

Application for Mobile/Offsite/Special COVID-19 Vaccination Clinics for Communities Disproportionately Affected by COVID-19

Purpose:

This funding announcement is for organizations to apply for funds to establish and operate mobile, offsite, and special COVID-19 vaccination clinics; the focus being to target communities of high-disparity, high social vulnerabilities, underserved populations including racial and ethnic minority populations, rural communities, and those disproportionately affected by the COVID-19 pandemic. There is urgency to make these COVID-19 vaccination services available to ensure equitable access to the COVID-19 vaccine among all Idahoans. As such, it will be an expectation that these COVID-19 vaccination services will be operationalized within a maximum of twenty-one (21) days after the subgrant is awarded. The funds must support COVID-19 vaccine clinics/services that are extensions of the grant recipient's normal clinic hours or locations. Funds may be used for the costs associated with operating and promoting the mobile/offsite/special COVID-19 vaccination clinic(s) such as personnel, fringe, travel, supplies, clinic promotion costs, and other related costs associated with establishing these clinics.

Definitions:

Mobile or Offsite COVID-19 Vaccination Clinic- Any COVID-19 vaccine services that the grant recipient provides away from their normal clinic location(s). Examples include, but are not limited to: door-to-door vaccination efforts, in-home vaccination for homebound individuals, vaccination clinics the grant recipient organizes as part of a community or job fair, recreation program, food pantry/food bank event, walk up vaccination services at a mall, shopping center, grocery store, or other public location, or partnering with places of worship, community based organizations, schools/colleges/universities, major employers, barbershops/salons/beauticians, or using a mobile unit to access rural communities or communities with limited COVID-19 vaccine provider availability.

Special COVID-19 Vaccination Clinic- Any COVID-19 vaccination services provided outside of "normal" business hours such as late evening, overnight, and weekend clinics at the grant recipients normal clinic location(s), as well as providing different modalities such as pop-up, walk-in, mobile or offsite COVID-19 vaccination clinics during these times.

Funding Information:

A total of \$9,000,000 is available to be dispersed to grant recipients. Funds will be awarded to successful applicants on a first come, first served basis until all funds are expended.

An initial funding cap of \$500,000 will apply for this funding opportunity.

For larger scale mobile, offsite, or special COVID-19 vaccination clinics that are expected to exceed this funding cap, other potential funding sources are available. Please use the contact information below to request more information.

Funding will follow a reimbursement format in accordance with state finance and accounting requirements.

Indirect costs may not exceed 10%.

Funding may not be used to cover expenses reimbursed by any other federal source including, but not limited to, FEMA or Medicaid. Funds may not be used to cover costs associated with administration already reimbursed by a third-party. Finally, costs cannot be used for construction, vehicle purchase (although lease and/or rental fees may be allowed), food, gift cards or any item or fee that is not directly associated with the operation or promotion of the proposed mobile, offsite, or special COVID-19 vaccination clinic.

This grant opportunity is funded by the COVID-19 Vaccination Supplemental Funding awarded to the Department of Health and Welfare Immunization Program with a total amount of \$9,000,000 to be used for this opportunity.

Eligibility & Preferences:

Eligible applicants must either be currently enrolled as an Idaho COVID-19 vaccine provider or must partner with an enrolled Idaho COVID-19 vaccine provider to administer the mobile, offsite, or special COVID-19 vaccination clinic(s). Any provider not yet enrolled as an Idaho COVID-19 vaccine provider may begin the application process by visiting <https://healthandwelfare.idaho.gov/providers/immunization-providers/covid-19-vaccination-providers>

Providers currently enrolled in the COVID-19 Vaccination Capacity Grant Program cannot participate in this mobile, offsite, and special COVID-19 vaccination clinic grant at the same time. Vaccine Capacity Grant Program payments will be suspended during the grant phase associated with this mobile grant and reinstated once the mobile grant ends.

Applicants must provide the Data Universal Numbering System (DUNS) number with application or a statement affirming it will be provided prior to the subgrant award.

Applicants must show proof of registration with the System for Award Management (SAM.gov) to receive federal dollars.

Reporting Requirements:

Grant recipients will be required to report COVID-19 vaccine administration in the patient's electronic health record or PrepModSM within 24 hours of administration, and report administration data to Idaho's Immunization Reminder Information System (IRIS) as soon as practicable, but no later than 72 hours after administration.

Grant recipients will also be required to provide monthly reporting of the race and ethnicity data of those vaccinated, the number of people vaccinated, the location of these COVID-19 clinics held, the number of these COVID-19 clinics held, dates and hours of operation of these COVID-19 clinics held, as well as COVID-19 activities reporting.

Reporting templates will be made available to approved grant recipients.

Financial Reports:

Grant recipients must submit to the Idaho Department of Health and Welfare-Immunization Program the appropriate receipts, invoices, and documentation in the format required by the program for mobile/offsite/special COVID-19 clinic(s) expenses as specified in the grant contract language and in accordance with the grant recipients Reporting and Record Retention Requirements.

Grant recipients shall comply with subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA).

Application Requirements:

Please describe the activities and expenses for which the funding will be used (please use the attached Initial Cost Estimate Document to aid in planning this budget) and specifically address the points below:

1. Provide a brief explanation of your organization including if you are a currently enrolled Idaho COVID-19 vaccine provider. If you are a community partner or other organization, please identify the currently enrolled Idaho COVID-19 vaccine provider you will partner with.
2. Provide a single point of contact for correspondence related to this funding and provide the contact information for this individual.
3. Describe how you will prioritize vaccinating communities that have been disproportionately affected by COVID-19. Provide which communities you will be able to reach with your clinics and in what locations you plan to hold clinics.
4. Describe how you will ensure follow up clinics to administer 2nd doses when using Pfizer-BioNTech or Moderna COVID-19 vaccines.
5. Provide a brief description of your organization's processes for invoicing and financial record-keeping, as well as how you will provide supporting documentation of expenses related to this project.
6. Provide information for partners that the grant recipients will be partnering with such as places of worship, community-based organizations, recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barbershops/beauticians, major employers, or other key community institutions.
7. Describe the strategies that will be used to ensure focus on target populations such as communities of high-disparity, high social vulnerability, underserved populations including racial and ethnic minority populations and rural communities, and those disproportionately affected by the COVID-19 pandemic.
8. Describe how you will be able to provide culturally competent medical care (finding a trusted face/voice, understanding and accommodating potential language barriers and reading/writing levels, etc.). This can include strategies such as staffing of culturally competent medical personnel that reflect the identified community or providing translation services.

Review and Scoring of Applications:

Applicants must score a minimum of 70 (out of a possible 100) to be eligible to receive this funding. Applications will be reviewed by a committee and scored based on the following:

- Narrative – Maximum of 20 points. Applicant clearly describes their organization, capacity to implement the project, experience serving the target population, demonstrated ability to submit timely reports and invoices. Applicant includes a description of collaborating organizations for this project and clearly delineates each organization's roles and responsibilities for the project.
- Work Plan – Maximum of 40 points. Applicant clearly outlines a timeline and workplan to implement the project including who is responsible for specific activities.
- Budget – Maximum of 20 points. Applicant provides a comprehensive itemized budget.
- Allowable Expenses – Maximum of 20 points. Applicant's budget includes expenses that are allowable per scope of the subgrant.

Submission Guidelines:

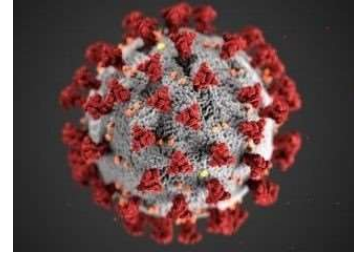
- Proposals must be submitted by email to:

Sara Garrett

Project Manager I
Idaho Immunization Program
Bureau of Communicable Disease Prevention
Division of Public Health
Idaho Department of Health and Welfare
Sara.Garrett@dhw.idaho.gov



IDAHO DEPARTMENT OF
HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



Instructions to Complete the Initial Cost Estimate for Mobile/ Offsite/Special COVID-19 Vaccination Clinics*

Attached is a template form for creating a cost estimate for the Mobile/Offsite/Special COVID-19 Vaccination clinic(s) you may be applying for subgrant funding for. Please complete the attached document using the following instructions:

At the top of the table is an area to enter the Provider Name, Address, Phone Number, and Email address. Please ensure all of these items are completed. This is important for ensuring we have current and correct contact information.

For each "Expense Category" item listed, please give the estimated cost of the item in the appropriate column.

- **Details-** The description of the Expense Category Item
- **Expected Number of Days-** The expected number of days of Mobile/Offsite/Special clinic(s).
- **Expected Patient Volume-** The expected number of patients served during the planned clinic.
- **Expected Miles Traveled-** The expected number of miles traveled to complete the planned clinic.
- **Cost per Patient-** Used if the Expense Category item has a "per patient" cost.
- **Cost per Each-** Used if the Expense Category item has a "per each item" cost.
- **Subtotal-** The total expected cost based on the calculated total of the Expense Category item.
- **Total Estimated Cost-** The total of the Subtotal column.
- **Estimated Cost per Patient-** The Total Estimated Cost divided by the Expected Patient Volume.

Note: Please use Lodging and Per Diem estimates from GSA.gov



***Note:** This document is an initial cost/budget estimate and is subject to change based on calculation updates and determined need at the time of funding. You may be required to submit a formal budget prior to funding approval. Submission of this cost/budget estimate does not guarantee funding, it does not constitute any promise to pay or award, nor is it a guarantee of an expected funding amount. This data will be used for informational and estimate purposes only.

Initial Cost Estimate for Mobile/Offsite/Special COVID-19 Vaccination Clinics*

Provider Name:

Address:

Phone:

Email:

Expected Clinic Location & Population Focus :							
Expense Category	Details	Expected Number of Days	Expected Patient Volume	Expected Miles Traveled	Cost per Patient	Cost per Each	Subtotal
Vaccine Administration							
Post-Vaccination Monitoring							
Coordination/ Scheduling							
Transportation Costs							
Lodging Costs							
Per Diem Costs							

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Initial Cost Estimate for Mobile/Offsite/Special COVID-19 Vaccination Clinics*

Expense Category	Details	Expected Number of Days	Expected Patient Volume	Expected Miles Traveled	Cost per Patient	Cost per Each	Subtotal
Travel Pay for Staff							
Ancillary Supplies							
Other (Please List)							
Other (Please List)							

Notes:

Please use Lodging and Per Diem estimates from **GSA.gov**

Expected Travel Team: Providers: _____ Medical Assistants and/or Nurses: _____
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Total Estimated Cost	
Estimated Cost per Patient	

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