



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Request for Applications

**Routine Immunization Community
Engagement (RICE) 3.0 Grant Program**

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INTRODUCTION

TIMETABLE

Application Open	February 21st, 2024
Application Emailed Questions Deadline	Applicants should submit all questions no later than March 7th, 2024, 11:59 PM to dhsdphRICE@dhs.wisconsin.gov
Virtual Question and Answer Session (optional)	March 8th, 2024 from 11AM-12PM CT (ZOOM LINK)
Application Due	April 3rd, 2024, 11:59 PM CT
Anticipated Award Notification*	30-45 days from application deadline
Anticipated First Invoice Disbursement**	130-150 days from award notification
Anticipated Funded Period	July 1 st , 2024-June 30 th , 2025

*Anticipated award notification is subject to change based on the volume of applications received by DHS, this is an estimate. **Anticipated First Invoice Disbursement is an estimate based on previous grant programs and is subject to change based on the time required for each grantee to complete the contracting process.

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. It is imperative Wisconsinites continue to stay immunized against vaccine-preventable diseases, such as influenza, human papillomavirus (HPV), and measles-mumps-rubella (MMR).

In Wisconsin, racial/ethnic identity, insurance status, rurality, and poverty are drivers of disparities in routine vaccination uptake. Disparities result in many Wisconsinites not being able to access routinely recommended vaccinations. The State recognizes that the experts in community-based organizations are best-positioned to promote routine vaccinations among historically marginalized and underserved communities. In light of this, the State of Wisconsin is continuing to fund community-based work for a second year through a program called RICE grant program. Outreach efforts under this grant 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' (BCD) goal to prevent those communicable diseases for which immunizations are available. The goal of this request for applications (RFA) is to strengthen community engagement, decrease barriers to routine vaccination, and meet the needs of Wisconsinites, particularly in communities with disproportionately lower vaccination rates.

****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 RFA seeks to empower communities to remove barriers and promote acceptance of all routine vaccines across the lifespan, especially for communities that face challenges accessing medical care or people who have historical trauma and mistrust of government agencies, or the medical community. 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.
- 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 community-based and 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:

- Accredited/licensed early childhood education center or daycare facility
- Public or private K-12 school, district, college, or university
- Church or religious group
- Local or Tribal Health Department
- 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 Children (VFC) or Vaccines for Adults (VFA) provider*
- Organizations/groups that are already providing routine vaccinations in their communities
- Licensed residential, community-based care, or long-term care facility, including independent living facility, assisted living center, nursing home, adult day care center, etc.
- Other partner that serves underserved populations

*VFC and VFA providers administer free vaccines to people who are uninsured or underinsured. Most local and tribal health departments are VFC and VFA providers. If you are unsure if you are a provider, please contact: dhsdphRICE@dhs.wisconsin.gov

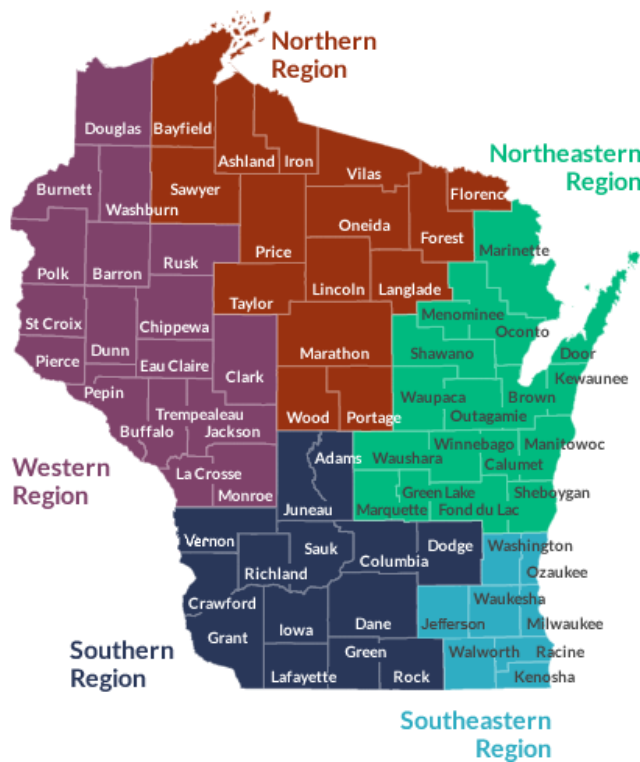
The organizations that **are partnered with VFC/VFA providers** or **are a VFC/VFA provider** will be given additional points during the grant application review process.

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

Anticipated awards of up to **\$40,000** are available through this opportunity. Project expenses will be eligible for reimbursement with this funding from **07/01/2024-06/30/2025 (estimated 12-month funding period)**. Applicants will be awarded based on available funding and application scores as determined by a review panel. **To equitably distribute funds, DHS plans to distribute twelve awards in total with two awards in each of Wisconsin's five regions, contingent on the number of applications submitted and meriting award.**



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.

Applicants can apply for funds for either pediatric routine vaccines or adult routine vaccines, but not both. Applicants must choose which age group they are applying for in the application.

Selected applicants will be funded pending the Immunization Program receiving funds for the RICE 3.0 grant program.

This Routine Immunization Community Engagement 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 \$480,000 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.

MUTUAL COMMITMENTS

GRANTEE COMMITMENTS

- **Attend 2 all-grantee meetings over the grant period**
- **Submit one midpoint report and final report.**
- **Submit a budget summary at grant close-out (template provided)**
- **Attend 1:1 grantee check-in at request of DHS**
- Attend monthly office hours when needed
- 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.
- 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 when needed.
- 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.
- Support grantee in contracting, reporting, and invoicing activities for grant requirements.
- Connect grantees with partners when appropriate.
- Reimburse grantee for appropriate and approved services provided.

USE OF FUNDS

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

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 and beverage 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)
- Incentives and/or promotional materials*
- 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
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle purchase
- Vaccines

***** Incentives and Promotional Material Guidelines:**

- May only be purchase for those receiving vaccines, not for participation in educational or outreach events
- Incentives may include bus passes, chain store gift cards, fuel gift cards, grocery store vouchers, haircut vouchers, parking vouchers or validations, Visa gift cards, other local business coupon or gift card (organizations will be required to list business name and type; restaurant vouchers and gift cards are unallowable).

- Gift cards cannot be redeemable for cash; used to purchase tobacco, alcohol, or firearms; purchased for use at restaurants; transferred by recipient to other parties
- Promotional items may include t-shirts, hats, bags (tote, fanny pack, and backpack), and water bottles.
- Promotional items may not be branded with external organization's logos; branding outside vaccine content is unallowable.
- Incentives cannot be cash.
- **Please note that incentives may not exceed \$50/person and the per person amount of incentives must be clearly stated.**
- For additional information on incentives, look at page 85 in [HHS GPS, Sections 11-34 and 45 CFR 75.438](#).

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 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 electronically on REDCap **April 3rd, 2024, 11:59 PM CT.** Applicants are able to access the REDCap form at this [link](#) (<https://redcap.wisconsin.gov/surveys/?s=48DD7RHPNXKFFEA9>) in order to be considered. The application template at the end of this RFA is intended for drafting purposes only.

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.

Applicants can apply for either child/adolescent funding or adult funding, but not both.

QUESTIONS

Applicants should submit all questions about the RFA and application to: dhsdphRICE@dhs.wisconsin.gov. The deadline to submit questions is **March 7th, 2024, 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 **March 8th, 2024 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: [ZOOM LINK](#)

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

Meeting ID: **160-335-8160**

The FAQ document will be posted on the same public notice website where applicants initially accessed this RFA. If applicants have difficulty finding the FAQ document, please email dhsdphRICE@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 dhsdphRICE@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
- 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
- use innovative or unique methods to meet the needs of 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.

RICE 2.0 GRANT APPLICATION 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:

ADDITIONAL ORGANIZATION INFORMATION

- **Year Organization/Program Established (not scored):**
- **Total Annual Organization/Program Budget (not scored):** \$
- **Type of Organization:** *
 - Accredited/licensed early childhood education center or daycare facility
 - Public or private K-12 school, or district
 - Church or religious group
 - Local or Tribal health department
 - 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
 - Organizations/groups that are already providing routine vaccinations in their communities

Other partner that serves underserved populations

• **Does Your Organization Provide Routine Vaccinations? ***

YES

- Are You a Vaccine for Children or Vaccine for Adults Provider Organization? *

Yes- Please Provide Provider PIN: _____

No

NO

- Are You Associated with a Vaccine for Children or Vaccines for Adults Provider Organization? *

Yes- Please Provide Provider/Clinic Name: _____

No

The final two questions in this section are not scored items but assist DHS in the contracting process if your organization is selected to receive funding. There is no point deduction in the scoring process for organizations that answer no to either question.

- **Is Your Organization a Current or Previous Improving Routine Vaccination Through Community Outreach/Routine Immunization Community Outreach (RICO) grant program recipient?**

Yes

No

- **Has your organization received any grant related payments or reimbursement from DHS in the last 3 years?**

Yes

No

PROJECT PROPOSAL

- **Is your project applying for the Pediatric grant or the Adult Grant? ***

Pediatric

Adult

- **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
- Incarcerated Individuals
- 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

- **Please briefly describe your planned project activities through 06/30/2024. Applicants piloting or implementing creative solutions to meet the needs of their target population will be given additional points in the scoring process (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 cultural humility in services and programs, building relationships, and/or partnering with community members. (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. *

Please download and use the template performance measurements sheet in the Excel file titled “Performance Measurement and Budget Template” on the public notice website.

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. Please download and use the template performance measurements sheet in the Excel file titled “Performance Measurement and Budget Template” on the public notice website.

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

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

- **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?**

OTHER (OPTIONAL)

- **Are there any special circumstances your organization would like the review committee to know regarding your organization's application to the RICE 3.0 grant program?**

- **How long did it take your organization to submit this application? This question is asked for internal purposes for evaluating and improving the quality of the application process.**

If your organization is selected for funding during the DHS application review process, additional information will be requested from your organization including but not limited to: W-9 (for applicants not in STAR), UEI number from www.sam.gov, grant administrator contact information, authorized representative contact information, and fiscal agent contact information. More detailed instructions will be given to applicants selected to participate in the grant program.