

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Community-Based Workforce for COVID-19 Vaccine Outreach

Funding Opportunity Number: HRSA-21-136

Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.011

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: May 18, 2021

*SAM.gov and Grants.gov administrative flexibilities have been implemented.
Please see Section IV.2.3 for more information.*

Issuance Date: May 4, 2021

Fraser Byrne, MPA

Public Health Analyst

Telephone: 202-369-8980 or 240-472-0297 (Note: For fastest response, please use email)

Email: CBOVaccineOutreach@hrsa.gov

Authority: Section 2501 of Public Law 117-2 (American Rescue Plan Act of 2021); Section 311(a) of the Public Health Service (PHS) Act (42 USC §243).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Community-Based Workforce for COVID-19 Vaccine Outreach. The purpose of this program is to address COVID-19 related health disparities and advance health equity by mobilizing community outreach workers to educate and assist individuals in getting the COVID-19 vaccination.

Funding Opportunity Title:	Community-Based Workforce for COVID-19 Vaccine Outreach
Funding Opportunity Number:	HRSA-21-136
Due Date for Applications:	May 18, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$125,000,000
Estimated Number and Type of Award(s):	Approximately 10 cooperative agreements
Estimated Award Amount	Up to \$12,500,000 per awardee for the 6-month period of performance
Cost Sharing/Match Required:	No
Period of Performance:	June 1, 2021 – November 30, 2021 (6-months)
Eligible Applicants:	<p>Eligible applicants include nonprofit private or public organizations with demonstrated experience in implementing public health programs, particularly in medically underserved areas.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

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.

Table of Contents

EXECUTIVE SUMMARY	I
I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE	1
2. BACKGROUND	2
II. AWARD INFORMATION	3
1. TYPE OF APPLICATION AND AWARD	3
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING	5
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION	5
1. ADDRESS TO REQUEST APPLICATION PACKAGE	5
2. CONTENT AND FORM OF APPLICATION SUBMISSION	6
ii. <i>Project Narrative</i>	7
iii. <i>Budget Narrative</i>	8
iv. <i>Application Components</i>	9
v. <i>Additional Budget Information</i>	9
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	9
4. SUBMISSION DATES AND TIMES	10
5. INTERGOVERNMENTAL REVIEW	10
6. FUNDING RESTRICTIONS	10
7. DATA SOURCES AND RESOURCES FOR YOUR APPLICATION	11
V. APPLICATION REVIEW INFORMATION	12
1. REVIEW CRITERIA	12
2. REVIEW AND SELECTION PROCESS	13
3. ASSESSMENT OF RISK	13
VI. AWARD ADMINISTRATION INFORMATION	14
2. AWARD NOTICES	14
3. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	14
4. REPORTING	15
VII. AGENCY CONTACTS	15
VIII. OTHER INFORMATION	16

I. Program Funding Opportunity Description

1. Purpose

The purpose of the program is to establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19. This includes mobilizing community outreach workers, which includes community health workers, patient navigators, and social support specialists, to educate and assist individuals in accessing and receiving COVID-19 vaccinations. This includes activities such as conducting face-to-face outreach and reaching out directly to community members to educate them about the vaccine, assisting individuals in making a vaccine appointment, providing resources to find convenient vaccine locations, assisting individuals with transportation or other needs to get to a vaccination site. The program intends to address persistent health disparities by offering support and resources to vulnerable and medically underserved communities, including racial and ethnic minority groups and individuals living in areas of high social vulnerability.

HRSA will fund recipients that have demonstrated experience and expertise in implementing public health programs across broad geographic areas in order to ensure that services will be provided to vulnerable and medically underserved areas across the nation (see data sources in [Section IV.7](#) to identify target populations). This approach will require award recipients to have the relationships and capacity necessary to engage at multiple levels, including with national, regional, state and/or local organizations. Award recipients should propose a multi-state or multi-regional approach based on their capability to administer the program. In addition, award recipients will need to demonstrate that they have the infrastructure set up to implement a program of this scale quickly; clearly describe how they will ensure that the funding will directly serve and impact vulnerable communities; and demonstrate how they will prioritize hiring individuals from the communities they will serve by providing outreach, education and assistance related to the COVID-19 vaccine.

Award recipients will need to engage with multiple organizations, and should have existing relationships or the capacity to quickly form new relationships with regional and/or local community organizations. This may include entities such as:

- Community-based organizations (including faith-based organizations, social service organizations)
- Regional, state and local chapters of national associations
- Regional commissions
- Regional and local health departments
- Health centers and other community-based health providers
- Minority-serving institutions such as Historically Black Colleges and Universities (HBCU), Hispanic serving institutions, and Asian American and Pacific Islander serving institutions
- Tribes and Tribal Organizations
- Philanthropic Organizations

- Local municipal entities, such as fire and EMS departments
- Social service providers (e.g. food banks, community transportation, childcare)
- Community Action Coalitions, Chambers of Commerce, Health Equity Councils, and other community groups

2. Background

This program is authorized by Section 311(a) of the Public Health Service (PHS) Act (42 USC §243) and Section 2501 of Public Law 117-2 (American Rescue Plan Act of 2021).

COVID-19 has disproportionately affected racial/ethnic minority groups and individuals living in areas of high social vulnerability, including those who are socioeconomically disadvantaged. A January 2021 study confirmed that a wide range of sociodemographic risk factors, including socioeconomic status, racial/ethnic minority status, income, household composition, and environmental factors, were significantly associated with COVID-19 incidence and mortality.¹ Another large study analyzing electronic health records data for patients from 53 health systems across 21 states found Black, Hispanic, and Asian patients had significantly higher rates of infection, hospitalization, and death compared to their White counterparts, even after controlling for sociodemographic characteristics and underlying health conditions.²

Given the existing inequities in COVID-19 morbidity and mortality burden, it is critical to improve the vaccination coverage in communities with high proportions of racial/ethnic minority groups and individuals who are economically and socially marginalized. On March 26, 2021, the Centers for Disease Control and Prevention (CDC) released a Morbidity and Mortality Weekly Report (MMWR) that discusses the County-Level COVID-19 Vaccination Coverage and Social Vulnerability.³ Since the U.S. COVID-19 vaccination program began, vaccination coverage has been lower in counties of high social vulnerability nationwide, demonstrating that targeted efforts are needed to achieve health equity for those most affected by COVID-19. Early studies also show that there are significant differences in vaccination rates among different racial and ethnic groups. While information on race and ethnicity was available for approximately half of the COVID-19 vaccine recipients in reports, data shows that the percentage of vaccine recipients who are Hispanic and Black are lower than expected based on the proportions of the total U.S. population.⁴ Ensuring equitable access to vaccines remains a national priority, and this program will be critical in achieving that goal.

This program will target resources to the most vulnerable and medically underserved communities within counties to ensure that challenges such as vaccine confidence and assisting with vaccine accessibility are addressed. This program will build upon national vaccine education and outreach efforts (including the HHS-funded programs listed in [Section IV.7](#)), while tailoring approaches to meet the unique needs of the community.

¹ Karmakar M, Lantz PM, Tipirneni R. Association of Social and Demographic Factors With COVID-19 Incidence and Death Rates in the US. *JAMA Netw Open*. 2021;4(1):e2036462. doi:10.1001/jamanetworkopen.2020.36462. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2775732>.

² Ruben-Miller L et al. COVID-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data. <https://www.ehrn.org/articles/covid-19-racial-disparities-in-testinginfection-hospitalization-death/>.

³ CDC MMWR Series. March, 2021. [County-Level COVID-19 Vaccination Coverage and Social Vulnerability](#).

⁴ ASPE Issue Brief. March, 2021. [Health Disparities by Race and Ethnicity During the COVID-19 Pandemic](#).

Further, this funding will directly support a community outreach workforce to serve as trusted messengers to build vaccine confidence and address any barriers to vaccination for vulnerable individuals and communities.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the award recipient during performance of the contemplated project.

HRSA program involvement will include:

- Coordinating with award recipients to ensure that there is broad national geographic coverage of service areas and partnerships and that the project scope is reaching the most vulnerable and medically underserved communities, including both urban and rural areas.
- Providing guidance and assistance in identifying additional regional and local organizations and stakeholders that awardees may want to include as a partner.
- Identifying new areas to serve and provide resources based on emerging data and trends.
- Providing resources (including research and emerging data) that may assist award recipients as they provide outreach and education to individuals about the benefits of the COVID-19 vaccine. Identifying opportunities or strategies for disseminating information and data about programs and activities.
- Identifying performance measures that award recipients will be required to report to HRSA on to demonstrate impact of the program.
- Coordinating with award recipients to prioritize activities, and assess progress made in achieving goals of this cooperative agreement.
- Coordinating with other federal agencies to maximize impact.
- Reviewing and providing ongoing recommendations on planned activities.
- Supporting award recipients in hiring individuals from the communities they are intended to serve.

The cooperative agreement recipient's responsibilities will include:

- Building the public health workforce through the recruitment of community outreach workers by working with regional and local organizations to recruit, hire and train community outreach workers from the hardest hit and high-risk communities they will serve.
- Identifying and engaging stakeholders from across a variety of sectors both regionally and locally to work in coordination with award recipient.
- Identifying and targeting the resources towards the most vulnerable and medically underserved regions/communities where the vaccine is not accessible and/or building vaccine confidence through using relevant data sources (see [Section IV.7](#)).
- Monitoring the data and trends as related to vaccination rate and equitable access to ensure that the most vulnerable populations and communities are reached.
- Clearly identifying how the funds will be used and monitored throughout the period of performance to ensure that the target population is reached and vaccinated.
- Reporting on performance measures as identified by HRSA (see [Section VI.4 Reporting](#)) and providing a timely response to requests for information.
- Collaborating with HRSA to address shifts in community needs and service area.
- Participating in conference calls and meetings with HRSA as necessary.
- Completing of all activities as proposed by the applicant and approved by HRSA, except as modified in consultation with HRSA through the appropriate prior approval processes.
- Collaborating on, sharing best practices with other award recipients, and coordinating efforts.

2. Summary of Funding

HRSA estimates \$125,000,000 to be available to fund approximately 10 recipients expected to complete their activities within a 6-month period of performance. You may apply for a ceiling amount of up to \$12,500,000 total cost (includes both direct and indirect, facilities and administrative costs). The period of performance is June 1, 2021 through November 30, 2021 (6-months). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include nonprofit private or public organizations with demonstrated experience in implementing public health programs and established relationships with such State, territorial, or local public health departments, particularly in medically underserved areas. This includes Tribes and Tribal organizations as well.

Applicants should have demonstrated experience and expertise in implementing public health programs across broad geographic areas. Applicants will be expected to demonstrate the ability to provide services to areas and populations not being reached by current COVID-19 vaccination and response efforts. Applicants are expected to have, and should be able to clearly describe the partnerships they have formed at both the regional and local level to directly assist individuals in getting the COVID-19 vaccine. These partnerships should include organizations such as community-based organizations and other health and social service organizations that can directly hire community outreach workers from the vulnerable and medically underserved communities they will serve and can reach out to these communities across the country; specifically the areas or populations with low vaccination rates to date. Applicants should use recent, relevant data sources to identify counties and target populations of high social vulnerability (see [Section IV.7](#)). Applicants should propose a multi-state or multi-regional approach with strong local partnerships.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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 CBOVaccineOutreach@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, and abstract. 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 Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

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. If you are able to succinctly convey required information and request for funding 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.

Applications must be complete and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

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 in *Attachments 6 - 15: Other Relevant Documents*.

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

A table format is recommended. Place the table in the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Include the following information:

- Project title
- Applicant organization name and website, if applicable
- Target population(s) and service area(s)
- List of proposed partnerships
- Requested award amount

ii. Project Narrative

HRSA understands the challenges communities are currently facing as they work to respond to COVID-19 and also recognizes the need to allow for flexibility so that award 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 and populations as you directly engage with them to educate and assist them in getting the COVID-19 vaccine.

Activities may include, but are not limited to, the development and sharing of vaccine related outreach and education materials that are culturally competent, making phone calls to community members for education and assistance, providing information on the closest vaccine locations, making vaccine appointments for individuals, making vaccine reminder calls, and arranging for transportation and childcare assistance to vaccine appointments, as needed.

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

- Overview of the service area and target population to be served
 - Specifically outline the states/regions/counties and specific target populations you will serve. Describe how you identified the needs of the proposed target population(s) and area(s) that are the most vulnerable and medically underserved.
 - Provide a demographic overview of the population to be served, including racial and ethnicity data, as available. Include information on any impacted subpopulations who have historically suffered from poorer health outcomes, health disparities, and other inequities.

- Provide data and statistics from appropriate, reliable sources for your proposed service area that reflect the most recent timeframe available (see [Section IV.7](#)).
- Overview of the partnerships
 - Provide a clear overview of the partnerships as part of this project. Please outline the names of the organizations involved in the project and a brief overview of their responsibilities in this project. The partnerships must consist of a diverse group of organizations, including minority-serving institutions, community-based organizations and other health and social service agencies. These organizations must be at the regional and local levels to assist in quickly hiring the community outreach workers from the hardest hit and high-risk communities they will serve.
 - Please provide any related experience these organizations have in public health projects or outreach to target populations.
- Project approach to address identified needs
 - Provide details of how you propose to serve your target population/ service area based on the needs identified. Include how you will monitor your progress and make adjustments as needed to ensure target population(s) are served.
 - Include specific activities you propose to engage in. Include your partnership's staffing approach (e.g. the workforce roles you will employ) and vaccine-related activities to meet the identified needs of your target population(s). Note that activities and approaches may be tailored to best fit the needs of individual target population(s).
 - Describe the partnership's ability to quickly hire and train community outreach workers and other public health staff from the communities they will serve, detail specific activities of the staff, and demonstrate a commitment to diversity, equity and inclusion.
 - Include a high-level timeline for completing activities within the first 6 months after award, including specifying which activities will be completed in Months 1-2, 3-4, and 5-6 of the period of performance.

iii. Budget Narrative

In addition to the information provided in the project narrative, you will need to submit a budget narrative. You must **submit a budget and budget narrative for the 6-month period of performance**. The budget can vary based on your community needs. The information provided should include the following:

- A clear justification on how you will use the program funds over the 6-month period of performance. The funding request should align with the needs and activities you identified in the project narrative portion of your application.
- A clear indication of how funds will support regional/state/local organizations.

iv. Application Components

For this funding opportunity, there may be components that must be included in your submission to have a complete application package:

Attachment 1: Project Narrative

Attachment 2: Budget Narrative

Attachment 3: Any additional supporting documentation (Optional)

SF-424 Application Form

SF-424A Budget Form

v. Additional Budget Information

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 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.

Salary Limitations

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

An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may earn outside the applicant organization duties. You may not use HRSA funds to pay a salary in excess of this rate. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award; although, as with all costs, those payments must meet the test of reasonableness and be consistent with the recipient's institutional policy.

Note: an individual's base salary, per se, is not constrained by the statutory provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.

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.

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](#).

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 **May 18, 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

This program is not 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 6 months, up to \$12,500,000 total cost requested (inclusive of direct **and** indirect costs).

[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 acquire real property
- For construction
- To pay for any equipment costs not directly related to the purposes of this award.

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.

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](#).

7. Data Sources and Resources for your Application

- 1) Recommended data sources for identifying your proposed target population(s) and service area(s):
 - i. [Centers for Disease Control and Prevention \(CDC\) Social Vulnerability Index](#)
 - ii. [Vaccine Hesitancy for COVID-19: State, County, and Local Estimates](#) (HHS/ASPE March 2021)
- 2) Other HHS-Funded COVID-19 Vaccine Outreach and Workforce Programs:
 - i. [COVID-19 Public Education Campaign](#)
 - ii. [COVID-19 Community Corps](#)
 - iii. [Find a Health Center](#)
 - iv. [Health Center Vaccine Program](#)
 - v. [Health Center Program Look-Alikes](#)
 - vi. [CDC COVID-19 Vaccination Resources](#)
- 3) Tips for writing a strong application are available in Section 4.7 of HRSA's [SF-424 Application Guide](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review. HRSA will use the following criteria in order to complete the review and score applications. HRSA will conduct reviews for completeness, eligibility, and allowable costs. HRSA reserves the right to request budget modifications, scope changes, and/or narrative revisions if an application is not fully responsive to the instructions or if ineligible activities or purchases are proposed.

Service Area/target population

1. To what extent does the application clearly identify vulnerable target population(s) using data from a reliable and recent data source such as the [CDC Social Vulnerability Index](#)? (25 points)
2. To what extent does the application provide a demographic overview of the service area and target population to be served? (5 points)
3. To what extent does the application outline the needs of the population to be served? (5 points)

Partnerships

4. To what extent does the application demonstrate organizational capacity to address a large-scale public health effort? (10 points)
5. To what extent does the application propose partners with capacity/experience to engage the identified target population(s) to address the identified needs of the service area/target community? (5 points)
6. To what extent does the partnership plan include regional and local organizations capable of quickly hiring community outreach workers, engaging the target population(s), and assisting people in getting the COVID-19 vaccination? (15 points)

Project Approach & Budget

7. To what extent does the application describe a plan to address the identified needs of the population as related to COVID-19 vaccinations along with a timeline for completion of these activities? (10 points)
8. To what extent does the application describe the partnership's ability to quickly hire, train, and deploy outreach staff with a commitment to diversity, equity and inclusion, and hiring from the communities they serve? (10 points)
9. To what extent does the application provide a 6-month budget and budget narrative that explains how the requested budget aligns with the activities and project timeline being proposed? (10 points)
10. To what extent does the budget reflect the proposed approach and size of the service area? (5 points)

2. Review and Selection Process

HRSA will conduct an objective review committee (ORC) consisting of external reviewers to review, score and rank the applications. The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. To ensure national impact coverage of services consistent with the program purposes, and to prevent duplication, HRSA reserves the right to fund applicants out of rank order when making final award determinations. 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.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

2. Award Notices

HRSA will issue the Notice of Award (NOA) with a period of performance start date of June 1, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

3. 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.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

4. Reporting

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

- 1) **Progress Reports.** The recipient must submit a progress report to HRSA on monthly basis, including both quantitative data and brief narratives to capture project progress to date. For example, to capture progress on the hiring process, award recipients will be asked to provide the number of community outreach workers hired to date, including the number of individuals hired from the communities served by this funding. Similarly, award recipients will be asked to provide the number of individuals directly assisted, and/or number of individuals that received vaccine outreach and education. Further information will be available in the notice of award, if funded.

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:

Devon Cumberbatch
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7532
Email: dcumberbatch@hrsa.gov

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

Fraser Byrne, MPA
Public Health Analyst
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Telephone: 202-369-8980 or 240-472-0297 (Note: For fastest response, please use email)

Email: CBOVaccineOutreach@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

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.