



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

# **Request for Applications**

**Improving Routine Vaccination Uptake for  
Adults Through Community Outreach**

## CONTENTS

<b>Introduction</b> .....	3
<b>Timetable</b> .....	3
<b>Overview</b> .....	3
<b>Opportunity</b> .....	4
<b>Eligibility</b> .....	5
<b>Funding &amp; Mutual Commitments</b> .....	6
<b>Grantee Commitments</b> .....	6
<b>DHS Commitments</b> .....	7
<b>Use of Funds</b> .....	7
<b>Unique Entity Identifier Guidance</b> .....	9
<b>Risk Assessments</b> .....	9
<b>Application Process</b> .....	10
<b>Submission</b> .....	10
<b>Questions</b> .....	10
<b>Review</b> .....	11
<b>Application Template</b> .....	12

# INTRODUCTION

## TIMETABLE

<b>Application Open</b>	<b>September 28<sup>th</sup>, 2022</b>
<b>Application Emailed Questions Deadline</b>	Applicants should submit all questions no later than <b>October 10<sup>rd</sup>, 2022, 11:59 PM CT</b> to <a href="mailto:dhsdphimmroutineadultoutreach@dhs.wisconsin.gov">dhsdphimmroutineadultoutreach@dhs.wisconsin.gov</a>
<b>Virtual Question and Answer Session (optional)</b>	<b>October 13<sup>th</sup>, 2022 from 11AM-12PM CT</b> ( <a href="https://dhs.wisconsin.gov/j/1614319816">https://dhs.wisconsin.gov/j/1614319816</a> )
<b>Application Due</b>	<b>October 26<sup>th</sup>, 2022, 11:59 PM CT</b>
<b>Anticipated Award Notification</b>	30-45 days from application deadline

## OVERVIEW

Vaccinations are a critical tool in preventing and mitigating the spread of diseases within the community. Vaccine-preventable diseases can cause long-term illness, hospitalization, and may lead to death, especially among older adults. Adults need to keep their vaccinations up to date and ensure they have received all vaccines recommended for their age or health condition. For the past few years much of the focus has been on getting our communities vaccinated against COVID-19. Simultaneously, the Wisconsin Department of Health Services (DHS) encourages adults over the age of 19 to stay up to date with routine vaccinations and catch-up on any doses that have been missed. As adults begin to return to work and communal activities are occurring again, it is imperative that adults continue to stay immunized against vaccine-preventable diseases, such as influenza, Tetanus, diphtheria, and pertussis (Tdap).

Wisconsin data shows that fewer people have received their routine vaccines during the COVID-19 pandemic compared to the average number of people vaccinated between 2015-2019, with adults 19 years and older having a greater decline in the number of routine vaccines received. Nationally, data shows that disparities in severe flu outcomes were greater in adults. It is estimated that between 70 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and between 60 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in this age group. Additionally, vaccination rates continue to remain low or stagnant in communities of color with racial and ethnic minorities\* having lower vaccination coverage compared to non-Hispanic White adults.

The State of Wisconsin is building on the success of employing trusted messengers in community-based organizations to conduct outreach in areas with low COVID-19 vaccine rates as part of the Moving Forward Together Grant Program. The State recognizes that the experts in community-based organizations are best-positioned to promote routine vaccinations among historically marginalized and underserved communities as was demonstrated during the COVID-19 vaccination efforts. Outreach efforts must include strategies to ensure that vaccines are accessible to communities that face barriers accessing medical care and people who have historical mistrust of the medical community and vaccines.

The successful awardees shall assist DHS with its mission to protect and promote the health and safety of people in Wisconsin. More specifically, the proposed projects will support the Bureau of Communicable Diseases' (BSD) goal to prevent those communicable diseases for which immunizations are available. The goal of this RFA is to promote vaccine education and strengthen community engagement, particularly in communities with disproportionate vaccination rates with outcomes of increased routine vaccination uptake among adults.

***\*Disclaimer: The State of Wisconsin acknowledges that the racial and ethnic terminology being used may not be inclusive or representative of many community members. This language was used to align with data and information obtained from the Wisconsin Department of Health Services and the Centers for Disease and Control Prevention.***

## OPPORTUNITY

This Request for Applications (RFA) seeks to empower communities to remove barriers and promote acceptance of all routine vaccines for adults, especially for communities that face challenges accessing medical care or people who have historical trauma and mistrust of government agencies, or the medical community. Additionally, organizations should work to combat misinformation surrounding immunizations. The awarded organizations will build upon new and/or existing relationships in the community and will use new strategies or adapt existing ones to meet the unique identified needs. Grantees will use culturally, linguistically, and locally tailored strategies to:

- Build and maintain relationships of respect and cultivate trust.
- Strengthen data availability and quality for communities' planning and analysis.
- Use asset-based community development strategies and build community capacity to encourage community leaders to become public-health decision makers and policy advocates.
- Co-create culturally and linguistically diverse media, outreach, and education.

**To identify communities that are ready and committed to engaging in this work, DHS puts forward the following shared principles for this grant award:**

- Interest in building trust from shared values.
- Commitment to approaching problems with promising and community-based practices as well as evidence-based practices.
- Value for community partnerships and listening to the needs of the community to determine paths forward.
- Interest in authentic partnership building.
- Interest in mutual learning and operating from a place of curiosity and humility.
- Commitment to addressing barriers, root causes of inequities, and building community resilience for more equitable systems.

By increasing knowledge of and access to routine vaccinations, community outreach activities will facilitate improvements in routine vaccination rates and increase vaccination uptake for marginalized and other vaccine-hesitant individuals.

## ELIGIBILITY

Eligible organizations must be based in and conduct their proposed community outreach project in Wisconsin, **and** be at least one of the following:

- Licensed residential, community-based care, or long-term care facility, including independent living facility, assisted living center, nursing home, adult day care center, etc.
- Public or private college or university
- Church or religious group
- Local or tribal community-based organization
- Non-traditional provider or location that serves high-risk populations
- A non-profit entity certified as a 501(c)(3) by the federal Internal Revenue Service
- Project sponsored by another 501(c)(3) organization
- Is or is partnered with a Vaccines for Adults (VFA) provider\*
- Organizations/groups that are already providing routine vaccinations in their communities\*
- Other partner that serves underserved populations

\*The Vaccines for Adults (VFA) program helps adults 19 and older receive free vaccines if they are uninsured or underinsured. Most local and tribal health departments are VFA providers. If you are unsure if you are a provider, please contact:

[dhsdphimmroutineadultoutreach@dhs.wisconsin.gov](mailto:dhsdphimmroutineadultoutreach@dhs.wisconsin.gov)

The organizations that **already provide routine vaccinations, are partnered with VFA providers, or are a VFA provider** will be given additional points during the grant application review process.

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

## FUNDING & MUTUAL COMMITMENTS

### FUNDING

Awards of up to **\$20,000** are available through this opportunity. Project expenses will be eligible for reimbursement with this funding from the notice of award through **06/30/2023**. Applicants will be awarded based on available funding and application scores as determined by a review panel. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this competitive application process to increase funding to selected agencies, or to fund additional agencies that applied but were not funded originally. DHS also reserves the right to award grants for less than an applicant's proposed amount.

This Improving Routine Vaccination Uptake Through Community Outreach grant program is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$100,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government. For more information, please visit [cdc.gov](https://www.cdc.gov).

### MUTUAL COMMITMENTS

#### GRANTEE COMMITMENTS

- **Submit two quarterly reports by 01/20/2023 and 04/14/2023 and final report by 06/30/2023.**
- Prepare and submit expense reports monthly (you must submit monthly even if you have no expenses for that month). A template will be provided after award notification.
- Submit a final report on activities, success stories, and lessons learned.
- Use resources shared on the *Grantee SharePoint* (this link will be provided upon grant award notification).
- Use (or adapt, as needed) science-based information provided by DHS.
- Uphold public health practices and trauma-informed approaches in carrying forth this work.
- Practice cultural humility in messaging and services.
- Respond to requests for information/activity from DHS.

- Inform DHS about the progress, impacts, and outcomes of the effort.
- Solicit technical assistance and support from DHS to ensure accurate information.
- Outreach materials, including existing materials translated into additional languages, created with this award, are to be made available publicly for use with other communities and other areas of the state, as applicable.

## **DHS COMMITMENTS**

- Provide funding for efforts to enhance awareness, accessibility, and access to routine vaccinations.
- Provide technical assistance on credible public health practices and the immunization program.
- Respond to requests for information/activity from grantees.
- Promptly reimburse grantee for appropriate and approved services provided.

## **USE OF FUNDS**

As inequitable vaccination rates persist across the state, it is critical to continue supporting community level efforts that will disseminate accurate information about routine vaccinations, address individual concerns and eliminate barriers to vaccine access.

This grant will fund activities in Wisconsin focused on increasing knowledge and awareness of vaccine-preventable diseases and routine vaccinations, addressing misinformation, decreasing vaccine hesitancy, and decreasing barriers to accessing routine vaccinations.

**Funds will not be distributed in advance for project expenses, but on a reimbursement basis through this grant.** The following is a list of allowable and unallowable project expenses.

As a Subrecipient of federal funds, the Subrecipient is required to adhere to the following federal regulations: OMG Guidance – 2 CFR Part 200 – Cost Principles, and Audit Requirements for Federal Awards. This guidance can be found at:

[https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

## **EXAMPLES OF ALLOWABLE EXPENSES**

### **PERSONNEL**

- Salary/Wages

### **FRINGE**

- Compensation/Fringe benefits

### **TRAVEL**

- State/local/regional conference travel expenses

- Local meetings/conferences (Ad hoc) (excluding meals)
- In-state travel costs
- Out of state travel costs (ex. National, regional, or CDC-sponsored immunization program meetings)

#### **SUPPLIES**

- Office supplies: general office (pens, paper, paperclips, etc.) ink cartridges, calculators
- Personal computers, Laptops, Tablets
- Printers

#### **CONTRACTUAL**

- State/local conferences expenses (conference site, material printing, hotel accommodations expenses, speaker fees) **Food meal cost is not allowable.**
- Regional/local meetings
- General contractual services (ex. local health departments, contractual staff, advisory committee media, provider trainings)

#### **INDIRECT**

- Indirect costs– indirect cost rate is limited to 10% unless organization has a negotiated indirect cost rate.

#### **MISCELLANEOUS**

- Advertising (restricted to recruitment of staff or trainees, procurement of goods and services, etc.)
- Committee meetings (room rental, equipment rental, etc.)
- Communication (electronic/computer transmittal, messenger, postage, local and long-distance telephone)
- Consumer information activities
- Consumer/provider board participation (travel reimbursement)
- Maintenance operations/repairs
- Memberships/subscriptions
- Pagers/cell phones (for work-related uses)
- Professional service costs directly related to immunization activities (limited term staff)
- Public relations
- Publication/printing costs (all other immunization-related publications and printing expenses)
- Shipping materials (other than vaccine)
- Stipend reimbursements
- Training costs- Statewide, staff, providers
- Translations (translating materials)
- Vehicle lease (for approved activities)
- VIS camera-ready copies

#### **EXAMPLES OF UNALLOWABLE EXPENSES**

- Advertising costs (ex. conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building purchases, construction, capital improvements



- Clinical care (non-immunization services)
- Entertainment cost
- Food/beverages/meals
- Fundraising cost
- Goods and service personal use
- Honoraria
- Independent research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of bad debt, collection of improper payments
- Promotional and/or Incentive Materials (ex. plaques, clothing, and commemorative items such as pens, mug/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle purchase
- Vaccines

Please note the expenses above have been determined by the funding requirement of this grant. If there are any changes to expenses listed above as allowable or unallowable, all applicants will be notified.

## UNIQUE ENTITY IDENTIFIER GUIDANCE

If you do not yet have grantee **Unique Entity Identifier** (UEI) number, please apply for one at [www.sam.gov](http://www.sam.gov) as it is a requirement to receive funding.

## RISK ASSESSMENTS

In accordance with [2 CFR 200.208-Specific Conditions](#), your organization will be subject to a risk assessment prior to any award made on behalf of DHS involving federal funding. The purpose of this assessment, which is an internal document used to monitor awards, is to ensure that your organization has the appropriate financial accounting and management systems in place. This assessment will be rated based on the following: *low, medium, or high risk*.

The review of this assessment will cover details of your organization including but not limited to the following: financial stability, management and system standards, history of performance, audit reports and findings, and the ability to effectively implement requirements.

Applicants with ratings of medium and high risk will be required to comply with additional terms and conditions outlined in the [2 CFR 200.208-Specific Conditions](#).

Results of this assessment will be included in the official award package with further guidance. Please do not request the results of this assessment prior to your organization receiving an official award package.

# APPLICATION PROCESS

## APPLICATION

### SUBMISSION

Applications will be due on **October 26<sup>th</sup>, 2022, 11:59 PM CT**. Applicant are able to access the REDCap form found at this link: <https://redcap.wisconsin.gov/surveys/?s=MYLN8MTPHPXEYNEL> in order to be considered. Applicants will receive an email confirming receipt of submission. Feel free to utilize the form on pages 12-17 to draft your responses prior to final submission.

### QUESTIONS

Applicants should submit all questions about the RFA and application to: [dhsdphimmroutineadultoutreach@dhs.wisconsin.gov](mailto:dhsdphimmroutineadultoutreach@dhs.wisconsin.gov). The deadline to submit questions is **October 10<sup>th</sup>, 2022, 11:59 PM CT**. Answers will be emailed back as soon as possible and will also be posted in a frequently asked question (FAQ) document.

Applicants can also attend an optional 1 hour long virtual question and answer session hosted by the Wisconsin Immunization Program on **October 13<sup>th</sup>, 2022 from 11-12PM CT**. During this session, Program staff will discuss the FAQ's questions and answers.

**Please use this link to attend the meeting:**

Meeting URL: <https://dhs.wi.zoomgov.com/j/1614319816>

Optional call in number: **+1-669-254-5252**

Meeting ID: **161-431-9816**

After virtual question and answer session on October 13, 2022, the FAQ document will be posted on the same website where applicants initially accessed this RFA. If applicants have difficulty finding the FAQ document, please email [dhsdphimmroutineadultoutreach@dhs.wisconsin.gov](mailto:dhsdphimmroutineadultoutreach@dhs.wisconsin.gov). No identifying information about the individuals/organizations that asked the questions will be posted in the FAQ document.

If an application needs reasonable accommodations for a disability (e.g., provision of this RFA's information in an alternative format), please email [dhsdphimmroutineadultoutreach@dhs.wisconsin.gov](mailto:dhsdphimmroutineadultoutreach@dhs.wisconsin.gov). Upon request, the Wisconsin Immunization Program will provide reasonable accommodations.

### REVIEW

All applications will be subject to an initial technical review for completeness and adherence to RFA specifications and requirements. Reviewers with knowledge of health equity, community outreach, public health, health care, and/or immunizations will independently evaluate and score applications. Applications that fail the initial review will receive no further consideration. DHS will make awards to applicants who

demonstrate the ability to perform successfully under the terms and conditions of this RFA. **Qualified applications will reflect the following:**

- practice cultural humility
- can be started within one month of the award
- comply with public health guidance around routine vaccinations
- are capable of increasing knowledge and awareness of routine vaccines
- serve and/or can reach many marginalized people or those belonging to marginalized communities
- demonstrate an understanding of the target population, barriers faced, and ways to advance racial/economic/geographic equity
- demonstrate experience working within the identified population(s)/community(ies)
- use a collaborative approach
- organizational staff will reflect the communities they serve

**DHS reserves the right to reject all submissions. DHS also reserves the option to hold discussions with an agency about their application for clarification purposes. If discussions are conducted, an applicant may be invited to modify their application as needed.**

# IMPROVING ROUTINE VACCINATION UPTAKE FOR ADULTS THROUGH COMMUNITY OUTREACH FORM

Note: This document is for drafting responses only.

Please use the form found [HERE](#) to submit your final application.

## ORGANIZATION INFORMATION

- **Organization Name:** \*
- **Contact Name:** \*
- **Role/Title:** \*
- **Contact Email Address(es):** \*
- **Contact Phone Number(s):** \*
- **Mailing Address** \*
  - Address (street address or P.O Box):
  - City:
  - State:
  - Zip code:
- **Street Address (if different than mailing address)**
  - Address (street address or P.O Box):
  - City:
  - State:
  - Zip code:
- **Website (if applicable):**
- **Social media page (if applicable):**
- **Organization's W-9 dated in calendar year 2022:** \*

## GRANT ADMINISTRATOR INFORMATION

- **Grant Administrator Name** (individual(s) responsible for ensuring all steps in grant administration process are completed, including drafting grant language, negotiating grant terms, and monitoring granted entity's performance): \*
- **Grant Administrator's Phone Number(s):** \*
- **Grant Administrator's Email Address(es):** \*

## AUTHORIZED REPRESENTATIVE INFORMATION

- **Authorized Representative Name** (individual(s) named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards): \*
- **Authorized Representative's Phone Number(s):** \*
- **Authorized Representative's Email Address(es):** \*

## **FISCAL AGENT**

- **Fiscal Agent's Organization: \***
- **Fiscal Agent's Contact Name: \***
- **Fiscal Agent's Contact Phone Number(s): \***
- **Fiscal Agent's Contact Email Address(es): \***
- **Fiscal Agent's Mailing Address \***
  - Address (street address or P.O Box):
  - City:
  - State:
  - Zip code:
- **Street Address (if different than mailing address)**
  - Address (street address or P.O Box):
  - City:
  - State:
  - Zip code:

## **ADDITIONAL ORGANIZATION INFORMATION**

- **Year Organization/Program Established:**
  
- **Total Annual Organization/Program Budget: \$**
  
- **Type of Organization: \***
  - Licensed residential, community-based care, or long-term care facility, including independent living facility, assisted living center, nursing home, adult day care center, etc.
  - Public or private college or university
  - Church or religious group
  - Local or tribal community-based organization
  - Organization or business that employs a critical workforce
  - Non-traditional provider or location that serves high-risk populations
  - Non-profit entity certified as a 501 (c)(3) by the federal Internal Revenue Service
  - Project sponsored by another 501 (c)(3) organization
  - Is or is partnered with a Vaccines for Adults (VFA) provider
  - Organizations/groups that are already providing routine vaccinations in their communities
  - Other partner that serves underserved populations

• **Does Your Organization Provide Routine Vaccinations for Adults? \***

YES

- Are You a Vaccine for Adult's Provider Organization? \*

Yes- Please Provide Provider/Clinic Name: \_\_\_\_\_

No

NO

- Are You Associated with a Vaccine for Adult's Provider Organization? \*

Yes- Please Provide Provider/Clinic Name: \_\_\_\_\_

No

• **Is Your Organization a Current or Previous COVID-19 Vaccination Community Outreach or Moving Forward Together Grantee? \***

Yes

No

**PROJECT PROPOSAL**

• **Which of the following categories describe the population(s) your project will focus on? \***

The following list is not designed to be comprehensive, nor are grant recipients limited to populations fitting these categories. If the population(s) you will work with is/are not listed below, please select "other" and describe. Please select all that apply.

African American/Black

Elderly

Frontline or Supply Chain Workers

Homebound

Latinx and Hispanic

Low Income

Migrant Workers

Youth

American Indian/Alaskan Native

Farm Workers

Hmong

Houseless/Housing Insecure

Individuals with Disabilities

LGBTQ+

Low Literacy

Rural Populations

Others (*please describe*)

• **Where will your project efforts be focused (geographically)? \***

One or multiple counties

**Please list the counties you will be serving:**

One or multiple Tribal Nations

**Please list the Tribal Nations you will be serving:**

One or multiple cities

**Please list the cities you will be serving:**

The whole state

- **Briefly describe your request for funding. How will it provide timely and accurate information to promote routine vaccination among adults in high-risk and underserved populations, including racial and ethnic minority populations and rural communities? (500 words or less). \***
- **Please describe the existing barriers faced by the intended population(s) for your activities (indicated above), and how these barriers will be addressed through this project. (500 words or less). \***
- **Briefly describe your organization’s unique qualifications to advance this work in the identified community(ies), including your experience implementing culturally competent services and programs, building relationships, and partnering with community members. (500 words or less). \***
- **Please briefly describe your planned project activities and milestones through 06/30/2023. (500 words or less) \***
- **Performance measurements- please describe how your organization will measure the impact your award had. Examples include, but not limited to: Number of doses administered at vaccination clinic event(s), number of households approached through door-knocking event(s), number of attendees at education/community engagement sessions. (Narrative of 250 words or less or table format) \***

EXAMPLE: Performance Measurements Table		
Goal	Measurement	Timeframe
Increase number of educational sessions hosted	XX number of educational sessions hosted	End of November – Beginning of January

\*Quarterly reports submitted by awardees will include baseline data. The final report will require additional information about activities completed.

- **Describe how you will work with existing partners or develop new partnerships in the community to connect with the target population(s). (250 words or less). \***

- If known, please list any organizations you intend to collaborate with and their intended role(s) for this project.
- Does your organization intend to offer sub-awards (an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity) with this funding? \*
  - Yes
  - No (*if no, please skip the following two questions*)
- List any organizations identified for sub-awards with this funding, or your plan for identifying sub-awardees.
- Detail any criteria that will be used for making and monitoring sub-awards. (125 words or less).

## **BUDGET**

List and provide a justification for all expenses in as much detail as possible. Categories may include personnel, travel, supplies and equipment, and miscellaneous costs. Please attach your budget and expense form as an excel file to your application email. A template can be found on the public notice site.

As a Subrecipient of federal funds, the Subrecipient is required to adhere to the following federal regulations: OMG Guidance – 2 CFR Part 200 – Cost Principles, and Audit Requirements for Federal Awards. This guidance can be found at:

[https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)



Category	Item/Description	Quantity	Amount
Personnel (Salary)			
Fringe Benefits			
Travel			
Supplies			
Contractual			
Indirect Costs			
Miscellaneous			
<b>Total:</b>			

- **Is your organization receiving any additional funding to support this project? \***
  - Yes
  - No
- **If yes, please provide additional details on the funding source and project.**
- **What is the anticipated additional funding amount?**