

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Federal Office of Rural Health Policy
Policy Research Division

Rural Health Clinic Vaccine Confidence Program

Funding Opportunity Number: HRSA-21-142

Funding Opportunity Type: New

Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 24, 2021

MODIFIED on June 21, 2021: Extended Application Due Date

Ensure your Grants.gov registration and password is current immediately!

*SAM.gov and Grants.gov administrative flexibilities have been implemented.
Please see [Section IV.3](#) for more information.*

Issuance Date: May 26, 2021

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Authority: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)); Section 2302 of the American Rescue Plan Act of 2021 (P.L. 117-2)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Rural Health Clinic Vaccine Confidence (RHCVC) Program. The purpose of this program is to address COVID-19 related health equity gaps and improve health care in rural areas by engaging Rural Health Clinics (RHCs) to improve vaccine confidence and counter vaccine hesitancy in rural communities.

Funding Opportunity Title:	Rural Health Clinic Vaccine Confidence Program
Funding Opportunity Number:	HRSA-21-142
Due Date for Applications:	June 24, 2021
Anticipated Total Annual Available FY 2021 Funding:	Approximately \$100,000,000
Estimated Number and Type of Awards:	HRSA will award grants to all eligible RHCs that submit an acceptable and fundable application.
Estimated Award Amount:	Approximately \$50,000 per RHC site, depending on the number of RHC applicants. See Section II.2 of this notice of funding opportunity (NOFO) for complete award amount information.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2022 (1 year)

<p>Eligible Applicants:</p>	<p>Eligible applicants include Medicare-certified Rural Health Clinics and organizations that own and operate Medicare-certified Rural Health Clinics.</p> <p>Organizations that own and operate multiple RHCs should submit one application that includes all participating RHCs.</p> <p>For the purpose of preparing this application, please assume that HRSA will fund awards at \$50,000 per RHC. If more RHCs or fewer RHCs apply for this funding opportunity than anticipated, HRSA will increase or decrease the award per RHC to utilize the available funding. In the event of an unexpectedly low number of applications, HRSA will limit the maximum award amount to \$200,000 per RHC.</p> <p>See Section III.1 of this NOFO for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinars:

NOTE: Two (2) webinar sessions will be available. Both webinar sessions have the same content and use the same call-in number, webinar/participant code, and weblink provided below.

Session 1

Day and Date: Thursday, May 27, 2021
Time: 4:30 – 5:30 p.m. ET

Session 2

Day and Date: Wednesday, June 2, 2021
Time: 10 – 11 a.m. ET

Call-In Number: 1-833-568-8864

Webinar/Participant Code: 160 410 8840

Weblink: <https://hrsa.gov.zoomgov.com/j/1604108840>

HRSA will record the webinars. Please contact RHCVaxConfidence@hrsa.gov for playback information.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Health Clinic Vaccine Confidence (RHCVC) Program.

The RHCVC Program is a Health Resources and Services Administration (HRSA) initiative to improve vaccine confidence, counter vaccine hesitancy, and help with access to vaccination in rural communities that are medically underserved and/or experiencing low COVID-19 vaccination rates.¹ The RHCVC Program will allow Rural Health Clinics (RHCs) to use funding for a broad range of efforts to improve health care in rural areas and reinforce basic messages about prevention and treatment of COVID-19 and other infectious diseases. Implementation efforts in rural communities may include, but are not limited to: vaccine promotion, information dissemination to rural residents about how and where to get vaccinated, coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitate populations, and increased rural community and individual patient literacy on benefits of broad vaccination and the safety of vaccines.

Because RHCs are trusted messengers in rural communities and provide consistent, fact-based public health messaging, the RHCVC Program will help rural communities make informed decisions about their health and COVID-19, including steps to protect themselves and their communities. People living in rural communities will be provided with vaccine education and help with access to vaccination, towards increasing vaccine uptake. This will improve health care in rural areas and reinforce basic messages about prevention of COVID-19 and other infectious diseases.

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) and funded by Section 2302 of Public Law 117-2 (American Rescue Plan Act of 2021).

This program provides support for strengthening vaccine confidence and providing further information and education with respect to vaccines licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) or authorized under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3) and aims to improve rates of vaccination in rural areas.

¹ Kirzinger, A., Muñana, C., & Brodie, M. (2021) KFF. Vaccine Hesitancy in Rural America. Available: <https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-hesitancy-in-rural-america/>

Rural areas continue to experience disproportionate effects of COVID-19 and report higher rates of COVID-19 mortality relative to urban areas.² The National Strategy for the COVID-19 Response and Pandemic Preparedness (National Strategy) identified supporting rural areas as essential to advancing health equity and specifically named RHCs as key health care providers to meet the needs of high-risk rural communities.³ Vaccination plays a critical role in reducing the threat of COVID-19 and the negative impacts of this pandemic on people and communities. The more than 4,600 RHCs in the United States are key pillars of the rural health care safety net and RHCs serve as trusted resources in their communities for health care services and health information. Given that role, RHCs are in a unique position to promote vaccine confidence in rural communities across the United States,^{4,5} thereby increasing COVID-19 and other infectious disease vaccine accessibility and confidence.

In line with the mission of HRSA, the Federal Office of Rural Health Policy (FORHP) helps increase access to care for rural underserved populations and build health care capacity in rural communities. For more information about the FORHP, visit <https://www.hrsa.gov/rural-health/index.html>. For more information on HRSA's activities related to COVID-19, visit <https://www.hrsa.gov/coronavirus>.

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$100,000,000 to be available to fund all eligible RHCs that submit an acceptable and fundable application. You may apply for a ceiling amount of up to \$50,000 total cost (includes both direct and indirect, facilities and administrative costs) per RHC included in your application per year. The period of performance is July 1, 2021 through June 30, 2022 (one year).

² CDC. (2021) COVIDData Tracker. Available: https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fcases-in-us.html#county-view

³ HHS. (2021) National Strategy for the COVID-19 Response and Pandemic Preparedness. <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

⁴ HHS. (2021) We Can Do This: COVID-19 Public Education Campaign. Available: <https://wecandothis.hhs.gov/we-can-do-campaign-background>

⁵ CDC. (2021) Vaccinate with Confidence. Available: <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/strategy.html>

NOTE: Additional funding for Rural Health Clinic Vaccine Confidence Program projects may become available, but this funding is not guaranteed. Applicants should indicate their willingness and ability to accept increased funding in Section I: Methodology of the Project Narrative. Funds will be used to address unique activities that are connected to and/or expand, but not duplicate, the funded scope of work should it become available. See Section I: Methodology of the Project Narrative for details.

If more RHCs or fewer RHCs apply for this funding opportunity than anticipated, HRSA will increase or decrease the award per RHC to utilize the available funding and provide resources to increase vaccine confidence in rural communities. HRSA will calculate the award amounts for organizations that own and operate multiple RHCs on a per-RHC basis. For the purpose of preparing this application, please assume that HRSA will fund awards at \$50,000 per RHC.

In the event of an unexpectedly low number of applications, HRSA will limit the maximum award amount to \$200,000 per RHC.

You must **submit a budget and budget narrative for the 1-year period of performance**. The budget can vary based on your community needs.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include Medicare-certified Rural Health Clinics and organizations that own and operate Medicare-certified Rural Health Clinics. Organizations that own and operate multiple RHCs may apply for up to \$50,000 per RHC (e.g., an organization that owns and operates three RHCs can apply for a total of up to \$150,000 on one application). Award amounts may be higher or lower than \$50,000 per RHC depending on the number of RHCs that apply for the RHCVC Program. Applicant organizations with multiple RHC sites may choose to distribute funds equally to RHC sites or pool funds to achieve program goals. HRSA will confirm applicant Employer Identification Number (EIN) and Centers for Medicare & Medicaid Services Certification Number (CCN) to verify eligibility.

HRSA will use the number of verified CCNs included in your application to calculate the number of RHCs and the total award amount for your application. A CCN may only be included on one application. If HRSA receives multiple applications that include the same CCN, HRSA may disqualify one or more applications as duplicates.

Eligible applicants include public, nonprofit, or for-profit Medicare-certified RHCs or organizations that own and operate public, nonprofit, or for-profit Medicare-certified RHCs.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Please see [Section IV.4](#) for information about the application due date.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity announcement (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>. If you have questions or concerns regarding the electronic submission process, please email RHCVaxConfidence@hrsa.gov.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See the Application Completeness Checklist in [Appendix C](#) of this NOFO.

Application Page Limit

HRSA anticipates that an application package may range between **10 to 15 pages**. This is a suggested range of page numbers, however, what is most important is that you provide the information requested in this notice. If you are able to convey your information and request for funding succinctly in fewer than 10 pages, you may do so knowing that this gives the application neither a competitive advantage nor disadvantage. Similarly, you are not at a competitive advantage or disadvantage if you go over the suggested 15 pages so long as the information you are providing is relevant to this funding opportunity. **If you have questions or concerns about the length of your application, please email RHCVaxConfidence@hrsa.gov.**

Applications must be complete and validated by [Grants.gov](https://www.grants.gov) under the correct funding opportunity number prior to the deadline. If you have questions or concerns regarding the electronic submission process, please email RHCVaxConfidence@hrsa.gov.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included *as an attachment*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

Your application will include the following elements:

i. Project Abstract

The purpose of the project abstract is to provide a brief, high-level summary of who you are and what you propose to do. Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the Grants.gov workspace application package. Do not upload the abstract as an attachment.

Include the following information in the Project Abstract Summary Form:

- **Funding Opportunity Number:** HRSA-21-142
- **CFDA:** 93.912
- **Applicant Name:** The name of the organization submitting this grant
- **Descriptive Title:** [RHC or Organization Name] Vaccine Confidence Project
- **Project Abstract** (a bulleted list is acceptable):

- Name or Names of RHCs included in this application
- Applicant organization website, if applicable
- Brief description of your planned activities
- Brief description of your project goal

If HRSA funds your application, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](https://www.usaspending.gov).

ii. Project Narrative

HRSA understands the challenges communities are currently facing as they work to respond to COVID-19 and recognizes the need for flexibility to ensure recipients are able to respond to the unique needs of their communities. As such, your project narrative should provide a clear description of how you propose to meet the needs of the most vulnerable and medically underserved communities, target population(s), and county/county equivalent(s) as you directly engage them in vaccine confidence efforts and combat vaccine hesitancy.

See work plan for suggested, but not required, activities. HRSA allows activities in addition to the suggested examples, but you are not required to include additional activities.

Your proposal must include the following information and section headers for the Project Narrative:

Section 1: METHODOLOGY

Provide a description of how you propose to increase vaccine confidence and vaccine accessibility for your community, RHC service area, and/or patient population.

Interest in Increased Funding

If you are willing and able to accept increased funding above the \$50,000 per-RHC anticipated funding amount, you must include a statement at the beginning of your Methodology section stating that **you are willing and able to accept increased funding**. HRSA highly recommends that you include the following language at the beginning of your Methodology section: *“[Your Organization Name] is willing and able to accept increased funding for the Rural Health Clinic Vaccine Confidence Program.”*

Applications which lack this statement of interest in increased funding will receive \$50,000 per RHC and **will not be considered for increased funding**. Applications with the statement of interest do not need to include an increased funding amount. You are not at a competitive advantage or disadvantage if you choose to include the increased funding statement.

As described in the Summary of Funding, [Section II.2](#), HRSA may increase funding per RHC above the projected \$50,000, up to a maximum of \$200,000 per RHC, depending on the number of applications received.

Section 2: WORK PLAN

See [Appendix A](#) for required work plan format and examples. You can tailor the suggested activities and approaches to fit your community and/or patient population. You can include additional activities not listed in these examples and you are not required to include all of the example activities.

Section 3: ORGANIZATIONAL INFORMATION

Provide information about the person who will be responsible for managing this award (Project Director). The person you identify will be the main point of contact with HRSA staff upon award. You must also include information to verify the eligibility of the RHC or RHCs included in this application in [Attachment 1](#).

Note: If the Project Director or other staff members paid through this award are also paid through other federal awards, the full-time equivalent (FTE) for those staff members may not exceed 1.0 FTE across all awards.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity.

[HRSA's Standard Terms](#) apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information.

Salary Limitations

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The current Executive Level II salary is \$199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

In addition to the information provided in the Project Narrative, you will need to submit a Budget Narrative. The information provided should include the following:

- A clear description of how you will use the funding over the 1-year period of performance (from July 1, 2021 to June 30, 2022). The funding request should align with the needs and activities you identified in the Project Narrative portion of your application. **You can request reimbursement of allowable costs incurred retroactive to March 15, 2021.** Required budget categories (as applicable) include:
 - Personnel
 - Fringe Benefits
 - Travel
 - Equipment (Note: You should classify items with a unit cost of \$5,000 or more and a useful life of 1 or more years as Equipment.)
 - Supplies (Note: You should classify items with a unit cost of less than \$5,000 per item as Supplies.)
 - Contractual
 - Other Direct Charges
 - Indirect Charges

Please see [Appendix B](#) for an example of how you may present your budget narrative.

- If you have received any other CARES Act or Paycheck Protection Program and Health Care Enhancement Act funding for COVID-19 response from HRSA or other federal sources, including Provider Relief Fund Payments and RHC COVID-19 Testing Program Payments, briefly explain how the work you will do with the RHCVC Program funding will supplement and align with (but not duplicate) those funded activities.

v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. Clearly label each attachment.

Attachment 1: Proof of Eligibility (REQUIRED)

-Does NOT count towards the page range

Attach a file created in Microsoft Excel or similar spreadsheet software. The file should be in .xls or .xlsx format, and include your DUNS number in the file name, e.g., “[Your DUNS]_RHCVC_Proof_of_Eligibility.xlsx”. If you have not yet received a DUNS number, please use your Employer Identification Number (EIN) in the file name. The file must include the following information in a table format using the column headings shown in the example table below. Use one row for each RHC included in your application.

HRSA has developed a template Proof of Eligibility file to simplify your application process. HRSA recommends you use this Microsoft Excel file that has been included in the Related Documents tab on Grants.gov. You may access the file here:

<https://www.grants.gov/web/grants/view-opportunity.html?oppld=333783>

For **each** RHC included in the application please include the following information:

- RHC Name
- RHC Street Address
- RHC City
- RHC State
- RHC ZIP Code
- Name of county (or county equivalent) where the RHC is located
- Employer Identification Number (EIN)
- Centers for Medicare & Medicaid Services Certification Number (CCN) assigned to the RHC

RHC_Name	RHC_Street_Address	RHC_City	RHC_State	RHC_ZIP_Code	RHC_County_Name	RHC_EIN	RHC_CCN

Please email RHCVaxConfidence@hrsa.gov with any questions concerning eligibility.

Attachment 2: Indirect cost rate agreement (OPTIONAL)

An indirect cost rate agreement is not required. If you are requesting indirect costs greater than the de minimis rate of 10 percent of total direct costs, then attach a copy of your organization’s federal indirect cost rate agreement.

This NOFO does not require letters of support and HRSA will not review or consider letters of support. **Please do not attach letters of support.**

vi. Application Components

For this funding opportunity, you must include the following components in your submission to have a complete application package. [Grants.Gov](https://www.grants.gov) lists the following Mandatory Forms in the Application Package; you can use this list as a checklist to ensure you complete all of the mandatory forms:

Form Name	Instructions
Application for Federal Assistance (SF-424) [V3.0]	Complete form in Grants.gov
Attachments [V1.2]	Use form to attach Proof of Eligibility as Attachment 1
Project/Performance Site Location(s) [V3.0]	Complete form in Grants.gov
Project Narrative Attachment Form [V1.2]	Use form to upload your Project Narrative document
Grants.gov Lobbying Form [V1.1]	Complete form in Grants.gov

Budget Narrative Attachment Form [V1.2]	Use form to upload your Budget Narrative document
Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Complete form in Grants.gov
Key Contacts [V2.0]	Complete form in Grants.gov
Project Abstract Summary [V2.0]	Complete form in Grants.gov

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the federal award date.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 24, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Rural Health Clinic Vaccine Confidence is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of one year. HRSA anticipates that RHCVC awards will be approximately \$50,000 per RHC per year (inclusive of direct **and** indirect costs), however if more RHCs or fewer RHCs apply for this funding opportunity than anticipated, HRSA will increase or decrease the award per RHC to utilize the available funding. In the event of an unexpectedly low number of applications, HRSA will limit the maximum award amount to \$200,000 per RHC.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information.

You cannot use funds under this notice for the following purposes:

- To build or acquire real property, construction or major renovation, or alteration of any space.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards for your application review. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The RHCVC Program will use a review process that funds all eligible entities that submit complete applications and have an acceptable assessment of risk. Reviewers will assess each application for completeness and eligibility using the following review criterion.

1. PROOF OF ELIGIBILITY, [Attachment 1](#) (5 points)
 - Does the application include the following information in Attachment 1 for *each* RHC included in the application?
 - RHC Name
 - RHC Street Address
 - RHC City
 - RHC State
 - RHC ZIP Code
 - Name of county where RHC is located
 - Employer Identification Number (EIN)
 - Centers for Medicare & Medicaid Services Certification Number (CCN) assigned to the RHC
2. METHODOLOGY (1 point)
 - Does the application describe a plan to increase vaccine confidence, accessibility, and uptake for the community, service area, and/or patient population?
3. WORK PLAN (1 point)
 - Does the application include the required work plan to address the identified needs of the target population(s) and county/county equivalent(s) as related to vaccine confidence?
4. ORGANIZATIONAL INFORMATION (1 point)
 - Does the application include a designated person responsible for managing the funded project?
5. BUDGET NARRATIVE (1 point)
 - Does the application include a Budget Narrative that describes how the applicant will use the funding over the 1-year period of performance in alignment with the proposed work plan and project timeline?

- Does the application indicate whether the RHC(s) will receive or has received additional COVID-19 funding and, if so, how the applicant will avoid duplication?
6. BUDGET (1 point)
- Does the application include the completed SF-424A budget forms as required?

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

VI. Award Administration Information

1. Award Notices

HRSA plans to issue the Notice of Award (NOA) mid-July, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) Federal Financial Report.** The Federal Financial Report (SF-425) will be required no later than October 30, 2022 for the one-year budget period ending June 30, 2022. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through the Payment Management System. HRSA will provide more specific information in the NOA.
- 2) Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).
- 3) Final performance/closeout report(s).** Organizations are required to submit performance data and information to HRSA at the end of the period of performance to enable HRSA to determine the impact of the activities and RHCVC Program more generally. Further instructions for this report will be provided during the period of performance.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: RHCVaxConfidence@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Lindsey Nienstedt
Public Health Analyst, Policy Research Division
Attn: Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 17W59D
Rockville, MD 20857
Telephone: (301) 443-0835
Email: RHCVaxConfidence@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinars:

NOTE: Two (2) webinar sessions will be available. Both webinar sessions have the same content and use the same call-in number, webinar/participant code, and weblink provided below.

Session 1

Day and Date: Thursday, May 27, 2021

Time: 4:30 – 5:30 p.m. ET

Session 2

Day and Date: Wednesday, June 2, 2021

Time: 10 – 11 a.m. ET

Call-In Number: 1-833-568-8864

Webinar/Participant Code: 160 410 8840

Weblink: <https://hrsa.gov.zoomgov.com/j/1604108840>

HRSA will record the webinars. Please contact RHCVaxConfidence@hrsa.gov for playback information.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

Data Sources and Resources for your Application

- 1) Recommended data source for identifying your proposed target population(s) and county/county equivalent(s)
 - i. [Vaccine Hesitancy for COVID-19: State, County, and Local Estimates](#) (HHS/ASPE April 2021)
- 2) Other HHS-Funded COVID-19 Vaccine Outreach:
 - i. [We Can Do This, COVID-19 Public Education Campaign](#)
 - ii. [We Can Do This, Rural Community Toolkit](#)
 - iii. [Vaccinate with Confidence](#)
- 3) Tips for writing a strong application are available in Section 4.7 of HRSA's [SF-424 Application Guide](#).

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#)

Appendix A: Work Plan Template

Example of a RHCVC Work Plan Table

RHCs may use this format of a table of activities, descriptions, and approximate timelines to meet the work plan requirement in Section 2 of the Project Narrative.

ACTIVITY	DESCRIPTION	TIMELINE
EMPOWER HEALTHCARE PERSONNEL	<i>Promote vaccine confidence to RHC staff with listening sessions and regular communication</i>	<i>Ongoing basis, July - September</i>
EMAIL DISTRIBUTION	<i>Email mailing list and fundraising partners with vaccine availability and confidence messaging.</i>	<i>Monthly, July - December</i>
ENGAGE LOCAL PARTNERS	<i>Make vaccine confidence presentations at least twice a month to local partners including school board, city hall, PTA, and VFW.</i>	<i>Monthly, July - December</i>
TRANSPORTATION TO PATIENT VACCINE APPOINTMENT	<i>Set up a ride scheduling service to transport people to vaccination appointments. Set up a home visiting resource car that clinic staff can use to visit and vaccinate homebound patients.</i>	<i>As needed, July - December</i>

Suggested Vaccine Confidence Activities to Include in RHCVC Work Plan

RHCs may consider the one or more of the RHCVC Program activities in this table and/or create their own activities. RHCs should consider tailoring their work plan and activities to the needs of the community demographic, RHC capacity for activity implementation and completion, and vaccine availability. Additional resources are available from the [HHS We Can Do This COVID-19 Public Education Campaign](#) and [CDC's Vaccinate with Confidence](#).

ACTIVITY	DESCRIPTION
EMPOWER HEALTHCARE PERSONNEL	Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients at existing medical appointments.
PHONE	Call your network and share the latest vaccine confidence messaging and resources, including vaccine appointment availability if applicable and/or

	action steps they can take while waiting for the vaccine to protect themselves, family members, and their community.
EMAIL DISTRIBUTION	Email your network and share the latest vaccine confidence messaging and resources, including measures to reduce the spread of COVID-19, be sure to include a clear call to action.
TEXT MESSAGES	Share messages with your patients with a link to vaccine confidence resources.
SOCIAL MEDIA	Share social media graphics, messages, and videos with your community and encourage them to re-post. (Social media messages from the HHS <i>We Can Do This COVID-19 Public Education Campaign</i> are available here or create your own.)
WEBSITE	Feature vaccine confidence resources on your website and encourage readers to use and share information.
E-NEWSLETTER	Highlight vaccine confidence resources and information in a short blurb in your e-newsletters.
POSTCARD/MAILER	Send culturally tailored, plain language postcards/mailers to educate patients about the importance of vaccination and basic prevention measures and protect public health.
POSTER/FLYER	Distribute and post culturally tailored, plain language materials to support partners' outreach to their communities and encourage vaccine uptake (<i>We Can Do This COVID-19 Public Education Campaign</i> posters/flyers available here , CDC available here , or create your own).
PUBLIC SERVICE ANNOUNCEMENT (PSA) (E.G., RADIO, TV, PRINT AD)	Distribute/host/participate in a PSA to educate people about the importance of vaccination and basic prevention measures to prevent COVID-19 and protect public health (<i>We Can Do This COVID-19 Public Education Campaign</i> ads available here or create your own).
WEBINAR OR OTHER VIRTUAL EVENT	Showcase vaccine confidence materials and host a one-time or ongoing discussion with your community.

NEWSPAPER OP-ED/LETTER TO THE EDITOR/BLOG POST	Write and publish an article on basic prevention measures, information and resources to build vaccine confidence, and fact based, scientific information about vaccine development, safety, and effectiveness.
ENGAGE LOCAL PARTNERS/STAKEHOLDERS	Engage local partners, stakeholders, professional associations often and early to create a community culture of sustainable, equitable, and inclusive vaccine confidence communication and strengthen the capacity of fact-based community conversations.
INDIVIDUAL DECISION AID	Provide decision aid that guides individual through the vaccination decision-making process.
CDC VACCINE FINDER RHC PROVIDER ENROLLMENT	Enroll in CDC COVID-19 Vaccine Program (VaccineFinder) . VaccineFinder is a website used by the general public to find vaccination clinics and by providers to report vaccine inventory.
PATIENT VACCINE LOCATION IDENTIFICATION	Provide factual, timely information on the location and availability of vaccines at your RHC or other community locations (CDC Vaccination Finder).
SCHEDULE PATIENT VACCINE APPOINTMENT	Schedule patient vaccine appointment. Include transportation and childcare options to meet patients where they are and prevent no-shows.
PATIENT VACCINE APPOINTMENT REMINDER	Patient outreach for reminder and assistance with follow-up and appointments.
TRANSPORTATION TO PATIENT VACCINE APPOINTMENT	Provide patient transportation to and from vaccination appointments and/or transport vaccination resources to homebound patients.
CHILDCARE FOR PATIENT VACCINE APPOINTMENT	Provide childcare for patients during their vaccination appointment.
PATIENT PARTICIPATION VISIBILITY	Provide stickers, buttons, pens, lanyards, etc. to patients following vaccine appointment and encourage them to share it on social media or other communication channels (CDC printable stickers here or create your own).

Appendix B: Sample Budget Narrative

This is an example of how you can put together a Budget Narrative. You do not need to copy this exactly, but you should include all of the budget categories.

We are requesting \$50,000 to address COVID-19 related health disparities and advance health equity by engaging with our patients and larger rural community to improve vaccine confidence and counter vaccine hesitancy.

Total Request: \$50,000

As our needs are immediate, we anticipate utilizing our entire budget in 1 year. This budget narrative reflects 1 full planned year of funding at the full award amount of \$50,000.

Personnel total: \$10,500

We will have one staff member managing this award at 0.35 FTE. This staff member will be responsible for the overall management of the award and ensuring that we complete our activities in a timely manner.

Fringe Benefits total: \$4,504

Our fringe benefits includes health and life insurance and is calculated at 42.9% of salary costs.

Travel total: \$0

We are not requesting any funds for travel.

Equipment total: \$17,384

We are requesting \$17,388 to purchase a tent that can be set up as a mobile vaccination site to increase accessibility for our patients. We will complete this purchase by October 15, 2021. We estimate the useful life of this outdoor tent will be three years.

Supplies total: \$7,612

We will be purchasing personal protective equipment (PPE) for our providers including masks and gloves.

Masks: \$5,000 (2,500 masks @ \$2/each)

Gloves: \$2,612 (2,612 gloves @ \$1/each)

Contractual total: \$5,000

We will contract with a company that provides childcare to patients during vaccination. The contract will cover two caregivers at a rate of \$15 per hour.

We will contract with a company that provides transportation for patients to and from the RHC for vaccination appointments. The contract will cover two drivers at a rate of \$15 per hour.

Construction: *This category is not applicable*

Other Direct Charges total: \$4,500

These costs will cover printing of educational materials and signage for vaccine confidence. It will also cover administrative charges related to the personnel assigned to manage this grant program, including telephone and internet service charges.

Indirect Charges total: \$5,000

We are requesting the ten percent de minimis indirect cost rate.

Appendix C: Application Completeness Checklist

- Have I read this NOFO thoroughly and referred to the SF-424 Application Guide where indicated?
- Is my organization a Medicare-certified RHC or an organization that owns and operates Medicare-certified RHCs and therefore eligible to apply for this funding opportunity?
- Am I applying to the correct funding opportunity number for the RHCVC Program (HRSA-21-142)?
- Does my proposed project increase vaccine confidence and accessibility for my community and/or patient population as specified in this NOFO?
- Does my application request a total of \$50,000 per RHC, understanding that the total award amount may be higher or lower depending on the number of applicants?
- Have I completed all forms and attachments as requested in Section IV of this NOFO and in the SF-424 Application Guide?
- Have I provided the information requested in this NOFO in 10-15 pages or less?
- Will I apply at least 3 calendar days before the deadline to accommodate any unforeseen circumstances?
- Have I received confirmation emails from Grants.gov noting validation of successful submission?