U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Community-Based Workforce to Build COVID-19 Vaccine Confidence

Funding Opportunity Number: HRSA-22-120
Funding Opportunity Type(s): New

Assistance Listings (A/L/CFDA) Number: 93.011

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: December 10, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: November 10, 2021

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Authority: Section 2302 of Public Law 117-2 (American Rescue Plan Act of 2021); Section 311(a) of the Public Health Service (PHS) Act (42 USC §243)

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 listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Community-Based Workforce to Build COVID-19 Vaccine Confidence. The purpose of this program is to address COVID-19 related health disparities and advance health equity by mobilizing community outreach workers to 1). Strengthen vaccine confidence; 2). Provide further information and education with respect to vaccines; and 3). Improve rates of vaccination throughout the United States, including its territories and possessions.

Funding Opportunity Title:	Community-Based Workforce to Build COVID-19 Vaccine Confidence
Funding Opportunity Number:	HRSA-22-120
Due Date for Applications:	12/10/2021
Anticipated Total Annual Available FY 2022 Funding:	$66.5 million
Estimated Number and Type of Award(s):	Approximately 7 cooperative agreements
Estimated Award Amount	Up to $10,000,000 per awardee for the 9-month period of performance
Cost Sharing/Match Required:	No
Period of Performance:	9-months January 27, 2022 – October 26, 2022
Eligible Applicants:	Eligible applicants include nonprofit private or public organizations with demonstrated experience in implementing public health programs. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance:

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, November 18, 2021
Time: 2 p.m. – 3 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1615660136?pwd=MzEwU2Z2YWdIVEhyc3cyWlBVa3Fvdz09

Call-In Number: 833-568-8864
Meeting ID: 161 566 0136
Passcode: 47521275

There is no need to RSVP for this webinar in advance, just join at the scheduled time using the login information above. A recording will also be available and posted to Grants.gov.

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I. Program Funding Opportunity Description

1. Purpose

The purpose of the program is to strengthen vaccine confidence, provide further information and education on the vaccines and improve rates of vaccination across the country. This program will mobilize community outreach workers, which includes community health workers, patient navigators and social support specialists to the most vulnerable and medically underserved communities, including racial and ethnic minority groups. Community outreach workers will educate, and assist individuals in receiving the COVID-19 vaccination. This includes activities such as reaching out directly to community members to educate them about the vaccine, assisting individuals in making a vaccine appointment, providing resources (e.g. convenient vaccine locations, information for individuals impacted by COVID-19 and its long-term health effects), and assisting individuals with transportation or other needs to get to their vaccine appointments. Specifically, the program will aim to build vaccine confidence in order to get people vaccinated in a quick and efficient manner.

HRSA will fund applicants that have demonstrated experience and expertise in implementing public health programs across broad geographic areas.

HRSA will rely on two key data sources to identify high priority states for this program (see Section IV.7 for details). Combining these data sources, HRSA has provided a list of high priority states for this work in **Table 1** below. These states have been deemed high priority for activities under this program due to both low vaccination rates[1] and high rates of "unvaccinated but willing" populations.[2] To ensure program activities are data-informed and directed towards building vaccine confidence among unvaccinated populations, applicants are strongly encouraged to use the table below to identify proposed service areas.

Table 1: States with the lowest vaccination rates (CDC)[3] and highest rates of "unvaccinated but willing" populations (ASPE)[4]

High Priority States (Alphabetical)				
Alabama	Idaho	Michigan	North Carolina	Tennessee
Alaska	Indiana	Mississippi	North Dakota	Texas
Arizona	Iowa	Missouri	Ohio	Utah
Arkansas	Kansas	Montana	Oklahoma	West Virginia
Florida	Kentucky	Nebraska	South Carolina	Wyoming

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[1] https://covid.cdc.gov/covid-data-tracker/#vaccinations Data as of: September 13, 2021 6:00am ET. Data reflect the primary series of COVID-19 vaccinations.
[2] Beleche, T., Kolbe, A., Bush, L., and Sommers, B. COVID-19 Vaccine Hesitancy: Demographic Factors, Geographic Patterns, and Changes Over Time. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2021.
[3] https://covid.cdc.gov/covid-data-tracker/#vaccinations Data as of: September 13, 2021 6:00am ET.
[4] Beleche, T., Kolbe, A., Bush, L., and Sommers, B. COVID-19 Vaccine Hesitancy: Demographic Factors, Geographic Patterns, and Changes Over Time. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2021.

| Georgia | Louisiana | Nevada | South Dakota |

Applicants may propose to serve additional states, territories and possessions beyond these if the data demonstrates need; specifically those areas with low vaccination rates and/or high vaccine hesitancy rates.

Specifically, this program is seeking applicants with strong community ties that have operated in the proposed service area(s) or state(s) for a minimum of 6 months in the last 2 years. This may include applicant organizations and/or partner or sub-recipient organizations. Organizations must also demonstrate experience providing outreach to a broad range of vaccine hesitant communities, including (but not limited to) rural, urban, non-white, non-English speaking, and other underserved communities. Award recipients are strongly encouraged to hire community outreach workers from the communities in which they will serve. Organizations should propose culturally appropriate interventions to ensure that unique characteristics, experiences, norms, values, behaviors, and beliefs of the targeted audience, and relevant historical, environmental, and social forces are taken into consideration in the development and execution of on-the-ground efforts.

This program 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 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 and clearly describe how they will ensure that the funding will directly serve and impact the proposed service area(s); and how the communities will quickly hire local outreach workers to provide 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
- Local employers or unions
- 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 Authority: Section 2302 of Public Law 117-2 (American Rescue Plan Act of 2021); Section 311(a) of the Public Health Service (PHS) Act (42 USC §243).

As of August 2021, 70 percent of U.S. adults have received at least one dose of a COVID-19 vaccine.[5] However, vaccine coverage varies dramatically across the country, with vaccine coverage being less than 40 percent in a third of U.S. counties.[6]

Previous Federal efforts have focused on increasing vaccine supply and expanding vaccination access in community-level sites, including in national drug store and grocery chains, health centers and primary care providers, and through partnerships with community-based organizations. Ongoing programs and policies continue to ensure COVID-19 vaccines are accessible, free, and highly encouraged. Similarly, ongoing research and education efforts, by the Centers for Disease Control and Prevention (CDC) and others, have confirmed that getting vaccinated protects against severe illness from COVID-19, including the Delta variant.[7]

While vaccine hesitancy may contribute to low local vaccination rates[8], an August 2021 report found "a portion of U.S. adults indicate they may be willing to be vaccinated but have not yet received the vaccine. This suggests that outreach and efforts to improve access to COVID-19 vaccines may be beneficial in trying to increase vaccination rates."[9]

To improve vaccine coverage, it is important to reach unvaccinated populations to strengthen vaccine confidence, provide further information and education with respect to vaccines, and improve rates of vaccination throughout the United States, including its territories and possessions.

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[5] Centers for Disease Control and Prevention, COVID Data Tracker, https://covid.cdc.gov/covid-data-tracker/#datatracker-home, last accessed August 4, 2021.
[6] Beleche, T., Kolbe, A., Bush, L., and Sommers, B. COVID-19 Vaccine Hesitancy: Demographic Factors, Geographic Patterns, and Changes Over Time. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2021.
[7] Scobie HM, Johnson AG, Suthar AB, et al. Monitoring Incidence of COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Status — 13 U.S. Jurisdictions, April 4–July 17, 2021. MMWR Morb Mortal Wkly Rep. ePub: 10 September 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7037e1
[8] Beleche, T., Ruhter, J., Kolbe, A., Marus, J., Bush, L., and Sommers, B. COVID-19 Vaccine Hesitancy: Demographic Factors, Geographic Patterns, and Changes Over Time. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. May 2021. Available at https://aspe.hhs.gov/pdf-report/vaccine-hesitancy, last accessed June 30, 2021.
[9] Beleche, T., Kolbe, A., Bush, L., and Sommers, B. COVID-19 Vaccine Hesitancy: Demographic Factors, Geographic Patterns, and Changes Over Time. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. August 2021.

This program will build upon existing, national vaccine education and outreach efforts (including the HHS-funded programs listed in Section IV.7), while tailoring vaccine confidence approaches to meet the unique needs of the community.

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 period of performance of the contemplated project.

HRSA program involvement will include:

- Coordinating with award recipients to ensure that there is geographic coverage in key states (see Table 1), as identified by the data sources in Section IV.7; 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 award recipients may want to include as a partner.

- Providing resources (including research and emerging data) that may assist award recipients as they work with communities to build up vaccine confidence, 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 and creating a performance data reporting mechanism that award recipients will be required to use to report to HRSA 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.

The cooperative agreement recipient's responsibilities will include:

- Developing culturally competent strategies for on-the-ground efforts that are inclusive of the community's characteristics and relevant historical, environmental, and social forces. These considerations may also include unique characteristics, experiences, norms, values, behaviors, and beliefs of the targeted audience(s).

- Working with regional and local organizations to recruit, hire and train local community outreach workers.

- 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 underserved communities with the specified state(s), and any additional states as data identifies significant changes in vaccination rates and/or vaccine hesitancy (see Section IV.7).

- Monitoring the data and trends related to vaccination rates, vaccine hesitancy, and equitable access to ensure that the most vulnerable and medically underserved populations (e.g. pregnant people, adolescents, individuals with chronic health conditions) and communities (e.g. racial and ethnic minorities, LGBTQ+) are reached.

- Clearly identifying how the funds will be used and monitored throughout the period of performance.

- Reporting performance measures as identified by HRSA (see Section VI.4 Reporting), using HRSA-provided reporting tools, and providing a timely response to requests for information.

- Collaborating with HRSA to address shifts in community needs and service area.

- Participating in monitoring calls and meetings with HRSA as necessary.

- Completing all activities as proposed by the applicant and approved by HRSA, except as modified in consultation with HRSA through the appropriate prior approval processes; and

- Collaborating on and sharing best practices with other award recipients, and coordinating efforts.

2. Summary of Funding

HRSA estimates $66,500,000 to be available to fund approximately 6-7 recipients expected to complete their activities within a 9-month period of performance. You may apply for a ceiling amount of up to $10,000,000 total cost (includes both direct and indirect, facilities and administrative costs).

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. This includes Tribes and Tribal organizations as well.

Applicants should have demonstrated experience and expertise in implementing public health programs, including the experience, infrastructure, cultural competencies, and capacity to implement this program in the proposed service areas and target populations, as described in the Purpose ([Section I.1](#)), Project Narrative ([Section IV.2ii](#)), and Review Criteria ([Section V.1](#)).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

NOTE: Multiple applications from an organization are not allowable. If your organization has received funding from HRSA-21-136 Community-Based Workforce for COVID-19 Vaccine Outreach and/or HRSA-21-140 Local Community-Based Workforce to Increase COVID-19 Vaccine Access, your proposal must identify new states to serve and/or clearly describe how your proposal will serve a new target population within a state you are currently serving. If funded under multiple awards, there can be no duplication of services between Federal awards, including those funded under this program.

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.

If you have technological issues submitting via Grants.gov, please refer to the
Grants.gov contact information in Agency Contacts (Section VII).

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe"
and provide your email address for HRSA-22-120 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 general instructions for the
budget, budget narrative, staffing plan and personnel requirements, assurances,
certifications, etc. You must submit the information outlined in the HRSA *SF-424*
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 recommends a total application package page limit of **70 pages**, including the
narrative portions and required application forms on the Grants.gov workspace (see
Section IV.2v). This is a recommended limit, however, what is most important is that you
provide the information requested in the NOFO. If you are able to succinctly convey
required information and request for funding in fewer than 70 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 recommended 70 page limit 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. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 1–3: 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*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the Grants.gov workspace application package. Include the following information:

- Project title
- Applicant organization name and website, if applicable
- State(s) and Counties in service area
- Target population(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 within the specified states as you directly engage with them to strengthen vaccine confidence, provide further information and education with respect to the vaccines, and improve rates of vaccination.

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. Outreach resources may also include materials addressing social determinants of health, chronic disease management, education for individuals impacted by COVID-19 and its long-term health effects, as appropriate.

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. These organizations must be at the regional and local levels to assist in quickly hiring the community outreach workers, reaching out directly to individuals in the target population to assist in vaccine outreach, education and appointments.

    - 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 any adjustments to ensure the intended 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, specific activities of the staff, and demonstrate a commitment to diversity, equity and inclusion, and hiring from the communities they serve.
    - Include a high-level timeline for completing activities within the first 9 months after award, including specifying which activities will be completed in Months 1-2, 3-4, and 5-6, 7-8 and the 9th month of the period of performance.

iii. Budget

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 sub-recipients 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.

Incentives

Incentives for engagement of families or participants to get vaccinated are allowable costs under this program. However, funds for incentives must not be used to make cash payments, cash lotteries or raffles. Additionally, gift cards are not to be exchanged for cash, or used to purchase alcohol, tobacco, or weapons. Lotteries/raffles and prize items such as electronics (i.e. TVs, iPad) or other luxury items are unallowable incentives. While gift cards may be used for incentives, the value cannot exceed $50 per COVID-19 vaccine injection.

Applicants must create or have established institutional policies and procedures for providing incentives to project participants. It will be the responsibility of the award recipient to report all award related costs. These responsibilities will also flow down to sub-recipient(s). If you have any questions on specific incentives in your budget, please reach out to the Grants Management Specialist listed in Section VII.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.
In addition to the information provided in the project narrative, you will need to submit a budget narrative. You must **submit a budget and budget narrative for the 9-month period of performance.** The budget can vary based on your community needs. The information provided should include the following:

o A clear justification on how you will use the program funds over the 9-month period of performance. The funding request should align with the needs and activities you identified in the project narrative portion of your application.

o A clear indication of how funds will support regional/state/local organizations.

v. Application Components

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

- Application for Federal Assistance SF-424
- Budget Information for Non-Construction Programs (SF-424A)
- Project/Performance Site Location(s
- Project Narrative Attachment Form
- Grants.gov Lobbying Form
- Budget Narrative Attachment Form
- Key Contacts
- Project Abstract Summary
- Attachments (Optional)

vi. Attachments

Attachment 1: Any additional supporting documentation (Optional)
Attachment 2: Any additional supporting documentation (Optional)
Attachment 3: Any additional supporting documentation (Optional)

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages:

- [Planned UEI Updates in Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied

with all applicable SAM requirements and if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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 (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://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. 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.gov.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *December 10, 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 9 months, up to $10,000,000 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 grant and cooperative agreement 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

Recommended data sources for identifying your proposed target population(s) and service area(s):
- Centers of Disease Control and Prevention (CDC) COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total. Specifically, the Percent of Total Pop with at least One Dose by State of Residence.

- Vaccine Hesitant but Willing (June 2021) https://aspe.hhs.gov/reports/unvaccinated-willing-ib. Specifically, the Percent Estimated Unvaccinated but Willing, June 23-July 5, 2021.

8. *Resources for your Application*
- 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](#)

- 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 (45 points total)
1. To what extent does the application clearly identify vulnerable target population(s) in the specified states using data from the CDC COVID Data Tracker and the ASPE Vaccine Hesitant but Willing report? (15 points)
2. To what extent does the applicant demonstrate that they have operated in the specified states for a minimum of 6 months in the last two years? (15 points)
3. To what extent does the applicant demonstrate experience providing outreach to a diversity of vaccine hesitant communities, including (but not limited to) rural, urban, non-white, non-English speaking, and other underserved communities. (10 points)
4. To what extent does the application provide a demographic overview of the service area and target population to be served, including the needs and unique characteristics of the target population(s)? (5 points)

Partnerships (30 points total)
5. To what extent does the application demonstrate organizational capacity to address a large-scale public health effort? (10 points)
6. 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? (10 points)
7. To what extent does the application describe the partnership's ability to quickly hire, train, and deploy outreach staff, include regional and local organizations with a focus on hiring workers from the communities in which they will serve? (10 points)

Project Approach & Budget (25 points total)
8. 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)
9. To what extent does the application provide a 9-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 and as available funding allows. 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 and/or conduct pre-award negotiations. 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

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of January 27, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, 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 federal regulations and HHS policies in effect at the time of the award or implemented during the period of 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. Non-discrimination legal requirements for recipients of HRSA federal financial assistance are available at the following address: https://www.hrsa.gov/about/organization/bureaus/ocrdi#non-discrimination. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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 award-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.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** submit progress reports to HRSA, including both quantitative data and brief narratives to capture project progress to date:

1) **Performance Data.** The recipient must collect and submit performance data electronically to HRSA on a rolling basis as activities are completed, including de-identified data on:
   - Community outreach workers hired
   - Community outreach/education activities completed, and
   - Community members vaccinated

   De-identified data includes demographics of community outreach workers and community members. Protected Health Information is not collected. If awarded, your HRSA Project Officer will provide links to the required data collection tools and additional guidance on performance data collection.

2) **Narrative Monthly Progress Reports.** The recipient must submit brief narrative monthly progress reports on programmatic and management practices, key activities, successes and challenges, etc. Recipients submit the narrative monthly reports via the Electronic Handbooks (EHBs). If awarded, your HRSA Project Officer will provide a recommended template. Note that HRSA may add or revise specific data points during the course of the performance period of the project. Monthly reports are due within 7 days following the end of the reporting month.

Final Report. The recipient must submit a final report that includes a description and assessment of the use of the funds under this cooperative agreement program with a detailed description of activities accomplished. The final report must include both quantitative and narratives that capture the activities that you accomplished. If awarded, the HRSA Project Officer will provide a recommended template for the final report. The final report is due within 90 days after the project period ends.

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. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request clarifications 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: CBOVaccineOutreach@hrsa.gov

You may request clarifications of the **programmatic content** of this NOFO by contacting:

Latorie S. Jones, PharmD
LCDR, US Public Health Service
Public Health Analyst
Health Systems Bureau
5600 Fishers Lane
Rockville, MD 20857
Telephone: (202) 923-0993
Email: CBOVaccineOutreach@hrsa.gov

You may need technical assistance when working online in the Grants.gov workspace or 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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, November 18, 2021
Time: 2 p.m. – 3 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1615660136?pwd=MzEwU2Z2YWdIVEhyc3cyWlBVa3Fvdz09
Call-In Number: 833-568-8864
Meeting ID: 161 566 0136
Passcode: 47521275

There is no need to RSVP for this webinar in advance, just join at the scheduled time using the login information above. A recording will also be available and posted to Grants.gov.