



Request for Applications (RFA)  
Colorado Department of Public  
Health & Environment

# COVID-19 Health Equity and Immunization Fund

## RFA # 40624

### Application due dates:

Estimated application open date	Estimated application submission due date	Funding source
August 1, 2022	August 31, 2022	HDG & IMM
September 1, 2022	September 30, 2022	HDG & IMM
October 3, 2022	October 31, 2022	HDG & IMM
January 2, 2023	January 31, 2023	HDG & IMM
April 3, 2023	April 28, 2023	IMM
July 3, 2023	July 31, 2023	IMM
October 2, 2023	October 31, 2023	IMM
January 2, 2024	January 31, 2024	IMM



Updated 7/6/22

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## I. PROJECT BACKGROUND AND OVERVIEW

### A. General information/program purpose

The Colorado Department of Health and Environment (CDPHE) received two awards from the Centers for Disease Control and Prevention (CDC), from which approximately \$22 million has been earmarked to support local community needs and build community capacity to respond to COVID-19 and reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for COVID-19 response support.

The *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* grant (HDG) (CDC-RFA-OT21-2103) has three program areas with a project/budget period through May 31, 2023, with a possibility of funding extension to May 31, 2024, per CDC guidance.

1. **Community Engagement Program** - The *Community Engagement* program will provide funds to community-based organizations (CBOs) and other qualified entities for activities such as conducting community scans (surveys, canvassing-style door-to-door interviews, focus groups, etc.) to gather community input on needs, and conducting engagement activities around COVID-19 (e.g., vaccine information, testing resources, treatment, prevention education, as well as wrap-around services related to community impacts of the pandemic like childcare, food access, etc.)
2. **Community Health Navigators Program** - The *Community Health Navigators* program will fund activities related to training and deploying navigators and community health workers to do vaccine outreach, patient education, and patient support.
3. **Healthy Communities Program** - The *Healthy Communities* program will fund activities focused on resiliency related to the social determinants of health as they relate to COVID-19's impact on communities.

The *Immunization and Vaccines for Children* cooperative agreement (CDC-RFA-IP19-1901) (IMM), has one program area with a project/budget period through June 30, 2024.

1. **Health Equity Immunization Program** - The *Immunization* funding is available to CBOs and other qualified entities to support activities to improve vaccine education, outreach, and uptake in communities.

### B. Funding opportunity

CDPHE has multiple statewide funding opportunities available to support local community needs for planning, system navigation, and response to the COVID-19 pandemic through the COVID-19 Health Disparities and Immunization Funds. The purpose of these funds are to address health disparities in the response to, prevention, and treatment of COVID-19 with a particular emphasis on supporting community-led and community-based organizations that use culturally effective and linguistically appropriate approaches.

Applicants may apply to multiple funding opportunities simultaneously. HDG and IMM opportunities have distinct federal requirements and award estimates, which are described in designated guidance documents. Applicants can find details in the Summary of Funding Mechanisms (Exhibit A) and Allowable/Unallowable Expense Guidelines for the CDC Grant Programs (Exhibit B). Applicants must review funding specific guidance before applying.

## **II. PROJECT BUDGET PERIOD, FUNDING PERIOD, AND BUDGET REQUIREMENTS**

### **1. Budget period**

CDPHE received two awards from CDC, each with its own project/budget period. The project/budget period for Health Disparities, which includes the Community Health Navigators Program, Healthy Communities Program, and Community Engagement Program, is approximately through May 31, 2023. The project/budget period for the Health Equity Immunization Events Program is approximately through June 30, 2024.

### **2. Funding period**

CDPHE plans to award subrecipient grants starting in July 2022 on a rolling basis until January 31, 2023, or January 31, 2024, depending on grant funding source. Contract extension is possible depending on CDC grant guidelines and approval. Applicants do not need to submit requests that last through the entire duration of the grant.

Grant amounts listed under the “Definitions” section below are suggested amounts. Applicants are encouraged to apply for an amount that fits their organizational needs. Organizations may apply for a larger grant and oversee the administration of supplementing funding of smaller grants to other agencies.

Organizations may apply for multiple funding programs under the HDG funding (Community Engagement, Community Health Navigators, Healthy Communities) within the same grant application. Organizations that are applying for programs that fall under HDG and IMM will need to submit two separate applications, one for HDG and a separate for IMM. Organizations may apply for multiple rounds of funding; however, if you receive funding on one cycle and wish to apply for additional funding in another, please contact your local CDPHE Resource Specialist

prior to applying. Email [cdphe\\_dcphe\\_health\\_equity\\_community\\_grants@state.co.us](mailto:cdphe_dcphe_health_equity_community_grants@state.co.us) to connect with your Resource Specialist.

### 3. Budget requirements

#### 1. Indirect (F&A) Cost Rate:

**Definition:** Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective or grant account. Indirect costs may be called Facilities and Administration costs (F&A) at some agencies. Indirect costs are different from administrative costs in most cases. For example, a program employee can be considered administrative and not be included in an agency's indirect costs. Costs classified as indirect can differ depending upon your organizational structure and accounting practices but some common examples include depreciation on buildings and equipment, operating and maintenance costs of facilities, and general administrative expenses such as the salaries and expenses of executive officers and accounting or legal staff.

If Applicant's agency/business maintains an indirect or F&A rate and Applicant chooses to include this cost on the application budget, it is expected that the amount budgeted will reflect the agency's/business's approved rate. Be prepared to submit one of the following if awarded:

- a. Federally negotiated indirect rate agreement - An entity that receives funding directly from the federal government is eligible to recover indirect costs by using a federally negotiated indirect cost rate from their Federal cognizant agency.
- b. CDPHE negotiated indirect rate agreement - An entity that does not have a current negotiated indirect cost rate with a federal agency AND does not receive federal funds directly from a federal agency can negotiate an indirect cost rate with the internal audit unit at CDPHE.

Alternatives to a negotiated indirect cost rate:

- i. De minimis indirect cost rate - The de minimis rate of 10 percent of modified total direct costs (MTDC) is available to all non-Federal entities (2 CFR 200.414(f)).
  - ii. Direct charge all expenses - Organizations may elect to directly charge all allowable expenses on their billings for each contract, grant, or award. Billed costs will be subject to field review by the CDPHE. A budget template is provided and can be found as Attachment B.
2. Each of the funding opportunities of this RFA have unique requirements about budget limitations and allowances. Budget information is available in the Allowable/Unallowable Expense Guidelines for the CDC Grant Programs (Exhibit B).

Please note that all activities and expenditures under this program must be

COVID-19 related and promote at least one of the explicit goals pertaining to these funds as stated by the Federal government.

HDG goals include:

- a. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among affected populations, for example:
  - i. Provide support for families who experience a COVID-19 infection through delivery of wraparound services to ensure immediate needs (including infection control, support for adequate isolation or quarantine, etc.) are met.
  - ii. Provide support for individuals who are experiencing impacts from the pandemic that are tied to COVID-19 cases in their community, such as increasing staff to assist individuals or families that have lost income or employment and need help navigating access to services such as rent assistance, food access, or transportation (funds cannot be used for rent assistance, transportation vouchers, etc.).
- b. Build, leverage, and expand support for COVID-19 prevention, for example:
  - i. Provide support for community groups to disseminate scientifically accurate and culturally effective and linguistically tailored COVID-19 information; facilitate access to health-related services, and/or implement community-based mitigation events (e.g., education, testing, and/or vaccination events).
  - ii. Patient education, including COVID-19 prevention, isolation/quarantine protocols, general treatment/disease education (not to include individual medical/clinical services), vaccine appointment scheduling, etc.
- c. Advance health equity and address social determinants of health as they related to COVID-19 health disparities by:
  - i. Working within affected communities, partnering with local community-based groups, and local health agencies to educate community members, set up vaccination drives or educational events, distribute COVID-19 testing kits and/or PPE, and conduct other COVID-19 response-related activities.
  - ii. Reaching disproportionately affected populations with culturally effective and linguistically tailored outreach to develop a deeper understanding of community-specific assets and needs related to health equity and the COVID-19 pandemic.

IMM Grant goals include:

- a. Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations.
  - b. Ensure high-quality and safe administration of COVID-19 vaccines.
  - c. Ensure equitable distribution and administration of COVID-19 vaccines.
  - d. Increase vaccine confidence through education, outreach, and partnerships.
  - e. Develop and implement community engagement strategies to promote COVID-19 vaccination efforts.
  - f. Support high vaccination uptake in Tribal nations.
3. Funding under this RFA is anticipated to be provided via two options. The majority of selected grantees are expected to use Option 1. In order to be eligible for Option 2 (advanced payments), the grantee agency must meet the eligibility criteria established by CDPHE.

#### Option 1: Cost reimbursement

Funds will be given on a cost-reimbursement basis only. This means that the selected awarded applicants must be financially able to pay for expenses and then request reimbursement from CDPHE. Project expenses will be reimbursed monthly for approved expenses incurred during the prior month. Allowable expenses will be reimbursed monthly upon receipt and approval of a submitted invoice. Invoice submissions are required within forty-five (45) days after month-end. Source documentation demonstrating actual expenses incurred will be subject to review. All expenditures must be reasonable, necessary, and approved by CDPHE for the completion of approved grant activities and must comply with the state of Colorado fiscal rules. Please note that CDPHE will not reimburse any costs incurred by selected grantees prior to the issuance of a legally executed contract.

#### Option 2: Advanced payments

With this option there are two steps:

Up to 25% of the total award may be given as an initial payment to assist selected applicants with launching approved activities. CDPHE pre-approval of advanced payments is required as not all applicants nor all budget expenses are eligible for advanced payments.

The remaining funds will be given on a cost-reimbursement basis only. This means that the selected awarded applicants must be financially able to pay for expenses and then request reimbursement from CDPHE. Project expenses will

be reimbursed monthly for approved expenses incurred during the prior month. Some expenses such as gift cards/incentives are reimbursed after they have been distributed. Allowable expenses will be reimbursed monthly upon receipt and approval of a submitted invoice. Invoice submissions are required within forty-five (45) days after month-end. Source documentation demonstrating actual expenses incurred will be subject to review. All expenditures must be reasonable, necessary, and approved by CDPHE for the completion of approved grant activities and must comply with the state of Colorado fiscal rules. Please note that CDPHE will not reimburse any costs incurred by selected applicants prior to the issuance of a legally executed contract.

CDPHE is finalizing the eligibility and process for Option 2, therefore, applicants are required to prioritize their budget expenses on Attachment D: Project Budget and Narrative “Advance Payment Request” for an advanced payment, if selected as a grantee and approved by CDPHE. More information will be provided as it becomes available to those selected for funding. If advanced payments are not approved, then all funding will be distributed as a cost-reimbursement only (see Option 1 above).

- 4. For each program area, under the Health Disparities funds, approximately 33% of the total dollar amount will support programming in rural areas of the state and 67% will support communities in urban (non-rural) regions. Qualified entities that are awarded funding must comply with State and Federal regulations and follow allowable expense guidelines provided by CDPHE and CDC.

**4. Open RFA**

- 1. This funding opportunity is time-limited. Please keep the following dates in mind when planning and applying for funding:
  - All activities funded under the HDG (Community Engagement, Community Health Navigators, and Healthy Communities) programs must be completed by May 31, 2023.
  - All activities funded under the IMM (Health Equity Immunization Events) must be completed by June 30, 2024.
- 2. There will be multiple application periods for this RFA, with the following future application submission due dates and funding periods anticipated:

Estimated application open date	Estimated application submission due date	Funding source
July 1, 2022	July 29, 2022	HDG & IMM



August 1, 2022	August 31, 2022	HDG & IMM
September 1, 2022	September 30, 2022	HDG & IMM
October 3, 2022	October 31, 2022	HDG & IMM
January 2, 2023	January 31, 2023	HDG & IMM
April 3, 2023	April 28, 2023	IMM
July 3, 2023	July 31, 2023	IMM
October 2, 2023	October 31, 2023	IMM
January 2, 2024	January 31, 2024	IMM

The above application dates are subject to change and/or additional dates may be added at the discretion of CDPHE. This information will be communicated via the Health Equity Branch funding opportunities website.

- a. The COVID Health Equity and Immunization fund will remain open to award until such a time as all available funding has been awarded or until January 30, 2023, (HDG) and January 31, 2024 (IMM), whichever comes first. Interested and qualified applicants may submit an application by the application due dates listed above. Applications received after these submission due dates will be reviewed in the subsequent awarding review period, pending available funds.
- b. All applications received will be held until the submission due date and then the review, selection, and award process for future rolling RFA periods will follow the schedule of activities outlined below.
- c. Future RFA contract start dates will vary contingent upon the timing of the application receipt, application review, and funding approval process.
- d. Additional application periods are contingent upon Awardee performance (including programmatic performance and adherence to Federal grant requirements including allowable expenditures) and availability of funds.
- e. Upon dissemination of all available funds or by March 31, 2023, (HDG) and May 30, 2024 (IMM), whichever comes first, CDPHE will close this RFA. Any applications received following the close of this RFA will not be accepted and will be returned to the sender. Notification of when the RFA is closed will be posted on the Health Equity Branch funding opportunities website.

### III. PROJECT REQUIREMENTS

#### 1. Eligibility

Organizations with strong ties to populations disproportionately affected (see Affected Populations and Social Vulnerability Index definitions below) by the health and economic impacts of the COVID-19 pandemic are strongly encouraged to apply. Eligible organizations include, but are not limited to:

- Nonprofit organizations, in good standing with the IRS and the State of Colorado.
- Community-based and grassroots-based organizations.
- Federally recognized Native American Tribes in Colorado, or a nonprofit organization providing services to eligible Tribes on a reservation or federally recognized Tribal land with a letter of support from the applicable Tribal council.
- Community health centers/rural health centers/safety net clinics/federally qualified health centers.
- Congregate settings: senior and assisted living housing, prisons/jails, shelters, etc.
- Health care organizations.
- Governmental agencies.
- Faith-based organizations.
- Education institutions: K-12 schools for programming (*research is not eligible*).
- Public agencies: city councils, city and county departments, and local public health agencies (LPHAs). (*Note: Agencies that have already received funding from CDPHE or CDC for the same work are not eligible to apply. LPHAs that are interested in receiving funds under this program must demonstrate that other COVID-19 relief funds they have access to do not cover the proposed activities.*)
- Organizations that have fiscal sponsorship from a 501(c)(3).

Eligible organizations may not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity/expression, age or national origin in their staffing policies, use of volunteers, or provision of services.

#### 2. Required project components

CDPHE will prioritize the following factors across all fund programs:

##### 1. Priority populations

Grants from the COVID Health Equity and Immunization Fund will support populations experiencing COVID-19 health disparities and barriers to treatment, vaccinations, and medically accurate information. These populations include:

- Minority and historically underserved communities of color.
- People with low-socioeconomic status.
- Older adults.
- Lesbian, gay, transgender, bisexual, queer, or questioning individuals.
- Transgender, nonbinary, and other gender nonconforming individuals.

- People with disabilities.
- People who live in rural and/or geographically isolated communities.
- Members of immigrant and refugee communities.
- People experiencing homelessness.
- Community-based, grassroots-based organizations and groups.

**2. Additional priorities:**

- Rural and/or geographically isolated areas (based on designations from the Colorado Rural Health Center. The map of counties by status can be found here: <https://coruralhealth.org/resources/maps-resource>).
- Culturally and linguistically responsive programs, services, and/or events.
- Organizations or groups that currently work in and have strong relationships in the communities for which funds are requested.
- Organizations that engage the target community to inform the programs, services, and/or events that will be provided and/or engaged in leadership roles in the organization.

**3. Formatting instructions**

1. It is preferred that the RFA be submitted using the following formatting requirements:

- Applicants should use the forms provided in the format provided (Word, Excel, etc.).
- Applicant should use the pre-set font type and size on responses.
- Applicants should not alter the formatting (margins, headings, etc.) or change any of the pre-populated information on the forms provided (Budget Period, Application questions, etc.).
- Applicants should follow guidance for responses as provided in documents (i.e., lengths of responses in Application).
- Labeling Requirements: Each attachment should be labeled with the original label for the document, e.g., Application, Budget, etc.

**IV. TOOLS AND GUIDANCE**

**1. Definition of Terms**

Affected Population(s): Specific underrepresented community(ies) that are the focus of this program are defined, but not limited to, as Asian, Native Hawaiian or Pacific Islander, African American/Black, Hispanic/Latin(o)(a)(x), American Indian or Alaska Native; older adults; lesbian, gay, transgender, bisexual, queer or questioning, gender nonconforming; people with disabilities; people with low socioeconomic status; and people who live in rural and/or geographically isolated communities. The Social Vulnerability Index can also be used to determine affected populations.

CDPHE - Colorado Department of Public Health and Environment.

CDPHE Resource Specialist - CDPHE employees in the Health Equity Branch who work to identify and support community-based organizations (CBOs), health care entities, and local public health agencies access opportunities and resources that support and promote health equity.

CDC - U.S. Centers for Disease Control and Prevention.

CDC Grant Programs - Funding programs for CBOs and other entities, available through federal CDC funds but administered through CDPHE, intended to build community capacity to respond to COVID-19 and reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for COVID-19 response support. The CDC Grants Programs include the Community Health Navigators Program, Healthy Communities Program, and Community Engagement Program.

CDC Social Vulnerability Index: Tool developed by CDC to help identify and map communities, by census tract, that will most likely need support during and after a hazardous event (including the COVID-19 pandemic). More information can be found here

<https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/pdf/SVI2018Documentation-H.pdf>.

CBO - Community-Based Organization: Any organization, group, or entity who may receive funding from CDPHE for community-based action/work that meets the goals of the CDPHE program.

Community Engagement Program (CEP)- The purpose of this program is to build community capacity for reaching disproportionately affected populations with culturally effective and linguistically tailored outreach to develop a deeper understanding of community-specific assets and needs related to health equity and the COVID-19 pandemic. Activities should focus on improving understanding of needs within a community and building partnerships and relationships between agencies that can support those needs. Fundable activities include community scans (focus groups, door-to-door canvassing, surveys), as well as engagement activities around COVID-19 such as vaccine, testing, treatment, and prevention education.

*Grant award range: \$20,000 to \$100,000 per year*

Community Health Navigators Program (CHNP)- This program will support community health navigators to conduct vaccine outreach, patient education, and health-system navigation. Patient education can include topics such as COVID-19 prevention, isolation/quarantine protocols, general treatment/disease education (not to include individual medical/clinical services), vaccine appointment scheduling, etc. Funded Community Health Navigators (CHNs) will work within the community, partnering with local community-based groups to educate community members, set up vaccination

drives or educational events, distribute COVID-19 testing kits and/or PPE, and conduct other COVID-19 response-related activities. Applicants who wish to provide CHN training are also eligible for funding. Priority will be given to organizations that have established Community Health Navigator programs. Applicants should include costs for acquiring and providing testing kits and PPE in their proposals. *Grant award range: \$20,000 to \$50,000 per year*

Healthy Communities Program (HCP)- This program will support services for disproportionately affected populations that are under-resourced and at higher risk for COVID-19 to implement evidence-based programming that addresses social determinants of health and overall well-being of the community. There are three areas that will be funded:

- Support for families who experience a COVID-19 infection through delivery of wraparound services to ensure immediate needs (including infection control, support for adequate isolation or quarantine, etc.) are met.
- Support for individuals who are experiencing impacts from the pandemic that are indirectly tied to COVID-19 cases in their community, such as providing assistance to individuals or families that have lost income or employment and need help accessing and/or navigating rent assistance, food access, or transportation.
- Support for community groups to disseminate scientifically accurate and culturally effective and linguistically tailored COVID-19 information; facilitate access to health-related services; and/or implement community-based mitigation events (e.g., education, testing, and/or vaccination events).

*Grant award range: \$20,000 to \$100,000 per year*

Health Equity Immunization Events Program (HEIEP)- The goal of this program is to improve vaccine education, outreach, access, and uptake in communities. Priority will be given to community-based organizations or leaders that have existing relationships with state, territory, and/or local public health agencies (LPHAs), and/or that have established capacity or reach in the community. This funding is NOT available to LPHAs. Funds may be used to cover expenses associated with activities to improve vaccine education, outreach, access and uptake, including: personnel, equipment, supplies, communications, incentives, promotional materials, contracts, travel (in-state), and indirect costs. *Grant award range: \$20,000 to \$100,000 per year*

**Fiscal sponsorship:** Organizations sometimes enter into formal arrangements with an existing 501(c)(3) known as fiscal sponsorship. Fiscal sponsorship is an alternative to starting a nonprofit or can serve as a temporary status while an organization is waiting to receive nonprofit status. Fiscal sponsorship allows an organization to write/receive grants, fundraise, and conduct business.

**Non-rural:** For the purposes of the HDG funds, rural vs. non-rural (i.e., urban) status is designated on a county level, using the designations of the Colorado Rural Health Center (our state’s official Office of Rural Health). The map of counties by status can be found here: <https://coruralhealth.org/resources/maps-resource>. Any county that is labeled on the 2021 County Designations Map as “urban” is considered “non-rural” for the purposes of these funds.

**Rural:** For the purposes of the HDG funds, rural vs. non-rural (i.e., urban) status is designated on a county level, using the designations of the Colorado Rural Health Center (our state’s official Office of Rural Health). The map of counties by status can be found here: <https://coruralhealth.org/resources/maps-resource>. Any county that is labeled on the 2021 County Designations Map as “rural” or “frontier” is considered “rural” for the purposes of these funds.

## **2. Additional guidance**

1. Interested applicants are encouraged to read the entire RFA, including attachments and reference documents, prior to completion and submission of an application.
2. All applicants are encouraged to review in detail the following documents, which are incorporated and made part of this RFA by reference and are available on the Health Equity Branch funding opportunities website:
  - a. Summary of Funding Mechanisms
  - b. Allowable/Unallowable Expense Guidelines for the CDC Grant Programs
  - c. HDG and IMM Financial Reporting Requirements

## **V. SELECTION, EVALUATION, AND AWARDS**

The technical aspects of applications will be assessed based on the soundness of the applicant’s approach and the applicant’s understanding of the requirements. Past experience/qualifications will be assessed by considering the extent to which the qualifications, experience, and past performance are likely to foster successful, on-time performance. Technical and past experience assessments may include a judgment concerning the potential risk of unsuccessful or untimely performance, and the anticipated amount of State resources necessary to insure timely, successful performance. The State may use all information available regarding past performance as defined in C.R.S. §24-106-107 et.seq.

The program has carefully designed a scoring and selection process to ensure fair selection of the best qualified applicants. The selection process is described below. The criteria for scoring are in direct correlation to the required application components.

**Applications that fail to follow all of the requirements may not be considered.**

### **A. APPLICATION EVALUATION**

1. Application review process, scoring, and decision

CDPHE will convene a committee of review teams consisting of CDPHE employees. Applicants should write applications as if they will be reviewed by someone unfamiliar with the details of the Applicant's work.

All applications will go through a technical review by CDPHE staff to ensure the application is complete and qualified (able to be scored) within two business days of the due date. To help ensure that applications are appropriately reviewed during the scoring process, staff may reassign an application to a different funding area within a track during the technical review phase if it is determined the application better aligns with a different category for the initial funding period. Reassigned Applicants may have the ability to add tracks or strategies in future years if approved by CDPHE.

Qualified applications will be reviewed and scored by the established review teams.

Paragraph or special limits have been provided for each question in the application. Content of Applicant responses that exceed specified limits may not be reviewed.

Applications will be scored on a 100 point scale. Those applications scoring highest on the 100 point scale will be considered for funding. Applicants must score above a 70 to be considered for funding. In addition to the 100 point scale for assessing the application, to ensure adequate program coverage of all regions, the review teams will also consider Applicant geographical location and service provision plans.

Applicants, regardless of the track selected, must demonstrate their organization's ability to complete the required track activities. Questions in the application have been designed to assess Applicants' capacity, history, content expertise, and qualifications. Applicants will be expected to provide justification for their current capacity to implement included activities throughout their application responses. During the review process, preference will be given to applications that demonstrate adequate experience, training, staff, and skills to implement the program with fidelity.

Open-ended questions within the application have been assigned response length limits. Content in excess of the assigned response limit may not be read by reviewers and will not be taken into account in the scoring process.

The following table shows how the points will be allocated by reviewers across the various components of the application:

<b>COVID-19 Health Equity and Immunization Fund RFA: Application Scoring</b>	
Application components/criteria	
Alignment with grant goals <i>Does the proposed work match or enhance the intent of the grant?</i>	20
Existing community connections <i>If not present, applicant's feasibility of the provided plan to build necessary community connections will be rated</i>	10
Equity, diversity, and inclusion <i>Are priority populations being served? How does the project reflect EDI and health equity?</i>	20
Community engagement/outreach <i>Does the proposed work reach disproportionately affected populations with culturally/linguistically tailored approaches?</i>	20
Community impact <i>Does the proposed work lead to building more resilient communities?</i>	20
Intended outcomes <i>What is the applicant's approach to the use of data? Is the project community-led? How will project outcomes direct future work?</i>	10
Possible application score	100
Additional points for weighting based on county burden and health inequities (above the 100 total)	0-10
<b>Possible final application score</b>	<b>110</b>

Review teams will meet to discuss applications and scores and will finalize scores for each application. Final funding decisions will be made by a committee of CDPHE staff. The CDPHE funding committee will use application scores, review team recommendations, and program geographical or coverage needs to make award and funding decisions. The funding committee reserves the right to award funds to qualifying Applicants on criteria such as need, program intent, and geographic dispersion of funds, rather than on the basis of score alone.

## 2. Financial risk assessment rating in evaluation

The financial risk rating determined from the submitted Financial Risk Assessment Questionnaire or FRMS rating (local public health agencies only) will



be communicated to reviewers during the application review process.  
Applications that fail to follow all requirements may not be considered.

a.

b. **B. NOTIFICATION AND POST-AWARD PROCESS**

1. **Notification**

c. Applicants will be notified by email of the funding decision for their application no later than 35 days after the close of the application period.

2. **Post-award process**

d. Successful applicants will receive grant program funding in the form of a State of Colorado contract or purchase order depending on the award amount and financial risk assessment. Applicants are strongly encouraged to review the complete set of Additional, General, and Special Provisions (Exhibit E) that govern state contracts and the State of Colorado Purchase Order Terms and Conditions (Exhibit F).

e. **3. Participation in mandatory meetings**

f. All awardees will be assigned a CDPHE Resource Specialist and awarded applicants shall participate in the following, as organized by CDPHE:

- a. Participation in contract negotiation meetings to finalize the Statement of Work (SOW), budget, and if applicable, an implementation/work plan.
- b. Complete work proposed and approved in this application and SOW.
- c. Attend a post-award meeting.
- d. Attend check-in calls and provide program and financial updates scheduled by the Equity Resource Specialist at CDPHE.
- e. Submit monthly invoices and supporting documentation following federal regulations.
- f. Adherence to Federal regulations outlined in 2 CFR 200 and the grant:
  - i. HDG-[\*National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities\*](#) grant.
  - ii. IMM-<https://www.cdc.gov/vaccines/covid-19/downloads/vaccination-supplemental-funding.pdf>.

4. **Data collection and reporting**

g. All awarded applicants shall participate in state-level evaluation efforts as requested by the state including, but not limited to:

h. a. Quarterly Progress Reports on the implementation and accomplishments of the approved Statement of Work. A template will be provided to the awarded applicants by the Health Equity Program Manager. Progress reports deadlines will be negotiated during the contract. Failure to submit progress reports according to this timeframe will result in a delay or denial of the reimbursement request or next advance payment for those periods.

i. b. A Final Evaluation Report will be due to the Health Equity Program Manager no later than fifteen (15) calendar days prior to the end of the contract end date.

j. c. Awarded applicants will work with the Health Equity Branch evaluator, including participating in evaluation activities and complying with requests for data and information.

k.

## VI. HOW TO APPLY

Responses must be submitted as specified in this announcement. Applications that fail to follow all of the requirements may not be considered.

### A. Required documents

**All applications must include the following in this order:**

1. Attachment A

CDPHE RFA Cover Sheet and Signature Page. The signature page must be signed by a person who is legally authorized to bind the applicant to the application. E-signatures or copies of wet ink signatures are allowed.

2. Attachment B

Completed Program Application Questions.

3. Attachment C

Work Plan/Outline of Activities.

Instructions: Submit a brief summary of the proposed work for your proposal that demonstrates the progress of your project. Identify the major activities to be completed to meet those objectives.

4. Attachment D

Project Budget and Narrative - IMPORTANT: The budget form must explain all expenses included. Applicants are responsible for ensuring the calculations in the budget are accurate. There will be no reimbursement of pre-award costs. CDPHE reserves the right to deny requests for any item listed in the budget that is deemed to be unnecessary for the implementation of the project and/or unallowable per CDC funding guidelines (see Exhibit B).

Additional Guidance:

- a. "Personnel Services" are expenses that are included in the budget commensurate with the level and time of effort necessary to accomplish the goals and objectives of the project. Employees that work for the entity that the contract is awarded to should be budgeted in the "Personnel Services" category.
- b. Clearly list all "Supplies and Operating Expenses." Similar items may be grouped together if logical, such as "telephone/fax line" or "meeting supplies/materials/handouts." Use the "Description of Item" to describe the rationale for the budgeted cost and how the cost was calculated.

- c. Clearly list all “Travel” costs. Include item information, mileage, lodging, per diem, vehicle rental, and a clear and understandable basis for the costs under “Description of Item.” Out of state travel is not allowed.
- d. Costs in the “Contractual” section are non-employee costs that are necessary to complete the activities in the Timeline/Outline of Activities. The “Description of Item” should specify the need for the subcontractor, work to be performed, a logical basis of costs, and what expected deliverables or final products will be submitted. Contracted staff, such as independent contractors and staff through temp agencies that are not employees of the entity issued the contract from CDPHE, should be budgeted in the “Contractual” category.
- e. Incentives:
  - i. An incentive plan template must be submitted to CDPHE for review and approval consistent with the guidance issued for the respective award. CDPHE will subsequently submit the proposed incentive plan to our Federal partners for final approval. Proposals must address the following elements for CDPHE and CDC to determine allowability under the specific award.
    1. Describe the proposed incentive in detail, such as discounts, gift cards, or other tangible items. Specify both the amount of individual incentives and the expected total cost of the incentive effort. This is also the section where you will justify the reason for the incentive.
    2. Describe the projected impact of these incentives. How will the incentives increase participation generally, and why are they expected to encourage a specific population? Is there evidence to suggest the desired result will be achieved by using the proposed incentive? Will the incentives be targeted and tailored to otherwise hard-to-reach communities? How will the success, impact, increase of participation, and desired result of the incentive(s) be measured?
    3. Define the qualifications to receive an incentive. The incentive plan needs to include what the individuals who will receive the incentive must accomplish to receive it. Include considerations to ensure equity within the specific community(ies).
    4. Stipulate that no known federal, state, or other legal barriers exist.

5. Describe the method of tracking the storage and distribution of the incentives (log), including the safeguards that will be in place to prevent misuse or abuse, for example, how you will avoid an individual obtaining more than a single incentive over the life of the grant.
6. Explain how unused incentives will be managed. For example, the monetary balance of any unused gift cards must be refunded to the grant.
7. Describe the metric, or method of evaluation, in which the measurable impact of the incentive can be measured, which in turn, will help demonstrate the necessity of the incentive. All incentives shall have a measurable component to justify and support the disbursement of the incentive(s).
  - ii. Gift cards shall not be given to staff.
  - iii. Gift card purchases and disbursements shall occur within the same grant year to be allowable for reimbursement.
  - iv. Reimbursement may only be requested for distributed gift cards.
  - v. Awarding retroactive incentives to individuals who are already fully vaccinated is not permissible with these funds.
  - vi. Continued evaluation of risk may occur at any time during the funding period. Misuse or violation may lead to suspension of incentives.
- f. Please review the information on “Indirect Rate” in the “Budget Requirements” section on page 5 above.
- g. Please review the information on “Unallowable Costs” in Exhibit B.
- h. Contracting typically takes three months after being awarded under the RFA, which may impact an applicant’s budget and timeline. Budgets should be based on months contracted.

**5. Attachment E**

Financial Risk Assessment Questionnaire - IMPORTANT: A financial risk rating will be assigned for all applicants. Local public health agencies are not required to complete Attachment E because they already have a risk rating assigned by the CDPHE Financial Risk Management System (FRMS). Colorado State Agencies and Colorado State Institutions of Higher Education are not required to complete Attachment E. This form must be completed and submitted by all other applicants, including nonprofits, for-profit businesses, or governmental agencies. Applicants must retain a copy of their completed Financial Risk Assessment Questionnaire for any additional funding applications within a

12-month period. Any changes will require a new form to be submitted. The application may not be reviewed if the completed form is not included. The Financial Risk Assessment rating does NOT determine whether or not CDPHE will fund an applicant. Rather, it determines an applicant's financial and management strength, and the level of technical assistance and contract monitoring necessary to help the applicant succeed with the project, if awarded. In order to incorporate all relevant information, programs must include the financial risk rating in their initial discussions about which applications should be provided to the review committees AND during the review committee evaluations for funding decisions. The final application score may be impacted by risk determinations made by CDPHE based on information contained in the form. Scores will be communicated to the grant review committee and may be considered in the overall score. Technically, the score could be impacted when the review committee members see the financial risk assessment score. The form and guidance are part of this announcement. For more information, please see Exhibit E: Financial Risk Assessment FAQs.

Instructions: If your entity is a nonprofit, for-profit business, or governmental agency, you are required to complete the financial risk assessment questionnaire (Attachment E). Local public health agencies are not required to complete the form because they already have a risk rating assigned via the CDPHE Financial Risk Management Survey (FRMS).

Any questions regarding the Risk Assessment Questionnaire must be submitted through the inquiry process.

## **2. Documents for applicant review only**

1. [RFA business documents](#) detail the rules and expectations for the RFA process and outline the terms and conditions that typically appear in State of Colorado contracts.

## **3. Submission instructions**

1. General information

This request for applications (RFA) is issued by the Colorado Department of Public Health and Environment (CDPHE), also referred to as the "State." The CDPHE contact listed in these instructions is the sole point of contact concerning this RFA.

During the solicitation process for this RFA, all official communication with applicants will be via notices on the CDPHE program website listed in the schedule of activities. Notices may include any modifications to administrative

or performance requirements, answers to inquiries received, clarifications to requirements, and the announcement of the awarded applicant(s). Applicants are responsible for monitoring for publication of modifications to this solicitation. **It is incumbent upon applicants to carefully and regularly monitor for any such notices.** Applicants are not to contact any other state office or individual regarding this RFA or this project. Applicants are not to rely on any other statements that alter any specification or other term or condition of the solicitation.

Applications must be received on or before the due date and time as indicated in the Schedule of Activities. **Late applications may not be accepted** or will be reviewed in the subsequent awarding review period, pending available funds. **It is the responsibility of the applicant to ensure that its application is received by the CDPHE at the location listed in these instructions on or before the due date and time.** Applicants mailing their applications must allow sufficient mail delivery time to ensure **receipt** of their applications by the time specified.

One completed copy of the Request for Application Cover Sheet & Signature Page **MUST** be signed, by a person who is legally authorized to bind the applicant to the application. Submissions that are determined to be at a variance with this requirement may be deemed non-responsive and may not be accepted.

All materials submitted shall become the property of the CDPHE and will not be returned unless the RFA solicitation is canceled prior to the submittal due date, in which case applications will be returned unopened or opened only for identification purposes.

### **I. C. Submission instructions**

Applications must be received electronically no later than the due date and time indicated on the cover page of this document in order to be considered for that month's awards. Faxed applications will not be accepted. It is preferred that you combine your application documents into one file to attach and submit by email to:

[cdphe\\_dcphr\\_health\\_equity\\_community\\_grants@state.co.us](mailto:cdphe_dcphr_health_equity_community_grants@state.co.us).

The subject line of the email should be: COVID-19 Health Equity and Immunizations Fund Application (INSERT AGENCY NAME).

The body of the email should include:

- a. Agency name.

- b. Project title.
- c. Contact person.

Applications received via email will receive email confirming the delivery within 24 hours.

**m. D. Questions and inquiries**

1. Applicants may make written inquiries via email to obtain clarification of requirements concerning this RFA. No inquiries will be accepted after the date and time indicated in the Schedule of Activities. Send all inquiries to: [cdphe\\_dcphr\\_health\\_equity\\_community\\_grants@state.co.us](mailto:cdphe_dcphr_health_equity_community_grants@state.co.us).
2. Clearly identify your inquiries with:
  - a) RFA Number.
  - b) RFA Title.
  - c) The section number and paragraph number the inquiry applies to.
3. Responses to applicant inquiries will be published as a modification on the Health Equity funding website as outlined in the Schedule of Activities by close of business on the date indicated. Applicants are not to rely on any other statements that alter any specification or other term or condition of the RFA.

**n. E. Schedule of activities**

Schedule of activities timeline	Time	Date
RFA Published on <a href="https://covid19.colorado.gov/covid-19-health-equity-and-immunization-funding-opportunity-rfa-40624">https://covid19.colorado.gov/covid-19-health-equity-and-immunization-funding-opportunity-rfa-40624</a>	N/A	07/19/22
Pre-Application Conference: informational	10:30 a.m.- 12:30 p.m.	07/27/22
Deadline for applicants to submit written inquiries. Submit all inquiries by email to [Insert program contact email address] by [Insert date/time] (No Questions will be accepted after this Date/Time)	5:00 p.m.	5 business days before close of application
Answers to written inquiries and any changes to the RFA published on <a href="https://covid19.colorado.gov/covid-19-health-equity-and-immunization-funding-opportunity-rfa-40624">https://covid19.colorado.gov/covid-19-health-equity-and-immunization-funding-opportunity-rfa-40624</a>	5:00 p.m.	5 business days before close of application
Application submission deadline	5:00 p.m.	Varies - see page 1

Evaluation period	N/A	30 days after close of application
Estimated notification of award	N/A	35 days after close of application
Estimated contract effective date	N/A	60 days after notification of award

## VII. APPENDICES AND ATTACHMENTS

### A. Exhibits (Resources)

1. Exhibit A: Summary of Funding Mechanisms
2. Exhibit B: Allowable/Unallowable Expense Guidelines for the CDC Grant Programs
3. Exhibit C: Contract Template
4. Exhibit D: Purchase Order Terms and Conditions
5. Exhibit E: Financial Risk Assessment FAQs

### B. Attachments (required forms and templates)

1. Attachment A: CDPHE RFA Cover Sheet and Signature Page
2. Attachment B: Program Application Questions
3. Attachment C: Work Plan/Outline of Activities
4. Attachment D: Project Budget and Narrative
5. Attachment E: Financial Risk Assessment Questionnaire