

# Funding Opportunity Title: DC Immunization Coalition Funding

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Pre-Application Conference

Funding Opportunity Number: CHA-DC Immunization Coalition Funding

May 21, 2024

# PURPOSE OF PRE-APPLICATION CONFERENCE

- Overview of DC Health
- Purpose of Grant
- Funding Information
- Background
- Overview of Immunization Division
- Request for Applications Overview
- Review Key Dates

# DC Health

## Mission Statement

- The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors, and those doing business in our nation's capital.

## Strategic Priorities

- Promote a culture of health and wellness
- Address the social determinants of health
- Strengthen public-private partnerships
- Close the chasm between clinical medicine and public health
- Implement data driven and outcome-oriented approaches to program and policy development

# Funds Available

- Total award amount is **\$100,000** for period of August 1, 2024 through June 30, 2025.
- One grantee will be selected to receive **\$100,000** for the project period.

# Key Dates

- Notice of Funding Announcement Date: April 26, 2024
- Request for Application Release Date: May 10, 2024
- Deadline for EGMS Registration for New Applicants: May 28, 2024
- Pre-Application Meeting Date: visit <https://OGMDCHealth.eventbrite.com>
- Application Submission Deadline: June 11, 2024 **by 3:00P EST**
- Anticipated Award Start Date: August 1, 2024

# Note

- DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of NOFA or RFA, or to rescind the NOFA or RFA.
- Awards are contingent upon availability of funds.
- Individuals are not eligible for DC Health grant funding.
- Applicants must have a
  - DUNS #;
  - Tax ID #; and
  - be registered in the federal Systems for Award Management (SAM) with an active UEI# to be registered in DC Health’s Enterprise Grants Management System (EGMS).

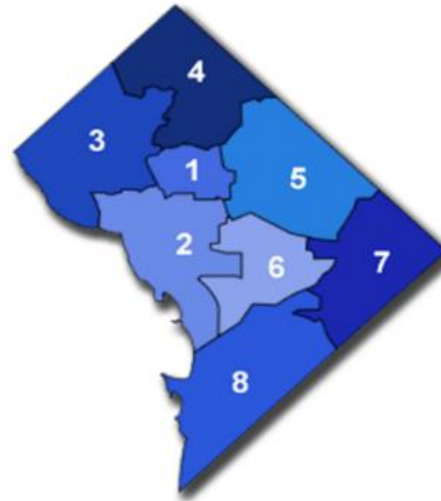
# Grantee Eligibility

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Non-profit organizations located and licensed to conduct business within the District of Columbia.
- Must have a demonstrated track record of promoting childhood and adult immunizations in the District and partnering with DC Health on immunization initiatives.

# Background

- District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.
- Organized into eight geopolitical wards,
  - largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents).
  - Wards 1 and 2 have the largest proportion of adults ages 18-64 (80% and 84%),
  - Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and
  - Wards 3 and 4 have the largest proportion of adults over age 65 (18% and 15%).





# Background

- In terms of race and ethnicity, the District's population is highly diverse:
  - approximately 41% Black/African American, 38% white, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population. QuickFacts: District of Columbia.  
<https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220>.
  - Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents, whereas Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of white residents
  - 2022 District-wide median household income was slightly more than \$102,000, median household income in Ward 3 was more than 3.5 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.
  - In November 2022, District-wide unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 3 times higher than in Ward 3, the lowest in the District (see Table 1).

# Selected Characteristics of DC Residents, by Ward

	White, Non-Hispanic (2022)	Black/ African American, Non-Hispanic (2022)	Hispanic/ Latino, any race (2022)	Median Household Income (2022)	Unemployment Rate (Nov. 2022)
<b>Ward 1</b>	59.0%	21.0%	20.7%	\$122,077	3.2%
<b>Ward 2</b>	69.5%	13.1%	12.1%	\$126,597	3.0%
<b>Ward 3</b>	82.5%	5.5%	9.5%	\$155,813	3.1%
<b>Ward 4</b>	33.8%	58.8%	25.8%	\$108,810	4.0%
<b>Ward 5</b>	32.0%	60.5%	11.7%	\$104,296	5.7%
<b>Ward 6</b>	50.0%	40.8%	8.4%	\$113,922	4.0%
<b>Ward 7</b>	2.5%	94.5%	4.3%	\$50,130	7.3%
<b>Ward 8</b>	3.6%	93.5%	3.1%	\$44,665	9.3%
<b>District-wide</b>	42.7%	43.5%	12.1%	\$102,806	5.8%

# Program Information

- DC Health's Immunization Division is located within the Health Care Access Bureau (HCAB) in the Community Health Administration (CHA)
- Aims to reduce spread of vaccine-preventable diseases among residents, visitors, and those working or doing business in the District.
- In 2022, DC Health published its first Framework for Community Health – a guide to improve community health in DC over the next five years through collaborative work of the agency, residents and partners in the community.
- Immunization Division set goals that would lead to optimal health with high coverage of key vaccine-preventable diseases which focus on childhood and school-required vaccinations and adult vaccinations for vulnerable groups and immunocompromised individuals.

# Purpose

The DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to build and sustain a coalition of stakeholders to promote vaccination of the District's residents:

1. Educating provider and consumer communities about vaccine preventable disease (VPDs), school vaccination requirements, and child and adult vaccination best practices;
2. Building partnerships among immunization stakeholders to align immunization related messaging, efforts, and initiatives in the District;
3. Facilitating communication between immunization stakeholders and the Department of Health;
4. Reaching and disseminating, and advocating evidence-based immunization policies and practices, and
5. Identifying and addressing barriers to and opportunities for achieving recommended vaccination rates in the District.

# Approach

- Grantees will have from the time of the grant award until June 30, 2025, to implement their approved scope of work.
- Scope of work should align with DC Health’s strategic priorities and the Framework for Community Health, with an emphasis on health equity.
- At a minimum, applicant work plans should include the following activities:
  - Collaborative organizational planning
  - Recruitment and regular convening of coalition members;
  - Evidence-based community-oriented educational and/or outreach activities and resources;
  - Evidence-based provider-oriented educational and/or outreach activities and resources;
  - Advocacy and promotion of local regulations that impact immunization efforts and increase allocation of local resources to immunization efforts.
  - Advocacy for policies based on science and use of sensible disease prevention approaches,

# Target Population

Grantees should target

- Healthcare providers who immunize,
  - Stakeholders who support immunization,
  - Residents and the community in DC who are vaccinated as the target population.
- Grantees must be located within the District of Columbia
    - All activities funded by this grant must occur within the District of Columbia

# Allowable Activities

- Allowable activities include activities to support program infrastructure, identify and improve communities with low vaccine coverage, support a network of immunization providers with education.
- To avoid promotion of their products, immunization education should not be developed or provided by pharmaceutical representatives.
  - An independent, third party (i.e. Community-based organization (CBO), public and/or private healthcare provider, health maintenance organizations serving populations with low immunization rates) may offer education and health promotions that employ evidence-based strategies to reach priority populations.
  - Disclosures must be provided by a presenter.

# Program Strategies

- **Service Area 1: Immunization Promotion:** Assist with improving vaccination rates among infants, adolescents and adults via education of health care professionals and the public.
- Key Performance Indicators:
  - Hosting a website and updating with the most current information
  - Preparing and disseminating monthly newsletters with current information locally and nationally.
  - Utilization of Social Media accounts – X, Instagram and other venues
    - Monitor and report reach, impressions, engagement, and amplification rates.



# Program Strategies

- **Service Area 2: Immunization Education:** Applicants should address opportunities to improve immunization knowledge of stakeholders and the community.

## *Key Performance Indicators:*

- Hosting conferences for healthcare professionals via webinars, in person training
- Establish an advocacy committee that can inform local government about concerns in the immunization community that will be driven by local and national data
- Expand membership to include locally based organizations.
  - Schools – Public and Private schools
  - Licensed Child Development Centers (LCDC)
  - Community based organizations
  - Government Agencies
  - College and Universities
  - Pharmacies
  - Medical and Nursing Professionals
  - Health care Insurers
  - Federally Qualified Health Centers
  - Private healthcare agencies

# Program Strategies (cont)

- **Service Area 3: Sustainability:** Applicants should address opportunities to increase and diversify funding for long-term success.
- Key Performance Indicators:
  - Evidence of responses to funding announcements from federal and non-federal sources.
  - Participate in the National Conference for Immunization Coalitions and Partnerships.

# Proposal Components

- PROJECT ABSTRACT (1-PAGE MAXIMUM)
- PROJECT NARRATIVE (5-page maximum)
  - OVERVIEW
  - PROJECT OR POPULATION NEED
  - PROJECT DESCRIPTION
  - PARTNERSHIPS
  - PERFORMANCE MONITORING
  - ORGANIZATIONAL CAPACITY

# Proposal Components

- PROJECT ABSTRACT

- **Must be single-spaced, limited to one page in length**, and include the following sections:

- **Annotation:** Provide a three-to-five-sentence description of your project that identifies the population and/or community needs that are addressed.
    - **Problem:** Describe the principal needs and problems addressed by the project.
    - **Purpose:** State the purpose of the project.
    - **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project.
    - **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

# Proposal Components

## PROJECT NARRATIVE (5-page maximum)

- The narrative section should describe the applicant's approach to building and sustaining a coalition of immunization stakeholders to promote vaccination of the District's residents.
- The narrative should include the following sections:
  - OVERVIEW
  - PROJECT OR POPULATION NEED
  - PROJECT DESCRIPTION
  - PARTNERSHIPS
  - PERFORMANCE MONITORING
  - ORGANIZATIONAL CAPACITY

# Proposal Components

## OVERVIEW

- This section should briefly describe the purpose of the proposed project and how the application aligns with the RFA. It should also summarize the overarching problem to be addressed and the contributing factors. Applicant must clearly identify the goal(s) of this project.

## PROJECT OR POPULATION NEED

- This section should help reviewers understand the needs of the population intended to be served by the proposed project.
- Provide an overview of constituent population as relevant to the project, including rates of hypertension, uncontrolled hypertension, comorbid chronic conditions, and corresponding social determinants of health.
- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.
- Describe the ability to reach the priority population and how they will be served through this project.

# Proposal Components

## PROJECT DESCRIPTION

- This section should provide a clear and concise description of evidence-informed strategies and activities they will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, and 4.4 Program Strategies, above. Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes:

- The project description is detailed and clear
- Clearly outlines – in narrative form and in the logic model – how proposed activities will impact identified intermediate outcomes
- Provides strong, cited theoretical/evidence-based justifications for proposed activities and logic model assumptions
- Work plan is complete and reasonable to ensure project milestones are achieved during the budget period
- Options for project sustainability are reasonable and informed by national/local trends

## PARTNERSHIPS

- This section should describe plans to involve other key partners in the applicant's work.
- Describe partnerships that will be formed to implement the proposed project, include letters of support/agreement from key partners.

# Proposal Components

## PERFORMANCE MONITORING

- This section should describe applicant's plan for collecting and reporting data.
- Plan includes both process and outcome measures that are logical and related to the logic model and work plan
- Data Collection and analysis plan is realistic; applicant has access to data and sufficient resources to conduct necessary analyses
- Demonstrates commitment to utilizing evaluation findings to inform project implementation.

## ORGANIZATIONAL CAPACITY

- This section should provide information on the applicant's current mission and structure and scope of current activities; describe how these all contribute to the organization's ability to conduct the program requirements and meet program expectations.



# Application Requirements

- **Eligibility Documents**
  - Certificate of Clean Hands
  - Current Business License
  - Current Certificate of Insurance
  - Copy of Cyber Liability Policy

# Application Requirements

- **Eligibility Documents (continued)**

- IRS Tax-Exempt Determination Letter
  - This applies to nonprofits only.
- IRS 990 Form
  - This must be from the most recent tax year.
  - This applies to nonprofits only.
- Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board.
  - This CANNOT be signed by the executive director.
- Assurances, Certifications and Disclosures
  - Must be signed by an authorized representative of the applicant organization. (see attachment).

- Note: Failure to submit ALL the above attachments will result in a rejection of the application from the review process. The application will not qualify for review.

# Budget

- BUDGET TABLE
- KEY BUDGET REQUIREMENTS
- BUDGET JUSTIFICATION

# Budget

## BUDGET TABLE

- The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse. An attachment is provided for application preparation purposes, but the budget data must be inputted into EGMS. The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. Budget should reflect the budget period, as outlined below (Key Budget Requirements).
- **Note:** Enterprise Grants Management System (EGMS) will require entry of budget line items and details. This entry does not replace the required upload of a budget narrative using the required templates.

## Key Budget Requirements

- The budget should reflect a 11-month period, as follows:
- August 1, 2024 – June 30, 2025
- Costs charged to the award must be reasonable, allowable, and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

# Budget

## BUDGET JUSTIFICATION

- The application should include a budget justification (see attachment). The budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the proposed project narrative.
- Include the following in the budget justification narrative:
  - *Personnel Costs*
  - *Fringe Benefits*
  - *Consultants/Contractual*
  - *Travel*
  - *Supplies*
  - *Equipment*
  - *Communication*
  - *Other Direct Costs*

# Budget

- *Personnel Costs*

- List each staff member to be supported by (1) funds, the percentage of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member, or indicate a vacancy, position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting.

- *Fringe Benefits*

- Fringe benefits change yearly and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

- *Consultants/Contractual*

- Applicants must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort. Applicants must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

# Budget

- *Travel*
  - The budget should reflect the travel expenses associated with implementation of the program and other proposed trainings or workshops, with breakdown of expenses, e.g., airfare, hotel, per diem, and mileage reimbursement.
- *Supplies*
  - Office supplies, educational supplies (handouts, pamphlets, posters, etc.), personal protective equipment (PPE).
- *Equipment*
  - Include the projected costs of project-specific equipment. Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).
- *Communication*
  - Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.
- *Other Direct Costs*
  - Other direct costs category contains items not included in the previous categories. Give justification for all the items in the “other” category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the “other direct cost” category except costs for consultant and/or contractual.

# Organizational Chart

- ORGANIZATIONAL CHART

- A one-page organizational chart is required (*no template provided*).

- RISK SELF-ASSESSMENT

- The risk self-assessment (see attachment) is to assess the risk of applicants. This form should be completed by the Executive Director, Board Chairperson or a delegate knowledgeable of the organization's current and past capabilities.



# Indirect Cost Rate

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. For federally-funded grants, indirect costs are applied in compliance with 2 CFR 200.332.

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.

# Questions and Answers

- Questions will ONLY be accepted in writing
  - Please submit questions to [doh.immunization@dc.gov](mailto:doh.immunization@dc.gov) and reference Immunization Coalition RFA in subject line
- Last Day to Submit Questions: June 4, 2024
- All responses will be made available on the District Grants Clearinghouse in a FAQ document

# Application Submission Recommendations

- Do not wait until the last minute to submit
- Submit at least 48 hours before deadline
- Applications will **not** be accepted after the deadline