



**REQUEST FOR APPLICATIONS (RFA)**

**Review of Mobilizing for Action through Planning and Partnerships (MAPP 2.0)  
Phase 3: Continuously Improve the Community**

National Association of County and City Health Officials (NACCHO)

September 21, 2022

**Summary Information**

- **Project Title:** MAPP 2.0 Phase 3 Guidance Review
- **Deadline for submissions:** October 19, 2022, 11:59 p.m. EST
- **Source of Funding:** Centers for Disease Control and Prevention
- **NOA Award No.:** 5 NU38OT000306-05-00
- **Maximum Funding Amount:** Up to \$5,000 per Local or Tribal Health Department
- **Number of Awards:** Up to five (5)
- **Point of contact for questions:** Anna Clayton, [aclayton@naccho.org](mailto:aclayton@naccho.org)
- **Special conditions of this award:** See [Attachment A: NACCHO’s Standard Contract](#)

Based upon the results of a national evaluation of the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the National Association of County and City Health Officials (NACCHO), in collaboration with national and field experts across sectors, developed a [MAPP Evolution Blueprint](#). From this, NACCHO has reached a milestone revising all phases of the framework in what we are calling MAPP 2.0 and is preparing to launch the revised framework to the field in July 2023. The purpose of this funding opportunity is to gather feedback from local and tribal health departments on the final phase of the MAPP 2.0 guidance, *Phase 3: Continuously Improve the Community*.

Through a competitive application process, NACCHO will select up to five (5) local and/or tribal health departments, providing each up to \$5,000, to review the MAPP Phase 3 materials. The project will assess the feasibility, applicability, and effectiveness of the Phase 3 guidance and materials. NACCHO will gather feedback from the selected review sites to incorporate into the final Phase 3 MAPP materials.

**Application process Timeline**

Event	Date/Time
Application Due Date and Time	October 19, 2022, 11:59 p.m. EST
Selected Sites Announced	November 1, 2022
Project Period	December 2, 2022 - January 13, 2023

## Description of RFA

### *Project Background*

NACCHO is the voice of close to 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 public health challenges facing communities.

Mobilizing for Action through Planning and Partnerships (MAPP) is NACCHO's flagship framework for community health improvement. MAPP is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

Following a national evaluation of the MAPP framework, NACCHO is spearheading a MAPP evolution process to adapt the framework and related training and resources to better meet current field needs and trends around community health improvement (CHI) - all focused on advancing health equity. With funding from the Centers for Disease Control and Prevention and the Health Resources and Services Administration, NACCHO worked with the field to outline revisions to the framework and develop a multi-year blueprint for conducting a MAPP re-design. Review the [MAPP Evolution Blueprint Executive Summary](#) to learn more about the evolution process and proposed revisions.

NACCHO is currently designing and developing the handbook, tools, and assessments for MAPP 2.0. NACCHO facilitated a review of the first two phases of revised MAPP, and a pilot test of the three revised assessments, in Summer 2022. The results and feedback of that pilot test are being incorporated into the materials. Now, NACCHO is seeking local and tribal health departments to review and provide feedback on the final portion of MAPP 2.0, *Phase 3: Continuously Improve the Community*, before finalizing these materials and launching the entire MAPP 2.0 framework in July 2023.

### *RFA Overview*

For this project, with support of the Centers for Disease Control and Prevention, NACCHO will contract with up to five (5) local and/or tribal health departments as grant recipients. Grant recipients will be selected through a well-publicized national RFA process to receive up to \$5,000 each to participate in a review process of the revised materials. Applications will be accepted through **October 19, 2022, 11:59 p.m. EST**. See application submission instructions below. Applicants may pose individual questions to NACCHO at any point during the application process by emailing Anna Clayton, [aclayton@naccho.org](mailto:aclayton@naccho.org). NACCHO will post public responses to all questions submitted by October 7, 2022 on the [naccho.org/mapp](http://naccho.org/mapp) website by October 9, 2022.

### *Overview of Guidance and Materials for Review*

The revised MAPP 2.0 framework has three "Phases," described below:

- **Phase 1: Build the Community Health Improvement (CHI) Infrastructure**, includes guidance to engage partners and community members widely, conduct a stakeholder analysis, assess current resources,

develop a mission/vision and plan for the process, and establish workgroups for important elements of the CHI process.

- **Phase 2: Tell the Community Story**, includes guidance to prepare for and conduct the three assessments that form the community health assessment: the quantitative Community Status Assessment, the qualitative Community Context Assessment; and the Community Partners Assessment (which replaces the Local Public Health Systems Assessment from MAPP 1.0)
- **Phase 3: Continuously Improve the Community**, includes guidance to develop and implement the CHIP. Specifically, it includes the following steps:
  - Prioritize issues for the community health improvement plan (CHIP)
  - Conduct a power analysis on each priority issue
  - Establish priority issue sub-committees
  - Create community partner profiles
  - Develop shared goals and long-term measures
  - Develop strategies and conduct (racial) equity impact assessments, as appropriate
  - Implement strategies using continuous quality improvement action planning cycles
  - Ongoing monitoring and evaluation of the CHIP

**The purpose of this RFA is to gather local and tribal health departments' feedback on the Phase 3 guidance only.** For a more detailed description of Phase 3, see [Attachment C](#). For a description of the complete proposed MAPP 2.0 process, see the [MAPP Evolution Blueprint Executive Summary](#).

## Eligibility and Contract Terms

### Eligibility

Local and tribal health departments are invited to apply for this opportunity. NACCHO will select up to five (5) tribal and/or local health departments that vary in jurisdiction size, geography, and/or governance to review the materials. For this review, NACCHO is seeking health departments **with prior experience in the following**, either through the work of their department or a community health improvement coalition:

- Conducting a community health improvement process, using MAPP or a different framework;
- Addressing health equity through community health improvement or other programs;
- Meaningfully engaging the community in community health improvement and/or other programs;
- Developing strong cross-sectoral partnerships and engaging partners through implementation of a community health improvement plan;
- Developing a community health improvement plan that includes measurable strategies with shared measures across partners; and
- Conducting ongoing monitoring and evaluation of a community health improvement plan.

### Contract Terms

Selected applicants will enter into an agreement with NACCHO using NACCHO's Standard Contract (terms and conditions) (see [Attachment A](#)). Agreement with NACCHO's standard contract terms and conditions is a requirement and as part of the application, the contractor will be asked to verify NACCHO's standard contract language has been reviewed and to confirm agreement with the terms and conditions.

Should your organization need to propose any changes to the terms and conditions, please inform us immediately. However, NACCHO reserves the right to accept or decline such changes. Agreeing to NACCHO’s Resolution of Disputes and Governing Law is expected. Limited modifications to the terms or contract language may be accommodated. Significant changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant. **Contractors that cannot agree to majority of 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.

## Project Activities

### Project Activities

Selected applicants will be required to review the MAPP 2.0 *Phase 3: Continuously Improve the Community* guidance and materials to help NACCHO understand their feasibility, applicability, and effectiveness, and to provide suggested revisions. NACCHO staff will prepare the selected sites for the review through an informative kick-off call, and provision of background information about MAPP 2.0. NACCHO will also host monthly progress calls with each selected site to answer questions and gather feedback.

Activities*	Completed by	Expectations	Time Estimate
<b>Virtual kick-off meeting</b>	Dec. 2, 2022	2-3 individuals/site attend, discuss: <ul style="list-style-type: none"> <li>- Site introductions</li> <li>- MAPP 2.0 context</li> <li>- Survey and focus group process</li> <li>- Questions</li> </ul>	1.5 hour
<b>Review materials and provide feedback</b>	Dec. 2, 2022 – Jan. 13, 2023	- Review guidance and materials <i>Est. 30-40 pgs. total of guidance and materials (e.g., worksheets)</i>	3 hrs./reviewer
		- Participate in December and January progress calls	1 hour (30 min/ea.)
		- Complete feedback survey (x1)	1 hour
		- Participate in focus group (x1)	1 hour
<b>Total</b>			<b>7.5 hours</b>

\*Activities and timeline are subject to change.

## Availability of Funds

NACCHO intends to award up to five (5) local and/or tribal health departments a grant of up to \$5,000 each for the activities described in this RFA. The project duration will be from December 2022 through January 2023.

## Requirements for Financial Award

### Allowable Expenses

Funds may not be used for equipment 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 federal Executive Schedule Level II (currently \$203,700).

**Required Grant Activities Covered by Award**

1. Participate in virtual kick-off call
2. Review all MAPP 2.0 Phase 3: Continuously Improve the Community guidance and materials
3. At least one staff member of the selected site provides detailed feedback via feedback survey and 1-hour focus group
4. Participate in two monthly progress calls (December 2022 and January 2023)
5. Collaborate with NACCHO staff

**Period of Performance**

The project period is December 2022 through January 2023. The general timeline is below.

Activities	Timeline
Submit questions to <a href="mailto:aclayton@naccho.org">aclayton@naccho.org</a> by Oct. 7 NACCHO will post responses to questions by October 9, 2022 on <a href="http://naccho.org/mapp">naccho.org/mapp</a>	October 7, 2022
<b>Applications due via online submission form</b>	<b>October 19, 2022, 11:59 p.m. EST</b>
Selected Sites Announced	November 1, 2022
Project period	December 2, 2022 – January 13, 2023

**Scope of Work**

The following table outlines the tasks expected of the selected grant recipients.

Timeline	Activities	Deliverables	Invoice Schedule
By Dec. 2, 2022	Participate in kick-off call hosted by NACCHO	2-3 staff attend call	<b>Invoice due</b> 01/13/2023  \$5,000
Dec. 2, 2022 – Jan. 13, 2023	<ul style="list-style-type: none"> <li>Review Phase 3 guidance and materials</li> <li>Participate in monthly progress calls</li> <li>Complete feedback survey</li> <li>Provide feedback in a focus group</li> </ul>	<ul style="list-style-type: none"> <li>Attendance at progress calls</li> <li>Feedback survey</li> <li>Focus group participation</li> </ul>	
		<b>Total:</b>	<b>\$5,000</b>

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## Required Application Content and Selection Criteria

To successfully apply for this opportunity, applicants must submit the following:

- Submit application via the online submission form ([access here](#))
- Submit the following forms as attachments via the online submission form
  - Budget and budget narrative ([Budget Template](#))
  - [Vendor information form](#)
  - [Certificate of Non-debarment](#)
  - [W-9](#)
  - Proof of active DUNS number AND active registration with SAM.gov

Questions from the application are included below and in the Application Document ([Attachment B](#)). It is recommended that applicants fill their answers into the application document, then copy and paste them into the online submission form linked above.

Applications will be reviewed and scored by NACCHO based on the following criteria. It is NACCHO's desire to have a diverse set of communities in this cohort. In addition to the criteria below, reviewers will also consider geographic distribution, jurisdictional characteristics, and population size served to ensure diversity in health departments selected.

Note that there is a 250-word limit for each text response.

### Key Terms

- **Health equity:** The assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources, according to need. *Dr. Camara Jones*
- **Health inequities:** Differences in the distribution of disease, illness, and death that are systematic, patterned, unjust, actionable, and associated with imbalances in power and systems of oppression. *Margaret Whitehead*
- **Supporting community power building:** Supporting organizations that center the voices, needs, solutions, and leadership of a community who has experienced power imbalances and health inequities.

#### 1. Agency Information (5 pts)

- a. Complete contact information for the lead programmatic and fiscal/contractual points of contact.
- b. **Note:** Applicants are required to designate one main point of contact with whom NACCHO will directly communicate on all matters related to this project, including selection notification. If the agency is selected for this review, this person will be responsible for submitting all deliverables, participating in progress calls, and completing evaluation activities.
- c. Health department information: Agency name, full address, approximate population size served, primary type of population served, current number of staff full-time equivalents (FTE), prior grant funding from NACCHO.

#### 2. Prior Experience with Community Health Improvement (20 pts)

- a. Describe the health department's experience leading and/or participating in a community health improvement process within the last 5 years, including the general roles that the health department has taken (e.g., acting as the lead facilitating organization; participating as a member of a local coalition or collaborative; participating in a local hospital's community health needs assessment (CHNA) process).
  - b. Which of the following CHA/CHIP frameworks has your health department used to guide your CHI process? Select all that apply.
    - MAPP
    - AHA Community Health Improvement
    - County Health Rankings
    - Other: \_\_\_\_\_
  - a. *Optional:* Upload the most recent community health assessment and/or community health improvement plan in which your health department participated, or include a link to it online.
- 3. Health Equity Experience and Expertise (20 pts)**
- a. Describe how the health department has worked to promote health equity within their community. Your response could include health equity-centered priorities on previous CHIPs, or previous activities that the health department has participated in to address health inequities.
  - b. What framework(s) or resources has the health department used to guide its health equity work? Select all that apply.
    - Healthy People 2030
    - World Health Organization
    - Bay Area Regional Health Inequities Initiative (BARHII)
    - Roots of Health Inequity online course
    - Other:
  - c. *Optional:* Include references to published work of the department related to health equity (e.g., health equity report).
- 4. Community Engagement (20 pts)**
- a. Describe the health department's approach to involving community members in CHI work, with an emphasis on opportunities for power sharing and supporting community power-building practices where possible (e.g., examples of the CHI-related activities community members have engaged in, methods used to recruit community members to engage, successes/challenges related to community engagement)
- 5. Partnership engagement OR continuous quality improvement [reply to one or the other] (20 pts)**
- a. Describe how the health department has fostered ongoing and accountable partnerships throughout implementation of a community health improvement plan. (e.g., aligning partners to CHIP strategies, developing shared measures across partners to track during implementation, engaging partners continuously throughout CHIP implementation.)
- OR**
- b. Describe how the health department has incorporated principles of continuous quality improvement into the development and implementation of the CHIP. (e.g., using rapid cycle

improvement to test and improve CHIP strategies, implementing continuous quality improvement throughout ongoing monitoring and evaluation of the CHIP)

**6. Organizational Capacity (10 pts)**

- a. Describe the organization's capacity to perform the activities required within the specified timeframe, including estimated staff FTE that will be dedicated to leading the review.

**7. Budget & Budget Narrative (5 pts)**

- a. Provide a detailed, fixed-price per-deliverable budget, including detailed projected costs for the completion of the project. Maximum award is \$5,000 for each applicant organization.
- b. **Budget Template:** This Excel template outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Both the budget and budget narrative must be submitted via the online system.

**8. Contract forms**

- a. Please prepare the following forms, save a copy for your records, and upload copies to the application:
  - i. [Vendor information form](#)
  - ii. [Certificate of Non-debarment](#)
  - iii. [W-9](#)
  - iv. Proof of active DUNS number and active registration with SAM.gov

**9. Response to Draft Contract**

- a. Selected applicants will enter a firm fixed price contractor agreement with NACCHO. A draft agreement is available in [Attachment A](#). Review each agreement's terms and conditions – including provisions related to publications, acknowledgement of federal support, copyright interests, conference, meeting, and seminar materials, and logo use for conference and other materials – with your contracts officer and confirm that, if selected, you will be prepared to enter into the agreement with NACCHO or identify and include any proposed changes with your application. NACCHO reserves the right to accept or decline any proposed changes to terms and conditions. Significant proposed changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant.

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## Submission Instructions

### Application Timeline (subject to change)

Application open for submissions	September 21, 2022
Submit questions to <a href="mailto:aclayton@naccho.org">aclayton@naccho.org</a> by Oct. 7 NACCHO will post responses to questions by October 9, 2022 on <a href="http://naccho.org/mapp">naccho.org/mapp</a>	October 7, 2021
<b>Submission deadline</b>	<b>Wednesday, October 19, 2022, 11:59 pm EST</b>
Selected Sites Announced	November 1, 2022
Project period	December 2, 2022 – January 13, 2023

### Application Instructions

1. Review the requirements and expectations outlined in this RFA and in the Application Document ([Attachment B](#)).
2. Complete the Application Document ([Attachment B](#)) with your responses and save a copy for your records.
3. Complete a copy of the [Budget Template](#) and save a copy for your records.
4. Complete the contract forms and save copies for your records. This information will only be used if the submitting agency is selected and engages in a contract with NACCHO:
  - a. [Vendor information form](#)
  - b. [Certificate of Non-debarment](#)
  - c. [W-9](#)
  - d. Proof of active DUNS number and active registration with SAM.gov
5. Submit application via the [Online Submission Form](#) by 11:59 pm EST on Wednesday, October 19, 2022. No applications will be accepted by fax, email, or postal mail. Please note:
  - a. Applicants will complete the online submission form, which contains the same questions as the Application Document. We encourage you to complete the Application Document in its entirety prior to beginning the online form.
  - b. Applicants must upload copies of the contract forms (step 4 above) to the online submission form.
  - c. Each tribal/health department may submit one application only.
  - d. As you progress through the online submission form, you will not be able to go back to previous pages to edit your response. If you want to start over on the online application, please clear your browser history and cache and access the form again.
  - e. Applicants will be able to download a copy of their responses after submitting via the online form.
  - f. If you have any issues accessing or using the online application, please contact [aclayton@naccho.org](mailto:aclayton@naccho.org).
  - g. Incomplete applications or applications received after the deadline will not be considered.
6. Applicants will be notified of their selection status by e-mail to the project point of contact by November 1, 2022.

### ***Applicant Questions and Guidance***

NACCHO will support interested applicants to offer guidance and address specific questions about the RFA. Interested parties may contact NACCHO staff via email at [aclayton@naccho.org](mailto:aclayton@naccho.org) to schedule a one-on-one call. NACCHO will also post responses to questions submitted before October 7, 2022 by October 9, 2022 at [naccho.org/mapp](http://naccho.org/mapp).

### ***Funding and Disclaimer Notices:***

This project is supported by a grant from the Centers for Disease Control and Prevention (5 NU38OT000306-05-00). The CDC does not endorse any particular product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC, Health and Human Services.

This RFA is not binding on NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, NACCHO reserves the right, in its sole discretion, to reject any or all applications; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any application; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NACCHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFA.

### **Attachments:**

- [Attachment A: NACCHO's Standard Contract](#)
- [Attachment B: Application Document](#)
- [Attachment C: Overview of Phase 3: Continuously Improve the Community](#)

# Attachment A: NACCHO's Standard Contract

For a complete copy of NACCHO's Standard Contract, [click here](#).

NACCHO CONTRACT # 2022- \_\_\_\_\_

## 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

- 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.
- 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.
- PAYMENT FOR SERVICES: In consideration for professional services to be performed, 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)*. 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. **Three** invoices 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!).*

## Attachment B: Application Document

### Instructions

- **APPLICATIONS MUST BE SUBMITTED THROUGH THE [ONLINE SYSTEM \(link\)](#)**
- All questions contained in this document are identical to those in the online system
- Please insert your responses into this document so that you can save a copy
- Copy your responses from this document into the online application
- Once you progress to a new page of the online application, you will not be able to go back to edit older responses. If you want to start the online application over again, you should clear your browser history and cache, and open the application link again.
- You will be able to download a copy of your online responses prior to submission
- **APPLICATIONS ARE DUE VIA THE ONLINE SYSTEM BY 11:59 pm ET ON WEDNESDAY, OCTOBER 19, 2022.** Email questions to Anna Clayton, [aclayton@naccho.org](mailto:aclayton@naccho.org).

### Application Overview

Be sure to complete each section of the application below:

1. Agency Information
2. Experience and Resources
3. Budget and Budget Narrative
4. Contract Forms
5. Project Requirements
6. Additional Questions

AGENCY INFORMATION	
Name and e-mail address of the person completing this application. This person will only be contacted if there are immediate questions related to the submitted application.	
Contact Information for designated project point of contact* *Per RFA: Applicants are required to designate one main point of contact with whom NACCHO will directly communicate on all matters related to this project, including selection notification. If the agency is selected for the MAPP 2.0 Phase 3 Review, this person will be responsible for submitting all deliverables, participating in peer networking conference calls, and completing evaluation activities.	Name:
	E-mail:
	Phone:
Contact information for designated lead fiscal/contractual point of contact:	Name:
	E-mail:
	Phone:

Tribal/local health department information	T/LHD Name:
	Full Address:
	City and State, Postal Code:
Approximate population size served by T/LHD (number):	individuals
Primary type of population served by T/LHD ( <i>select all that apply</i> ):	<input type="checkbox"/> Frontier <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Other (specify): <input type="checkbox"/> Suburban
Current number of staff:	full-time equivalents (FTEs)
In the last 24 months (October 2020 – October 2022) has your T/LHD received any grant funding from NACCHO? <i>(Note: this information is for tracking purposes and has no bearing on review and selection).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a general description, dates and approximate amount of each separate grant funding received.	
Does your agency confirm that, if selected, you will be prepared to enter into the agreement with NACCHO per NACCHO’s terms and conditions, or identify and include any proposed changes with your application?  <i>Selected applicants will enter a firm fixed price contractor agreement with NACCHO. A draft agreement is available in Attachment A of the RFA. Review each agreement’s terms and conditions – including provisions related to publications, acknowledgement of federal support, copyright interests, conference, meeting, and seminar materials, and logo use for conference and other materials – with your contracts officer.</i>  <i>NACCHO reserves the right to accept or decline any proposed changes to terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## EXPERIENCE AND RESOURCES

Please respond to the following questions. Note that there is a 250-word limit for each.

### Prior Experience with Community Health Improvement

- Describe the health department's experience leading and/or participating in a community health improvement process within the last 5 years, including the general roles that the health department has taken (e.g., acting as the lead facilitating organization; participating as a member of a local coalition or collaborative; participating in a local hospital's community health needs assessment (CHNA) process)
- Which of the following CHA/CHIP frameworks has your health department used to guide the process? Select all that apply.
  - MAPP
  - AHA Community Health Improvement
  - County Health Rankings
  - Other: \_\_\_\_\_
- *Optional:* Upload the most recent community health assessment and/or community health improvement plan in which your health department participated, or include a link to it online.

### Health Equity Experience and Expertise

- Describe how the health department has worked to promote population health equity within their community. Your response could include health equity-centered priorities on previous CHIPs, or previous activities that the health department has participated in to address health inequities.
- What framework(s) has the health department utilized to guide its community health improvement and/or health equity work? Select all that apply.
  - Healthy People 2030
  - World Health Organization
  - Roots of Health Inequity online course
  - Bay Area Regional Health Inequities Initiative (BARHII)
  - Other:
- *Optional:* References to published work of the department related to health equity (e.g., health equity report)

### Community Engagement

- Describe the health department's approach to involving community members in CHI work, with an emphasis on opportunities for power sharing and supporting community power-building practices where possible (e.g., examples of the CHI-related activities community members have engaged in, methods used to recruit community members to engage, successes/challenges related to community engagement)

### Partnership engagement OR continuous quality improvement [reply to one or the other]

- Describe how the health department has fostered ongoing and accountable partnerships throughout implementation of a community health improvement plan. For example, aligning partners to CHIP strategies, developing shared measures across partners to track during implementation, and/or engaging partners continuously throughout CHIP implementation. **OR**

- Describe how the health department has incorporated principles of continuous quality improvement into the development and implementation of the CHIP. For example: using rapid cycle improvement to test and improve CHIP strategies, or implementing continuous quality improvement throughout ongoing monitoring and evaluation of the CHIP

### Organizational Capacity

- Describe the organization’s capacity to perform the activities required within the specified timeframe, including estimated staff FTE that will be dedicated to leading the review.

### BUDGET AND BUDGET NARRATIVE

- Provide a detailed, fixed-price per-deliverable budget, including detailed projected costs for the completion of the project. Maximum award is up to \$5,000 for each applicant organization.
- **Budget Template:** This Excel template outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Both the budget and budget narrative must be uploaded to the online platform where indicated.

### CONTRACT FORMS

*Note that these forms will only be used if the applicant is selected as a grant recipient.*

Please complete the following forms, save a copy for your records, and upload a copy to this application:

- [Vendor information form](#)
- [Certificate of Non-debarment](#)
- [W-9](#)
- **Proof of active DUNS number and active registration with SAM.gov**

Selected applicants will enter a firm fixed price contractor agreement with NACCHO. A draft agreement is available in Attachment A of the RFA. Review each agreement’s terms and conditions – including provisions related to publications, acknowledgement of federal support, copyright interests, conference, meeting, and seminar materials, and logo use for conference and other materials – with your contracts officer and confirm that, if selected, you will be prepared to enter into the agreement with NACCHO or identify and include any proposed changes with your application. NACCHO reserves the right to accept or decline any proposed changes to terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

### PROJECT REQUIREMENTS

NACCHO has proposed a timeline of activities that each grant recipient will complete. Please note whether you anticipate any challenges participating in the virtual meetings or completing deliverables by the deadlines indicated in the table below.

Date	Event
By December 2, 2022	Individual Site Kick-off Call
December 2, 2022 – January 13, 2023	Review of MAPP 2.0 Phase 3 guidance and materials, complete survey and focus group

January 13, 2023	Project period ends
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All selected grant recipients will agree to the following as requirements for the project:

- Designate one main point of contact from the tribal/local HD with whom NACCHO will directly communicate on all matters related to this project, including notification of selection/non-selection.
- Identify at least one additional team member who is directly involved in the CHI process who will participate in the review.
- Have 2-3 individuals who are leading the MAPP 2.0 Phase 3 review at your T/LHD participate in a Virtual Kick-off Call with NACCHO staff
- Submit a feedback survey related to MAPP 2.0 Phase 3
- Participate in a 1-hour focus group to provide detailed feedback on MAPP 2.0 Phase 3
- Participate in monthly progress calls with NACCHO staff (December 2022 and January 2023)
- Submit deliverables to NACCHO by the end of the project period and allow selected deliverables or feedback to be posted to NACCHO’s website to serve as examples for the field.

Anticipated challenges: (or write “none”)

The T/LHD agrees to complete all requirements by the given deadlines if selected for the MAPP Phase 3 Review  I agree

**ADDITIONAL QUESTIONS**

<p>How did your agency hear about this funding opportunity (select all that apply)?</p>	<input type="checkbox"/> NACCHO website <input type="checkbox"/> PI Compass e-newsletter <input type="checkbox"/> Forwarded to me by a colleague <input type="checkbox"/> Other, please specify (e.g., state public health association, state health agency, etc.):
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**PI Compass** is NACCHO's performance improvement e-newsletter. This newsletter features resources and events under the performance improvement umbrella, including the areas of accreditation, quality improvement, performance management, CHA/CHIP, and health equity. **If you are not yet signed up, we encourage you to do so to stay apprised of the updates outlined above. Visit: <http://www.naccho.org/pi>**



## Attachment C: Summary of Phase 3: Continuously Improve the Community

This table provides an overview of the proposed steps for Phase 3 of MAPP 2.0. Please note that as NACCHO is developing this guidance, the sequence, details of, or tools for specific steps may be altered from what is described below.

### Phase 3: Continuously Improve the Community

Step / Frequency	Description	NACCHO Guidance/Tools
<b>Prioritize Issues for CHIP</b>	Top issues identified by the community in Phase 2 will be prioritized for the CHIP based on pre-defined prioritization criteria such as community voice, available assets, and potential for impact. Prioritized issues will be monitored through community indicators and shared measures (see below) and will be revised or carried over into subsequent CHIPs.	<ul style="list-style-type: none"> <li>• Suggested prioritization criteria</li> <li>• Facilitation methods</li> <li>• Transferring power to community</li> </ul>
<b>Conduct Power Analysis on Each Issue</b>	Understand the people and institutions that are influencing the issues including those that are perpetuating the problem or maintaining the status quo, those most affected by the issue, and those that may help make progress on the issue. Results of this will inform who is engage and how.	<ul style="list-style-type: none"> <li>• Influencer analysis tool</li> </ul>
<b>Establish Priority Issue Sub-Committees</b>	Based on the Issue Profiles, partners and community members will self-identify for Priority Issue Sub-Committees based on their missions and available assets/skills/experiences. Those that do not identify with a priority issues, and associated community indicators may reduce engagement in the process with periodic updates. Each committee with have a Chair who is a member of the CHI Leadership structures (Steering Committee or Core Committee)	<ul style="list-style-type: none"> <li>• Guidance on partner and community engagement</li> </ul>
<b>Create Community Partner Profiles</b>	Each partner will send to Sub-Committee Chair, a Partner Profile worksheet to identify: <ul style="list-style-type: none"> <li>• How their organization’s mission, goals, and reach align with the specific CHIP priority area</li> <li>• How internal metrics align with community indicators defined in Issue Profiles (Phase 2)</li> <li>• Available assets to address the priority area</li> </ul>	<ul style="list-style-type: none"> <li>• NACCHO Community Partner Profile Template</li> </ul>

	<ul style="list-style-type: none"> <li>How current work impacts the CHIP priority, and a diagnosis of how upstream the work is (based on social-ecological or another model – TBD)</li> </ul> <p>Chairs will compile information and presented to Sub-Committees. Sub-committees will also develop profiles for partners that are not yet engaged by should be to use as a recruiting tool, outlining why that partner should be involved.</p>	
<b>Develop Shared Goals and Long-Term Measures</b>	Each Sub-Committee will be guided through the development of shared long-term goals and measures that are focused on transformational change and that is broad enough that every partner can see how they may contribute to its achievement and every community member can see how it will improve their life (see <a href="#">Targeted Universalism</a> ). Goals should be tied directly to vision developed in Phase 1.	<ul style="list-style-type: none"> <li>Facilitation guidance and templates to develop transformational goal</li> <li>Shared measures templates</li> </ul>
<b>Develop Strategies and Conduct (Racial) Equity Impact Assessment as Appropriate</b>	Based on the sub-committees shared goals and measures, members will identify transactional (shorter-term) strategies tailored to the needs of specific populations and will either be collectively implemented or assigned to specific organizations. Strategies for the CHIP may take the form of one or more of the following: <ul style="list-style-type: none"> <li>Rapid Cycle Improvement on an existing program/service/intervention</li> <li>Implement a new evidence-based strategy</li> <li>Design a new intervention (Rapid cycle planning, as desired)</li> </ul> <p>CHIP strategies should not include work partners are already doing, i.e., business as usual. For each strategy not evidence-based, an impact assessment or <a href="#">Racial Equity Impact Assessment</a>, could be conducted to understand impact on different groups.</p>	<ul style="list-style-type: none"> <li>CQI guidance on CHIP strategies</li> <li>Compilation of sources for evidence-based/model practices</li> <li>NACCHO Strategy Bank</li> <li>Quality planning guidance</li> <li>Racial Equity Impact Worksheet</li> </ul>
<b>Continuous Quality Improvement Action Planning Cycles</b>	To ensure continuous action and learning through ongoing data collection, this step will loosely model successive Plan-Do-Study-Act (PDSA) cycles. This will include developing SMART objectives related to achievement of the goal, an action plan to implement the strategies/interventions, short-term outcome and process metrics to monitor progress, and making real-time course corrections in approach and/or scale up for continuous improvement. Metrics	<ul style="list-style-type: none"> <li>Quality improvement guidance adapted for CHI</li> <li>Writing SMART Objectives/Aims</li> <li>Writing shared metrics</li> </ul>

	developed in this process will be a mix of individual agency owned metrics and shared metrics that feed into the same outcomes.	<ul style="list-style-type: none"> <li>• Data collection guidance</li> </ul>
<b>Ongoing Monitoring and Evaluation of CHIP</b>	The CHI Infrastructure workgroup established in Phase 1: Build the Foundation, will develop a centralized data dashboard for monitoring the CHIP and progress across workgroups (initiated in Phase 1 and complete by Phase 3). Depending on the community's resources this may be as simple as a shared Google Doc or SharePoint or more technologically advanced such as an online dashboard. All partners will contribute to updating data on the suite of metrics developed in this phase. An evaluation of whether CHIP implementation is making an impact will be conducted every 3-5 years.	<ul style="list-style-type: none"> <li>• Tiered guidance on developing a data dashboard</li> </ul>