

Scaling up COVID-19 Prevention and Mitigation Strategies with Refugee, Immigrant, and Migrant (RIM) Communities

Frequently Asked Questions (FAQs)

Eligibility

1. **Can you summarize what type of CBO fits the criteria for this opportunity? (For example, is there a minimum budget or staffing requirement?).** A: CBOs include, but are not limited to, nonprofits that provide health or social services or support community development, common interest groups, and faith-based organizations. There is no minimum budget or staffing requirement.

2. **Are fiscally sponsored non-profits allowed to apply (so long as we partner with a LHD)?** A: Yes, if you are a community-based organization serving a RIM population, and you have a fiscal sponsor, the fiscal sponsor would apply on your behalf.

3. **Who qualifies as a Local Health Department (LHD)?** A: A local health department is defined as administrative or service unit of local government concerned with health. To find local health departments in your area, please go to our directory. <https://www.naccho.org/membership/lhd-directory>.

4. **Can Local Health Departments apply directly for this fund? Would the LHD need to partner with a RIM serving organization? If so, what kind of RIM serving organization would we need to partner with to qualify for this funding? Are there specific requisites for the RIM serving organization (i.e., must be a 501c3)?** A: Yes, LHDs can apply directly for this funding but need to engage in a meaningful partnership with a RIM serving organization, as indicated by a Memorandum of Understanding or Letter of Support from the organization. These organizations can include, but are not limited to, nonprofits that provide health or social services or support community development, common interest groups, and faith-based organizations. While there is no requirement that the organization must be a 501(c)(3), we anticipate that most will be.

If the community-based RIM serving organization is applying directly for the funding themselves (with a Memorandum of Understanding or Letter of Support from a LHD) they must be able to accept federal funds and comply with federal funding requirements, which in general requires 501.3.c status and a tax ID.

5. **Does the grant application have to be initiated by a health department, or can it come from a community-based organization with health department support?** A: Either is acceptable. If the grant is initiated by the health department, it must be done so in partnership with a community-based organization as demonstrated in a Memorandum of Understanding or Letter of Support.

6. **As our organization serves communities at the national and international level, does it still qualify for this funding? Are the funds only provided to certain states or can they be used nationally?**

A: Funds may be used to support projects anywhere in the U.S., but not internationally. As a national/international NGO, you would be eligible for the funding if you were to partner with one or more local health departments for the delivery of services at the local level.

7. **Can the CBO be a national nonprofit reaching RIM communities?** A: If you are a national nonprofit you would need to partner with one or more local health departments as the intent is that activities occur within local communities.
8. **I am with a national CBO, with multiple sites in various cities and states. Can I apply as one application, for multiple states at a higher price point? Or should I apply locally with each office/state?** A: Either approach is acceptable, however, you must partner with one or more local health department as the intent is that activities occur within local communities.
9. **I work for our city government. If I include all of the required documentation, can I submit a project proposal on behalf of our LHD and CBO?** A: City health departments are included under the generic term “local health department”. Your application would be acceptable as long as you engage in a meaningful partnership with at least one CBO as described in a Letter of Support or a Memorandum of Agreement.
10. **Regarding eligibility criteria, how about nonprofit hospitals?** A: Yes, a nonprofit hospital can apply in partnership with a local health department.
11. **Are organizations in Puerto Rico are eligible to apply?** A: Yes.
12. **Are CBOs in US affiliated Pacific Islands eligible to apply?** A: Yes, in partnership with your local health department/ministry of health.
13. **In Florida are Hurricane Maria Puerto Rican populations considered RIM populations?** A: Yes.
14. **Do you have a funding preference for organizations with a project affecting a particular neighborhood, borough, or city?** A: No.
15. **Are there any limitations on how large the geographic coverage must be in this program?** A: No.
16. **Do you have a preference in terms of impact numbers?** A: No.
17. **May an organization address more than one RIM group in their proposal?** A: Yes.
18. **Does NACCHO’s definition of local health department include the state health department, or is it only the county/local departments?** A: The opportunity is limited to county/city/local health departments, and state health departments are not eligible to apply. However, we would welcome applications from either local health departments or community based organizations that included partnerships with state health departments.

- 19. Does the grant application have to be initiated by a health department, or can it come from a community-based organization with health department support?** A: Either is acceptable. If the grant is initiated by a health department, it must be done so in partnership with a community-based organization as demonstrated in a Memorandum of Understanding or Letter of Support.
- 20. We are not yet a 501(c)3 and would need one of our partners to be the funding recipient. May we still submit the application.** A: You could write the application on behalf of and in partnership with another organization, but the funding recipient must submit the application. You should make it clear in the application that you are not the funding recipient, and you are proposing to work in partnership with the funding recipient. A memorandum of understanding between you and the funding recipient should be included. And all the contract attachments (Vendor Information Form, Certificate of Non-Debarment, W9, FFATA data collection form) would need to be completed by the funding recipient.

Funding Levels and Uses

- 21. Is this a nationwide RFP?** A: Yes.
- 22. How many applicants will you fund?** A: We anticipate funding a minimum of 20 awards, however the final number of applicants to be funded depends on the amount requested by each applicant.
- 23. Are there any restrictions on budget allocation and what funds can be used for?** A: Funding should be used for reasonable program purposes, such as to support costs for personnel, IT equipment or software, travel, training, educational materials, and contractual support for monitoring and evaluation or health information systems enhancements. Funds may be used to support full-time employees with the organizational capacity to conduct and oversee program activities as well as part-time or temporary staff. Funding may not be used for clinical care (except as allowed by law), research, or incentives for participating in program activities.
- 24. We are a community-based organization applying for this grant with relationships with several LHDs. Would the funds be disbursed to us, or to the LHD? If the funds are disbursed to us, would we need a Letter of Support from LHDs or a Memorandum of Understanding?** A: If the CBO is submitting the application, the funds would be dispersed directly to the CBO. You would need to attach a Letter of Support or Memorandum of Understanding from one or more Local Health Departments.
- 25. As a local health department, if we were funded, may we offer the funding to various community organizations through a competitive funding process?** A: Yes, you can use the funds to subcontract with other organizations. However, you need to submit a letter of support from a community-based organization that works with refugee, immigrant, and migrant populations and who you intend to work with on this project, so the competitive selection process you've described may be unrealistic as you'd need to identify at least one partner organization prior to applying.
- 26. If we do Tier 2 (additional activity), are you saying that total amount we can request is \$250K or \$175+\$250=\$425K?** A: You may not request more than \$250,000 for Tier Two projects.

27. Do funds have to be used for new programming or can this grant support work begun before this grant? A: Funds can be used to continue existing programming if the existing strategies are in line with the requirements of the RFA and funds are used to support new/ongoing activities and not duplicating existing efforts.

28. Are there any restrictions on budget allocation and what funds can be used for? Funding should be used for reasonable program purposes, such as to support costs for personnel, IT equipment or software, travel, training, educational materials, and contractual support for monitoring and evaluation or health information systems enhancements. Funds may be used to support full-time employees with the organizational capacity to conduct and oversee program activities as well as part-time or temporary staff. Funding may not be used for clinical care (except as allowed by law), research, or incentives for participating in program activities.

29. May our organization use funds to pay employees? A: Yes you may include employee salary costs in your budget.

30. What is the indirect cap for the grant? A: NACCHO has not placed a cap on your indirect rate. We follow CFR 200.414 as follows: *“Any non-Federal entity that does not have a current negotiated (including provisional) rate, except for those non-Federal entities described in appendix VII to this part, paragraph D.1.b, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. No documentation is required to justify the 10% de minimis indirect cost rate. As described in § 200.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”*

Any non-Federal entity that has a current federally-negotiated indirect cost rate shall provide NACCHO with back up documentation and it will be subject to review and approval. If your indirect rate is above the de minimis rate and you do not currently have a federally negotiated rate, you should include a justification as to what is included in your indirect rate and how it arrives to the amount presented.

31. What are financial requirements in terms of vouchering and reporting? Will this “feel” as though we are facilitating a federal grant or will NACCHO take off some of that burden? A: You will be expected to submit invoices on at least a quarterly basis with supporting documentation.

32. Is this a reimbursement grant, and will there be an advance? A: The funding mechanism will be via a contractual agreement, and no advances will be provided.

33. If we submit for Tier 2, but our sustainability plan isn't deemed appropriate for some reason, could we still be considered for Tier 1 funding? A: Applicants applying under Tier 2 will not be considered for Tier 1.

34. Can indirect costs support organizational functions outside the applicant jurisdiction? A: Indirect costs must be costs related to implementation of the project.

- 35. Is there an opportunity for multi-year funding for this project?** A: We do not know whether or not multi-year funding will be made available for this project.
- 36. May funds be used to pay for group therapy as a Tier 2 activity?** A: Unfortunately, clinical services (including therapy) are not allowable expenses. Referrals to care are allowable.

Partnerships

- 37. Could you elaborate on partnership requirements? What sort of partnerships have you seen/would you like to see?** A: At a minimum we would like to see meaningful engagement of partners in the planning and oversight of project implementation. At minimum, a letter of support/memorandum of understanding is required to demonstrate that the community-based organization and local health department are committed to partner on the project.
- 38. If we are a CBO that goes in as a prime do we need to include the local health department in the budget, or can they be an unfunded partner?** A: While CBOs and LHDs are required to demonstrate meaningful engagement with each other via a Letter of Support or Memorandum of Understanding, the decision as to whether this partnership should be funded or unfunded is up to the applicant.
- 39. Does the fund go to one CBO, or does it go to the local government health department and then distributed to the CBOs?** A: Both CBO's and LHD may apply for and receive the funds. The partnerships that the applicant enters into do not have to be funded partnerships.
- 40. If the CBO is the primary applicant, what is the role of the health department? If the Health Department is the primary applicant, what is the role of the CBO? Who will be responsible for attending the monthly meetings, submitting budget information, conducting a needs assessment, evaluation plan, data collection and others in either of the scenarios above?** A: We have purposely left our description of the required partnership between the CBO and the LHD very broad, to allow partners flexibility in how they manage their relationship. The primary applicant (whether CBO or LHD) would receive the funds and would therefore be responsible for managing the grant for fiscal and program compliance – that is, submit budget information, conduct financial reporting and management, and report on deliverables. However, it would be completely up to the partners on the grant as to who would be responsible for program implementation (e.g., conducting a needs assessment, evaluation plan, data collection, and so on).
- 41. If we partner with our local health department which is responsible for an entire city will we be responsible for serving the RIM communities throughout the city, or can we pick a specific community in a specific area?** A: As a CBO applying for these funds you would need to meaningfully engage your LHD in your project as demonstrated in a Letter of Support or Memorandum of Understanding. However, you are not required to serve the entire LHD jurisdiction as a part of the partnership.

- 42. Can CBOs be the primary applicant? If so, do they need evidence of partnership with LDH with a MOU?** A: Yes. CBOs can be the primary applicant but must include a Letter of Support or Memorandum of Understanding from a local health department.
- 43. May a local health department support more than one application from their jurisdiction?** A: Yes
- 44. Can more than one CBO partner with the LHD?** A: Yes. LHDs may not submit multiple applications but can be named as a partner by multiple CBOs in their jurisdiction.
- 45. May a LHD submit their own application as well as have a partnership agreement with a CBO that is submitting an application?** A: Yes
- 46. If a LHD is applying for the grant can we also apply separately (for Tier 1 services) and use that same LHD as our partner LHD. Or do we have to apply together?** A: Local health departments and community-based organizations may not submit separate applications for the same project. However, a local health department may submit their own application for a project and may also be identified as partner by other CBOs submitting applications for other projects.
- 47. May community-based organizations partner with multiple health departments for the grant? If so, would it be in one application or a separate application for each health department partnership?** A: Community based organizations may partner with more than one local health department in the design of a single project. A Memorandum of Understanding or Letter of Support would be required from each participating local health department. A separate application is required when projects fundamentally differ from each other (i.e., if you were to implement a different project with each local health department).
- 48. What if there is a consortium of 10 CBOs working with the LHD?** A: This is allowable.
- 49. Can a lead org apply for a collaborative project with several CBOs?** Multiple partners can be involved, but at minimum one CBO and one local health department.
- 50. Does the CBO have to partner with a LHD for Tier 1?** A: Yes, CBO applicants have to partner with a local health department regardless of Tier.
- 51. Are you prioritizing funding applications that have LHDs as leads vs. CBOs as leads?**
A: No. Applications from local health departments and community-based organizations will be considered equally in our review process.
- 52. Are LHDs able to partner with universities and other non-CBOs in addition to partnering with the CBO?** A: Yes, other local stakeholders can be involved.
- 53. Can a CBO partner with LHD and as well as partner with Department of Human Services that serve RIM population?** A: The intent is to ensure that there is a relationship between an applicant CBO and a local health department for the implementation of the project. Additional partnerships that support project implementation are also allowed and encouraged.

- 54. Do organizations have to partner with Health Centers to apply? Or are organizations not required to partner with LHD?** A: Partnerships are required. The partnership must be between a local health department and a community-based organization (which may include health centers).
- 55. Do CBOs need to partner with local hospitals if they are the primary applicant?** A: If a CBO is the primary applicant, they must partner with a local health department. They may also partner with other organizations, such as local hospitals, if they wish.
- 56. If a CBO proposes to work with multiple counties, will a letter be required from each LHD?** A: If a CBO proposes to partner with multiple counties, a letter will be required from each LHD in the partnership.
- 57. When CBOs engage with the local government health department for one county in an MOU, does that limit the funds to be used only on that county geographical location or it can be used in different counties where CBOs do work there also but under different local government health department who are not part of the MOU?** A: The geographic scope of the project is not limited to the jurisdiction of the local health department(s) that you partner with. And you are not required to partner with more than one local health department.
- 58. A Letter of Support and MOU are vastly different documents. Does a Letter of Support/MOU depend on the project being proposed?** A: Yes, a Letter of Support and a Memorandum of Understanding are very different documents. That being said, either is acceptable for this project.
- 59. In our application, can we indicate we will issue an RFP for subcontractors or do we have to identify partners at the time of application?** A: You must have identified at least one partner at the time of application, as described in a Memorandum of Understanding or Letter of Support from that organization.

Program Design, Monitoring and Evaluation, and Technical Assistance

- 60. Any resources you recommend for finding evidence suggesting why the project will work?** A: The Appendices include a link to the [National Resource Center for Refugees, Immigrants, and Migrants](#), who have compiled best and promising practices for COVID-19 prevention and mitigation among RIM populations.
- 61. Are there standards for needs assessments that we should be relying on?** A: We do not expect applicants to follow a standardized approach for needs assessment. For examples of different needs assessment approaches and tools please refer to the appendices in the RFA .
- 62. What level of evidence are you looking for in terms of best practices?** A: Best practices can include an adaptation of an existing, evidence-based strategy or an innovative strategy that is designed using evidence-based principles, theories, or frameworks. Recognizing the unprecedented nature of the COVID-19 pandemic, applicants may also propose emerging practices that have been implemented and appear promising in other jurisdictions

- 63. Can you describe the type of technical assistance you are able to provide?** A: Technical assistance will be tailored to the needs of the recipient, and provided in the areas of communications, community engagement, program implementation, monitoring and evaluation, and financial and administrative management.
- 64. Can you talk more about evaluation and reporting requirements?** A: The intent of the RFA is to support demonstration projects that will generate best practices. We expect the applicant to conduct routine monitoring and outcome evaluation activities to achieve that goal. Technical assistance for the design and implementation of monitoring and evaluation approaches will be provided.
- 65. Will the grant cover baseline research, qualitative research, or third party document review?** A: Funds may not be used to conduct research. However, assessment activities to support program planning, and monitoring and evaluation activities to demonstrate outcomes and inform replicability are acceptable, including establishing a baseline, and conducting qualitative assessment and outcome evaluation activities.
- 66. Which would be viewed more favorably as a Tier One application: strengthening an existing partnership versus supporting a new partnership to replicate efforts with another county health department in partnership with our local CBO?** A: Both of these are valid approaches and would be acceptable under our RFA.
- 67. Are strategies to vaccinate teens 12-15 acceptable, or are these funds limited to reaching adult populations?** A: This opportunity is not limited to reaching adults, and we would welcome applications to reach teens.
- 68. Can you indicate multiple strategies in your project proposal?** A: Yes. We created a tiered opportunity so that more complex projects could be funded. If you wish to implement multiple strategies in your project, we encourage you to apply under Tier Two.
- 69. Is there a recommendation on how many activities we should be doing in Tier 2?** A: There is not a minimum requirement on the number of activities to be performed under a Tier 2 application.

The Application

- 70. Would you be able to clarify if the application submission is single or double spaced?** A: The application should be single-spaced.
- 71. Do we need letters of support from all our partners or just some of them? Would it make us a more competitive applicant if we include more?** A: You must include a letter of support or memorandum of understanding from a partner local health department (if you applying a community based organization) or a partner community based organization (if you are applying as a local health department). Additional letters of support may be useful, but are not required.

72. Can our organization apply for Tier one and Tier two at the same time or do we have to apply to the tiers separately? A: You do not need to submit separate applications to apply for Tier One and Tier Two together.

73. If our organization does not get approved the maximum amount that we ask for, is there a chance we can get approved for a partial amount? A: We may consider partial funding for applications not selected for full funding.

74. I am filling out the Federal Funding Accountability and Transparency ACT Data Collection form. Can you please tell me what the CFDA # is as well as the Treasury account symbol as reported in FPDS or where/how I can locate this information?

On Award Title Describing Purpose are we to indicate the name of grant with \$250,000 as award (we are applying for Tier II).

Also, would the funding agency be NACCHO or CDC?

A: NACCHO is requesting a completed FFATA form in order to streamline the contracting process SHOULD you be selected as an awardee. Your application will not be evaluated on the extent to which this form is accurate or complete. Please complete the form to the best of your ability. On the FFATA form, on the line "Award Title Describing Purpose" please use the name of the grant "Scaling Up Covid 19 Prevention and Mitigation Strategies with Refugee, Immigrant, and Migrant (RIM) Communities". For the "Amount of the Award" indicate the amount you are applying for. The "Funding Agency" is CDC, and CFDA code is 93.421. NACCHO will work with you to complete all other fields if you should be selected for award.