs). The projects differ in the following areas:

- **Timing.** The application period for BLOC COVID-19 + is open and closes at 5:00 pm PT on Wednesday, November 24. The application period for IPC-AT is closed. NACCHO plans to open a second application period for IPC-AT in January 2022. More information will be shared via NACCHO’s social media channels starting in late December 2021.
 - **Facilities of focus.** BLOC COVID-19 + focuses on “high-risk” facilities, where high-risk includes long-term care facilities (LTCFs), congregate-living facilities, dialysis centers, other outpatient settings, critical access hospitals, and other healthcare facilities that serve people and communities who experience health disparities. IPC-AT focuses only on LTCFs.
 - **Project activities.** The BLOC COVID-19 + project has more activities than the IPC-AT project. See the [BLOC COVID-19 + application instructions](#) for more information about project activities. LHDs selected to participate in the IPC-AT project will receive technical assistance from an APIC-identified Infection Preventionist who will review how to conduct the CDC Infection Control Assessment and Response (ICAR) tool and practice with them delivering up to four remote TeleICAR assessments. Attend or watch the recording of the [optional informational webinar](#) for more information about the differences between these opportunities.
 - **Funding.** Click [here](#) for information about funding amounts for BLOC COVID-19 +. For IPC-AT, LHDs will not receive any direct funding from NACCHO. Rather, NACCHO will provide technical assistance to increase IPC capacity in up to 30 LHDs via a contract with APIC Consulting Services who will work with LHDs to refine their IPC skills.
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Can LHDs apply for BLOC COVID-19 + and the [Local Health Department Healthcare-Associated Infections and Antimicrobial Resistance \(HAI/AR\) Project?](#)

LHDs are eligible to apply for BLOC COVID-19 + and the HAI/AR projects. NACCHO will score applications according to the rubric in the application instructions for each project; application scoring does not consider which projects a LHD applied for, but the scope of work for the HAI/AR project should be sufficiently different from the BLOC COVID-19+ project.

The only time applying for both projects may influence the award selection process is if a LHD applies for both projects, is awarded one, and has a score equal to another LHD for the other project. If the other LHD only applied for one project, they would get preference for that award over the LHD already receiving support from NACCHO.

Can LHDs who received funding for the [BLOC COVID-19 Demonstration Site project](#) apply for BLOC COVID-19 +?

Yes. All LHDs are eligible to apply for the BLOC COVID-19 + project, including LHDs that received funding during the first year of the BLOC COVID-19 Demonstration Site project and LHDs that received technical assistance through the IPC-AT project. Previously funded sites should submit a new application package.

Can funds from this project be used for construction?

Construction costs are unallowable for this project. A full list of unallowable expenses is included in Appendix B of the [BLOC COVID-19 + application instructions](#).

How should letters of support be written? Is there a standard format letters of support should follow?

NACCHO does not require letters of support be written in a standardized way or follow a specific template. NACCHO asks letters of support included with applications be clearly labeled.

Will the LHD lead the ICARs or participate in ICARs that state is conducting?

NACCHO wants LHDs to coordinate with their state HAI/AR program. Whether a LHD leads ICARs or supports ICARs the state conducts is up to the discretion of the LHD and its state HAI/AR program. NACCHO recognizes that the assessment piece is only one part of supporting facilities. Talking with the state HAI/AR program about the LHD's capacity to conduct and support ICARs will inform what role the LHD should take in the ICAR process (e.g., conducting ICARs, completing post-ICAR follow up).

Can we work with acute care hospitals or long-term acute care hospitals for this project?

For this project, LHDs should partner with high-risk facilities, where "high-risk" includes long-term care facilities, congregate-living facilities, dialysis centers, other outpatient settings, critical access hospitals, and other healthcare facilities that serve people and communities who experience health disparities. LHDs can work with acute care hospitals or long-term acute care hospitals for this project if the LHD describes in its application how the facility meets the definition of a "high-risk facility" as outlined on page 4 of the RFA.

Can funds from this project be used to purchase resources from APIC or get Certified in Infection Control (CIC)?

Yes. NACCHO would note that there could be challenges spending funds from this project on CIC given the timeline for completing the CIC exam and getting the results. Documentation associated with CIC (e.g., registration, exam results) are needed for LHDs to invoice NACCHO for reimbursement.

Can LHDs apply for this project with another LHD?

Yes. It is possible to co-apply with other LHDs for this project. If co-applying, the application must specify a "lead applicant." The lead applicant will enter into contract with NACCHO and be responsible for managing communication with NACCHO, invoicing, and submitting deliverables.

Should I apply for this opportunity if my LHD already does some of these activities?

LHDs should apply for this opportunity at their own discretion. If the LHD has need that this opportunity could support, and the LHD has capacity to participate in the project, the LHD should consider applying. To receive funding through this opportunity, LHDs can have any level of existing capacity. NACCHO asks applicants speak to how funding through this opportunity would augment existing work, if applicable.

Please note NACCHO will only reimburse for work completed during the contractual period.

Can we request an extension beyond the 30 days required to sign a contract with NACCHO, if we are awarded funding? Are we able to modify the contract language?

If the applicant knows what language it would like to modify and what the suggested modification is, contact infectiousdiseases@naccho.org. NACCHO will confirm with its Contracts team whether the modification is allowable.

NACCHO understands it can take time for contracts to get signed. NACCHO asks applicants stay in communication with it regarding expectations and needs about the contracting process.

How many supplemental activities can LHDs apply for?

LHDs can apply for up to three supplemental activities. This means LHDs can apply for zero, one, two, or three supplemental activities. The number of supplemental activities to apply for (i.e., between zero and three) is up to the discretion of the applicant.