

## 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 PrepMod<sup>SM</sup> 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) and will be subject to Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133), 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. Describe 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 2<sup>nd</sup> 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, under-served 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:

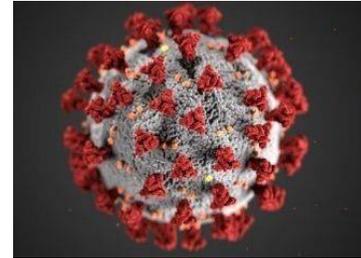
- Proposals must be submitted by email to:

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](mailto:Sara.Garrett@dhw.idaho.gov)



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**  
DIVISION OF PUBLIC HEALTH



## Mobile/Offsite/Special COVID-19 Vaccination Clinics Grant Application FAQs

Can this grant funding be used for COVID-19 vaccination clinics that have already been completed?

No. This grant opportunity is for future Mobile/Offsite/Special COVID-19 Vaccination clinics only.

How often does the Review Committee meet to review applications and how many Review Committee Members are there?

The Review Committee consists of five members and meets weekly to review applications.

Can the Budget/Cost Estimate document in the application announcement be used for the official budget submission?

No. The Budget/Cost Estimate document included in the application announcement does not qualify as an official budget submission. This is for estimation purposes while completing the application and an official budget needs to be submitted by each applicant as the official budget will be used for reporting purposes.

What needs to be submitted for the application to be reviewed?

Each application must contain all requested information listed including, but not limited to, a narrative, workplan, and official budget.

Does each applicant have to agree to audit requirements?

Yes. Each application submitted must contain a statement acknowledging "Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133), FFATA", and any specific grant requirements listed in the application announcement.

What is the process if the official budget submission has expenses that are unallowable under the grant opportunity?

If the submitted budget includes unallowable expenses, the applicant will be given the opportunity to update the budget and resubmit.

Are food and drinks an allowable expense?

In certain circumstances. Food and drinks are not an allowable expense under this grant opportunity unless it is for traveling staff that qualify for per diem per the travel guidance document.

Is applicant/recipient required to be registered under SAM.gov, and are they required to have a DUNS number?

Yes. If an applicant is not already registered with SAM.gov, they can visit <https://www.sam.gov/SAM/> to register. If the applicant does not have or does not know their DUNS number, this can be obtained by visiting <https://www.dnb.com/duns-number/get-a-duns.html>

Any other questions regarding this grant opportunity or the application process can be directed to:

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







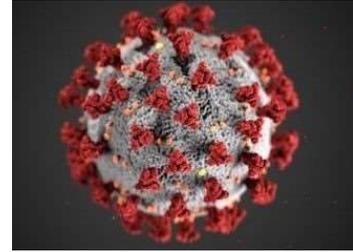
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8. Describe how you will be able to provide culturally competent medical care (finding a trusted face/voice, understanding and accommodating potential language barriers and reading/writing levels, etc.). This can include strategies such as staffing of culturally competent medical personnel that reflect the identified community or providing translation services.

EIN/Tax ID #:

DUNS Number:

Registered with SAM.gov?      Yes      No



## 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. This template is not intended to replace the applicants official budget submission, but intended to assist in budget planning and layout. To complete this template, please use the following instructions:

At the top of the table is an area to enter the Provider/Organization Name, Provider/Organization Address (including city and zip code, 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 and the attached Travel Policy Guidance.



**\*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:**

**Complete Address:**

**Phone:**

**Email:**

<b>Expected Clinic Location:</b> <b>Population Focus:</b>							
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							

**\*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\*

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** and the attached **Travel Policy Guidance**.

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

**\*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.

## Travel Policy Guidance for Mobile/Offsite/Special COVID-19 Vaccination Clinics Grant

This travel policy guidance is an excerpt of the State Travel Policy and will be the guiding document as it applies to Mobile/Offsite/Special COVID-19 Vaccination Clinics Grant Applications. This will apply to lodging, travel, and per diem costs listed in the official budget submissions for applications for the Mobile/Offsite/Special COVID-19 Vaccination Clinics Grant.

NOTE: The official primary workstation is the location where the employee regularly performs his or her duties.

### Travel status

A person traveling is considered to be in "travel status" when the traveler is physically away from their official primary workstation by a distance of 50 miles or more, or the travel includes an overnight stay. There are two types of official travel status: same-day travel status, and multiple-day travel status.

### Same-day travel status

Travel begins and ends on the same day (i.e., there is no overnight stay)

If a traveler is away from his or her official primary workstation for several days, but returns home each night, he or she is considered to be in same-day travel status

Traveler is not eligible for per diem

### Multiple-day travel status

Travel involves an overnight stay (i.e., travel begins on one day and ends on another)

Traveler is eligible for per diem

Travelers are not permitted to extend the duration of travel past the maximum time necessary to conduct business for the stated purpose of the travel. For example, travelers are expected to leave their official primary work station or declared residence so that they arrive at an airport or other point of public transit by the recommended pre-departure time, rather than the night before, except in special circumstances. Actual time while in official travel status must be documented.

### Accommodation arrangements

When choosing accommodation, travelers should primarily consider practicality and economy in terms of room rate, proximity to the required location, and room type. The least expensive rate possible should be obtained. All lodging expenses must be documented with a formal invoice, and the lodging must be publicly advertised. Expenses will not be paid or reimbursed

for lodging provided by "hosts" (e.g., family, friends, etc.). Lodging expenses will be reimbursed at actual cost, so long as the cost is not unreasonable or exorbitant.

#### Mode of travel

Travelers must choose the most cost-effective, efficient, and practical mode of travel, considering both time and expense. In cases where unusual circumstances require an alternative form of travel, travelers must document this, obtain pre-approval when possible, and submit the documentation when submitting their invoice.

#### Route of travel

Travelers must use the most direct and/or efficient route of travel, considering actual costs and travel time. Additional factors can be considered when selecting the route of travel, such as weather conditions or other issues that could increase travel time or hazards to the traveler.

#### Documentation during travel

During travel, documentation for all reimbursable expenditures must be collected and retained for submission with the invoice.

Documentation to collect and retain includes:

- Receipts for all reimbursable expenditures
- Any supplemental information provided by writing on receipts must not alter or cover the original information on the receipt. This is necessary to ensure the receipt is readable, and to avoid the perception that the original documentation has been tampered with
- Itemized receipts for accommodation
- Detailed notes about any deviations from pre-approved travel

#### Multiple day travel allowances

Travel is considered to be "multiple day travel" when it involves an overnight stay. If a traveler is away from his or her official workstation for several days but returns home each night, he or she is not considered to be in "travel status".

Multiple day allowances may include:

- Accommodation
- Vehicle mileage
- Meals

#### Unallowable expenses

The following items are not reimbursable travel expenses:

- Expenses of a personal nature incurred for the convenience of the traveler.

- Lodging and meal costs incurred within an employee's official work location.
- The cost of meals to employees who travel away from their official work location and return to their official work location at the end of the normal workday.
- Normal commuting expenses.
- Room service or use of facilities such as sauna, steam bath, etc.
- Traffic fines and court costs.
- Unauthorized membership dues, subscriptions, or fees.
- Entertainment, such as in-room movies, video games, pay-per-view television programs, or similar expenses.
- Other miscellaneous expenses that are incurred for personal reasons and are not necessary for the performance of official duties.

#### Per diem allowances

Per diem allowances are:

- standard, fixed daily rates – they are not reimbursements for specific purchases
- based on travel departure and arrival times, and the location of the travel
- intended to cover a range of meal and incidental expenses, which do not require receipts (see below for details on what is included in meals and incidental expenses)
- payments given to travelers after travel has completed
- The per diem allowance is intended to cover meal and incidental expenses, including:
- breakfast, lunch, and dinner, depending on travel times (see below for more information)
- snacks
- beverages
- tips, which are not allowable reimbursable expenses; tips are to be paid from the per diem allowance

Travelers are not required to provide receipts for items that are to be purchased from the per diem allowance

Per Diem Rate:

Standard In-State Per Diem and Incidentals Rate is \$49 per day