



Request for Applications (RFA)

No. 24-10180

Increasing Vaccine Confidence Among California Communities

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Part I. Funding Opportunity Description

Purpose

As part of a larger CDC Vaccine Confidence grant, at least five (5) awards of up to \$306,000 each shall be available for encumbrance or expenditure until June 30, 2025, for the California Department of Public Health (CDPH) Immunization Branch (IZB) to establish demonstration projects to allow for evidence-based and/or innovative approaches to improve vaccination rates and vaccine confidence across California. At least one award will be made to projects focused on Californians living in [rural communities](#).

The purpose of the RFA solicitation is to make grant agreement awards to entities that will develop and implement local projects to build momentum toward improving vaccine confidence and access among those in living in ZIP codes located in Healthy Places Index (HPI) Quartile 1 (represented as dark blue in percentile ranking). These are the ZIP codes with the lowest vaccination rates/highest disease burden. As stated above, at least one award will be given to projects focusing on residents in rural California communities. Strong consideration will also be given to proposals addressing health inequities among other underserved people with low COVID-19 vaccination rates, such as Black/African American communities, Latinx communities, Native American communities, Immigrants and Refugees, Migrant Farm Workers, People with Disabilities, People Experiencing Homelessness, and Pacific Islander communities.

The duration of the funding period will be through June 30, 2025. The focus of activities must include COVID-19 vaccination at a minimum. Applicants are highly encouraged to also include other routine immunizations such as seasonal influenza and Respiratory syncytial virus (RSV). Activities should improve vaccine confidence. Examples might involve:

- Outreach and education (e.g., participation at community meetings/events, door-to-door education, town halls, pulpit announcement/presentation at faith-based organizations, engaging local trusted messengers/influencers to help promote immunization, utilizing media/social media messages, attendance at health fairs, development of print materials such as flyers and posters). Note: Paid-media purchases are not allowable.
- Systems change solutions (e.g., coordination with mobile vaccination clinics, enhancements to electronic medical record (EMR) systems, collaborating with FQHCs/local providers to expand vaccine clinic hours or hold special vaccination clinics).
- Environmental change strategies (e.g., increasing community engagement, supporting increased bus/transit to local medical centers, supporting creation of phone trees at

schools for vaccination reminders, implementation/expansion of patient navigators/community health worker programs).

In the proposal, the applicant must describe their approach, how success will be measured, and develop a timeline, budget, and workplan. The project is expected to begin **upon contract execution as early as late-August 2024 and be completed by June 30, 2025.**

If you have questions or concerns regarding this RFA, please email VaccineConfidenceRFA@cdph.ca.gov and identify “CA Communities RFA” in the subject line.

An evaluation component should be described and will allow for an understanding of lessons learned and dissemination of lessons learned to strengthen new and existing programs.

Applicants must demonstrate experience and expertise in providing culturally appropriate services to their identified priority population. Priority populations may be identified and justified by the applicant using data from the [California Healthy Places Index](#) and/or local surveillance data. For additional information about COVID-19 vaccination coverage in your community by age, race, and ethnicity, see the [CDPH COVID-19 vaccination data page](#).

Applications will be evaluated based on need in the geographic area, populations served, number reached, competency of the entity applying, and program design.

Background

Severe respiratory illness or death caused by RSV, COVID-19, and influenza (flu) viruses are vaccine-preventable. These illnesses are transmitted similarly when respiratory droplets from a person infected with the virus enters the body of someone who is uninfected. This can happen through proximity of coughs or sneezes or touching the same surfaces/objects then touching the eyes, nose, mouth, where the virus can then enter the body. For some persons, RSV, COVID-19, or flu is a mild and short-term illness, but in others infection can lead to severe outcomes, including hospitalization and death. To prevent severe disease outcomes, vaccination is strongly recommended against:

- COVID-19 and influenza for everyone 6 months+, including pregnant people.
- RSV for older adults (75 years and older, 60-74 years at increased risk of severe RSV disease), pregnant people, infants under 8 months of age and older infants and toddlers at high-risk for severe RSV.

While vaccines are the most effective ways to prevent these diseases, vaccination rates are lagging among many communities in California, including rural farming and desert, Latino, Black and Pacific Islander communities. The goal of this project is to empower these communities

with the confidence, knowledge, access, and resources needed to protect against these diseases, especially COVID-19.

According to the [CDC's "State of Vaccine Confidence Insights Report: Vaccination in Rural American Special Report \(2023\)](#), residents in rural parts of the United States express concerns about vaccine safety and seem to have higher lack of governmental trust than their suburban/urban counterparts." According to the CDC, approximately 50.9% of adults in rural areas reported feeling confident in the safety of the COVID-19 vaccines, compared to 61.7% of urban-dwelling adults. Additionally, a study exploring barriers to COVID-19 vaccination within rural Latino communities found fear stemming from misinformation to be the biggest barrier to vaccination.

Utilizing trusted messengers from the community has emerged as one of the most efficacious strategies to increasing vaccine confidence in rural communities. For more information about the state of Rural vaccination across the United States, including best practice recommendations for addressing disparities and improving vaccine access, please see the [CDC's State of Vaccine Confidence Insights Report](#).

Eligible Entities (EE)

Entities that are eligible to receive this award must demonstrate that they have the capacity to fulfill the programmatic and administrative requirements listed below, including the ability to reach Californians living in rural or historically underserved communities (e.g., those residing in [HPI Quartile 1](#) ZIP codes) and expressing vaccine hesitancy. Eligible Entities (EEs) include but are not limited to: (1) any Community-Based Organization located within any Local Health Jurisdiction (LHJ) in California, (2) Federally Qualified Health Centers (FQHCs) and other community clinics, (3) any non-profit organization located within California, and (4) Multi-County Entities (MCEs).

If an EE intends to partner with another agency to provide medical care or any of the other required activities, they must include a detailed explanation of how services will be delivered and how patients will be referred in their narrative response. All referrals or handoffs of clients for service provision must be "warm handoffs." Examples of warm handoffs include face-to-face or telephone contact to directly link individuals to another provider for a service.

As required by California law, business entities must be in good standing and qualified to do business in California, including EEs that have concurrent or prior contract/grant relationships with CDPH and/or IZB. CDPH and/or IZB will consider any prior letter of correction, written notice of breach, or inadequate performance sent to EE in its scoring.

Award Period

The award period will extend until June 30, 2025, from the grant start date. The anticipated project start date referenced in the RFA Time Schedule on the RFA webpage may vary due to the time required to finalize and process the agreements between awardees and CDPH Immunization Branch (IZB). Awardees are not authorized to begin work until the agreement is finalized. Work conducted outside the effective start and end date of the agreement will not be eligible for reimbursement.

RFA Time Schedule

Schedule is subject to change. Please refer to the RFA webpage for the current time schedule.

Part II. Project Requirements

RFA Award Allocations

A total amount of up to \$306,000 will be awarded to each of at least five (5) organizations through the RFA to establish demonstration projects to allow for innovative, evidence-informed approaches to improve vaccination rates and vaccine confidence among Californians who are at elevated risk of contracting a vaccine-preventable disease.

CDPH/IZB will consider entities that demonstrate experience and expertise in providing culturally appropriate services to those California residents living in ZIP codes located in [HPI Quartile 1](#) and/or rural communities. CDPH/IZB will consider specific priority populations for which [local data indicates a disproportionate impact by COVID-19, RSV, and/or flu](#). Entities are encouraged to propose projects that are integrated with other social, medial, and/or support services provided to affected populations.

Program Requirements

Project Activities and Objectives

Successful applications will demonstrate the EE's capacity to accomplish the following programmatic activities and objectives, by providing responses to the components in the Application Narrative - Attachment 5. Applications must include, but are not limited to, increasing confidence in COVID-19 vaccination, and are highly encouraged to also include other routine immunizations such as seasonal influenza and RSV. Activities should improve vaccine confidence among communities in [HPI Quartile 1](#) ZIP codes in California. Examples might be

communication activities, systems change solutions, and environmental change strategies, including increasing community engagement, and should aim to:

- Increase the number of priority population community members who are up to date on COVID-19 (required), RSV and/or flu vaccinations.
- Increase the number of priority population community members who express vaccine confidence as it relates to COVID-19 (required), RSV, and/or flu.

Please note, in addition to project objectives, EEs will be required to meet with CDPH and provide project updates and reports at an interval to be determined upon receipt of award.

Project Components and Scoring

Using the Application Narrative template (Attachment 5), respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the EE and its services. Therefore, answers should be specific, succinct, and responsive to the statements and questions as outlined. The review team will base its scoring on the maximum points indicated for each section. Breakdown of total points for each section can be found below:

RFA Scoring Components

Scoring Categories	Maximum Points
Priority Populations & Communities	25
Community Engagement and Outreach	50
Capacity	15
Program Monitoring and Evaluation	5
Linkage or Referral to Immunization Services (COVID-19 required)	5

EEs will be scored on all required components. The maximum total points for applicants is 100.

Priority Populations & Communities

- The EE should provide a justification for the selection of the priority population and an estimated number of persons who can be served by the various activities of the project.
- The EE must currently serve priority populations living in California communities and should indicate priority populations for which local data indicates a disproportionate impact of vaccine-preventable diseases.

Community Engagement & Outreach Activities

- Describe how EE will provide services that are culturally and linguistically appropriate.
- Describe how the EE will engage the priority population(s) in planning and design of the project.
- Describe how the proposed project will meet the identified needs of the priority population.
- Proposed activities should 1) utilize best-practices and evidence-based approaches, those which have been shown to be effective within the proposed priority population; and/or 2) be innovative, involving the application of new ideas or promising practices which address the needs of priority populations. Some evidence-based strategies can be found at [CDC's COVID-19 Vaccination Strategies for Your Community](#).

Capacity

- List any concurrent or prior contract/grant relationships with CDPH/IZB over the last five years. If the EE has received any letters of correction or written notices of breach or inadequate performance from CDPH/IZB related to any concurrent or prior contract/grant relationships, please describe them.
- List any other agency or grant funding used to provide vaccination services for populations identified in this grant. Include the funding source, activities being funded and when the funding will end. Describe how the proposed program will be distinct without duplicating services.
- Describe EE's existing ability to serve identified priority population community members and provide linkages or referrals to COVID-19 vaccination services and other vaccine-preventable diseases (if applicable). If a referral model is planned, describe the EE's relationships with those entities that demonstrate expertise, history, and credibility working successfully in engaging rural communities and/or the identified priority population(s) proposed, and specify the policies and protocols that will ensure the services are delivered. **Attach letters of support if collaborations are planned.**
- Describe the EE's experience in implementing evidence-based* and/or strength-based programs or innovative strategies that will lead to outcomes that are aligned with goals of this project.
- Describe current and proposed staffing and staff capacity to complete the award activities. Describe any planned activities such as trainings to increase staff capacity.
- Describe the EE administrative systems and accountability mechanisms for grant management.

Program Monitoring and Evaluation

- Budget funds should be allocated to evaluation activities, which should include data collection (e.g., number reached, number vaccinated, number and type of outreach activity).
- Eligible entities will meet with CDPH and provide progress report summaries at appropriate intervals and a final report at end of grant period.
- Eligible entities must demonstrate the capacity to collect and monitor project data, including established processes for data collection, entry, and routine monitoring, sufficient staffing, and inter-agency agreements as needed.
- Eligible entities should provide SMART (specific, measurable, achievable, relevant, and time-bound) objectives. Sample objectives:

“By June 30, 2025, ABC organization will partner with XYZ clinic services to conduct at least 5 mobile clinic events in Main County HPI Quartile 1 neighborhoods.”

“By June 30, 2025, ABC Organization will conduct at least 2 community events sharing education and referral to vaccine clinics, resulting in at least a 10% increase in vaccine confidence as measured by a pre-post “intent to vaccinate” questionnaire.”

Linkage or Referral to Immunization Services (COVID-19 required)

- Eligible entities must discuss strategies for providing COVID-19 vaccine and/or facilitating COVID-19 vaccination for HPI Quartile 1 and/or rural community members. Administration and/or referrals for flu and RSV immunizations in addition is preferred but not required.
- If the EE does not have capacity to vaccinate, they should describe a referral strategy, for example linking patients who have Medi-Cal coverage to a pharmacy that can provide and bill for the vaccine. EEs that intend to partner with another entity to provide vaccination must include in their narrative response a detailed explanation of how services will be delivered and how patients will be referred. All referrals or handoffs of clients for service provision must be “warm handoffs.”

Budget

The Budget Form (Attachment 4) must be completed. The budget justification must explain all expenses included. There will be no reimbursement of pre-award costs. CDPH/IZB reserves the right to deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project.

Part III. Additional Requirements and Submission

Questions and Application Evaluation Process

If upon reviewing this RFA, a potential EE has any questions regarding the RFA, or discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error in the RFA, the EE shall immediately notify CDPH IZB in writing via e-mail, to request clarification or modification of this RFA. All such inquires shall identify the author, EE name, address, telephone number, and e-mail address, and shall identify the subject in question, specific discrepancy, section and page number, or other information relative to describing the discrepancy or specific question. Questions will be accepted via email at:

VaccineConfidenceRFA@cdph.ca.gov and should include the subject line "CA Communities RFA Questions."

Inquiries will be responded to via e-mail to the requestor. CDPH may publish an FAQ with questions and answers relevant to all applicants. If a prospective EE fails to notify CDPH IZB of any problem or question known to an EE by the date indicated in this section, the EE shall submit an application at EE's own risk. Prospective EEs are reminded that applications are to be developed based solely upon the information contained in this document and any written addenda issued by CDPH/IZB.

Following the closing date for application submissions, CDPH IZB will evaluate each application to determine responsiveness to the RFA requirements. Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. **Late applications will not be reviewed.** CDPH may reject any or all applications and may waive any immaterial defect in any application. Please note that submitting budgets with "to be determined" positions will not exempt the EE from providing detail on specific services to be provided by the positions listed.

Grounds for Rejection

CDPH may, at its sole discretion, correct any obvious mathematical or clerical errors. CDPH/IZB reserves the right to reject any or all applications without remedy to the EEs. There is no guarantee that a contract will be awarded after the evaluation of all applications if, in the opinion of CDPH, none of the applications meets California's needs.

Circumstances that will cause an application package to be deemed non-responsive include:

- The application is received after the deadline set forth in this RFA.
- Failure of the EE to complete required forms and attachments as instructed in this RFA or as instructed in the attachments.

- Failure to meet format or procedural submission requirements.
- EE provides inaccurate, false, or misleading information or statements.
- EE supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
- EE does not meet EE qualifications set forth in this RFA.
- EE does not use and/or modifies Narrative template or other provided attachments.

Application Review

Applications that meet the format requirements and contain all the required forms and documentation will be submitted to an evaluation committee convened by CDPH IZB. The committee will assign numeric scores to each responsive application. The applications will be evaluated in each category based upon the quality and completeness of its response to California's needs, the likelihood of successful accomplishments of the activities and objectives and RFA requirements. The evaluation will constitute recommendations to CDPH IZB management. Final approval of awardees will be made by the CDPH IZB Branch Chief or a designee.

Instructions for RFA Submission

Application Submission Requirements

Where provided, application templates must be used when responding to the RFA. Do not reformat any of the templates. The size of the lettering in responses must be 12-point, Calibri font. Do not send application as one single PDF. All attachments should be sent back in PDF format. EEs intending to apply are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the requirements outlined in this RFA. Applications are to be developed solely on the material contained in this RFA and any written addendum issued by CDPH/IZB.

The following is the order in which sections in the application must be submitted. A complete application package (Attachments 1-5, plus additional attachments as applicable) must be submitted. A brief description of each section to be included is given below:

Application Checklist

1. General Items:
 - All forms must be saved with the same naming convention throughout, or they will not be accepted by the Contracts Management Unit. For example, if the licensed

- name of an agency is “Trinity Community Healthcare Center Inc.,” all documents must include that full name and not a shortened version such as “Trinity Health.”
- Do not send application as one single PDF.
 - The size of the lettering within application is 12-point, Calibri font.
2. Application Certification Checklist
 - Complete the checklist (Attachment 1). This sheet will serve as the guide to make certain that the application package is complete, and to ensure that the required documents are organized in the correct order.
 3. Application Cover Sheet
 - Complete the application cover sheet (Attachment 2). This sheet must be signed by an official authorized to enter into a grant agreement on behalf of the EE.
 4. Project Synopsis (one page limit)
 - Include a one-page Project Synopsis (Attachment 3) of the proposed program and how it will be integrated with the EE’s current activities.
 5. Budget Form
 - Complete the Budget Form (Attachment 4). The terms of the award will be through **June 30, 2025**.
 - Please note that funds may not be used to pay for vaccine, screening tests, clinical care or other services that can be billed to 3rd party payers. The budget descriptions of services, duties, etc. found in the Budget Form (Attachment 4) must explain and justify both program services funded by other funding and those, if awarded, funded by this grant.
 - Availability of other funding will not affect the scoring of this RFA. For example, the salaries line item must list each position that is associated with this program. Include a brief explanation of each position’s major responsibilities, and the time allocation to be funded by the grant, which results from this RFA. For the operating expenses category, provide a general description of expenses included in the budget line item.
 - Proposed consultants must indicate the number of contracted hours and costs associated with hiring a consultant for the project. All subcontractor(s) shall be listed by name and address in the application. Note: The cost of developing the application for this RFA is entirely the responsibility of the EE and shall not be chargeable to the State of California or included in any cost elements of the application.
 6. Application Narrative
 - Complete the Application Narrative (Attachment 5) covering the funding period, through June 30, 2025. The application narrative must include complete descriptions of your plan to carry out the project.
 7. Project Workplan and Timeline

- Draft a workplan and estimated project timeline and submit along with your application.
8. Organization Certification
- Submit evidence that your organization is qualified to do business in and has a physical presence in California.
9. Letters of Support (if applicable)
- Include letters of support from project partners and/or referral entities, if applicable.

NOTE: Applications that fail to follow ALL the requirements may not be considered.

Application Submission Instructions

Applications must be submitted via e-mail to VaccineConfidenceRFA@cdph.ca.gov as referenced in the RFA Time Schedule on the RFA webpage.

Notification of Intent to Award

Notification of the State's intent to award grants for these "Increasing Vaccine Confidence Among California Communities" projects will be posted on the CDPH/IZB website. Additionally, a letter will be e-mailed to all EEs notifying them of the status of their application.

Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of CDPH/IZB and, as such, are subject to the Public Records Act (Government Code Section 6250, et. seq.). CDPH/IZB shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, CDPH/IZB shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (Privileged Official Record) and 1060 (Privileged Trade Secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.

Award Appeal Procedures

An EE who applied and was not funded may file an appeal with CDPH/IZB. Appeals must state the reason, law, rule, regulation, or practice that the EE believes has been improperly applied regarding the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete. Appeals shall be limited to the following grounds:

- CDPH/IZB failed to correctly apply the application review process, the format requirements or evaluating the applications as specified in the RFA.

- CDPH/IZB failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by email to VaccineConfidenceRFA@cdph.ca.gov and must be received by the date referenced in the RFA Time Schedule on the RFA webpage.

The CDPH/IZB Chief, or designee, will then come to a decision based on the written appeal letter. The decision of the CDPH/IZB Chief, or designee, shall be the final remedy. EEs will be notified by e-mail within 15 days of the consideration of the written appeal letter.

CDPH/IZB reserves the right to award the funding when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of CDPH/IZB.

Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by CDPH/IZB to award funds. CDPH/IZB reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of IZB to do so.