



# Centers for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Grant

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## COVID-19 Health Equity Pilot Projects Request for Application (RFA) Information Webinar January 20, 2021

# Welcome!

Please type your email, organization, and county  
into the chat box.





# Funding Background & Summary

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- Epidemiology and Laboratory Capacity (ELC) Grant from the Centers for Disease Control and Prevention (CDC)
- \$5M of \$499M administered by Office of Health Equity (OHE) to ~16-30 CBOs
- Project period ends November 2022
- Awards range from \$50k-\$300k
- CBOS will create pilot projects to reduce underlying inequities in the social determinants of health in disproportionately impacted communities
- Pilot projects will build strategies and resources as best practices to be shared with communities across the state



# Funding Background & Summary

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## Timeline

- Applications due 5pm March 2, 2021
  - Email submissions to [ELCCovidHealthEquity@cdph.ca.gov](mailto:ELCCovidHealthEquity@cdph.ca.gov)
- 2 written Q&A opportunities
  - Submit written questions by 5 pm January 28 and February 11, 2021 to [ELCCovidHealthEquity@cdph.ca.gov](mailto:ELCCovidHealthEquity@cdph.ca.gov)
- Notice of Intent to Award (NOIA) to be released April
- Grant agreements to start around May 1, 2021+



# Additional Award Information

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- Can be used to augment existing activities or new activities
- Cannot merge this funding with other ELC grant funds because each ELC funding stream is linked to specific outcomes.
- OHE believes in the strength and power of combined partnerships and collaboration. CDPH OHE encourages 1) diverse and also smaller CBOs to apply for this funding, 2) collaboration of CBOs during the planning stages and submission of a joint application (with a lead submitter and subcontractor(s)), and 3) CBOs to work together after award, though with separate Grant Agreements, activities, and budgets.



# Priority Populations facing COVID-19 inequities and/or high risk include the following but are not limited to:

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## Part 1 of list:

- Black and African American
- Latinx
  - Caribbean (which includes Dominican, Cuban, Puerto Rican), Mexican, South American, Central American, or other countries/regions with Spanish influence
- Native Hawaiian and Pacific Islanders
  - Native Hawaiian, Chamorro/Guamanian, Fijian, Marshallese, Mariana Islanders, Micronesian, Ni-Vanuatu, Samoan, Tongan
- Asian American
  - East Asian: Chinese, Korean, Japanese, Taiwanese
  - South East Asian: Cambodian/Khmer, Hmong, Malaysian, Myanma/Burmese, Indonesian, Laos, Thai, Vietnamese
  - South Asian: Afghani, Bangladeshis/Bengali, Indian, Nepalese, Pakistani, Punjabi
  - Filipinx
- Arab Americans and Middle Eastern and North African (MENA)
- Indigenous: Native American/American Indian and Alaskan Native
- Tribal communities, especially rural tribal communities
- Unhoused or in crowded housing



Priority Populations facing COVID-19 inequities and/or high risk include the following but are not limited to:

## Part 2 Cont.:

- Farmworkers
- Immigrants & refugees
- Low-wage and frontline essential workers
- Low-income individuals
- Currently or formerly incarcerated or detained people
- Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, and Two-Spirited (LGBTQ+)
- Those in long-term care or skilled nursing facilities
- Those exposed to high levels of air pollution
- Limited English Proficient (LEP)
- People with disabilities and/or different abilities
- Seniors with disabilities and/or different abilities, living alone, linguistically isolated, in poverty, seniors of color
- Intersections of these characteristics
  - Example: Black immigrant families who are low-income and live in crowded housing
  - Example: Chinese and Vietnamese Americans facing deadly discrimination, who are immigrants, low-income, exposed to high levels of air pollution, and LEP
  - Example: Seniors who are low income, immigrants, and unhoused



# Eligible Entities

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- CBO Applicants MUST be a 501(c)(3) organization or be fiscally-sponsored by an organization that is tax exempt under code 501(c)(3) of the Internal Revenue Service.
  - The definition of “CBOs” is only limited in that the organizations must have a 501(c)3 non-profit tax exemption status.
- This requirement also applies to subcontractors.



# Ineligible Entities

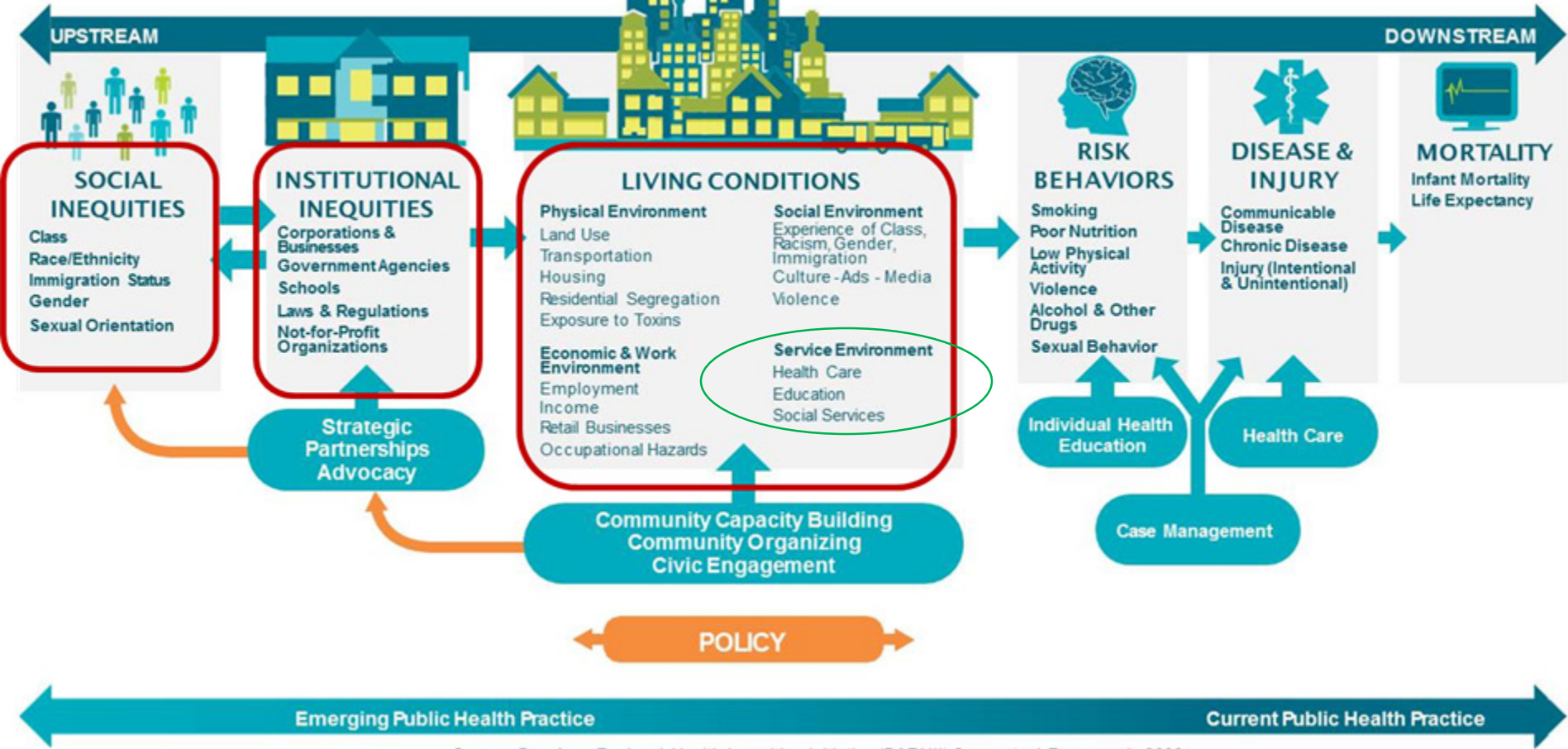
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- Local Health Jurisdictions (LHJs)
  - Received large portions of the \$499M ELC grant
- Organizations from the Los Angeles County, City of Pasadena, and City of Long Beach
  - Received separate funding from the CDC
- Hospitals, Healthcare Providers, and (Social) Health Maintenance Organizations
- Federally Qualified Health Centers
- Rural, Urban, and Suburban County and Private Clinics Providing Any Healthcare Service
- Nursing Home Facilities (i.e., Long-term Care Institutions, Skilled Nursing Facilities)
- Academic Institutions
- Research Organizations
- Union Organizations
- Federally Recognized Tribes





**A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES**  
**BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE**



Source: Bay Area Regional Health Inequities Initiative (BARHII) Conceptual Framework, 2006.

# Unallowable and Allowable Activities

## UNALLOWABLE

- Downstream activities (healthcare, M&M, risk behavior, disease & injury)
- Activities being covered by ELC funds (testing & lab services, contact tracing, data systems)
- Research
- Direct Services
- Lobbying or advocating for or against a specific policy/legislation or candidate

## ALLOWABLE

- Upstream activities (addressing policy, systems, practice changes, SDoH)
- Activities not already being covered by ELC funds
- Implementation only
- Can be a system or innovative solution to address lack of services
- Can advocate generally for a specific cause that benefits a priority population



# Examples of Potential Pilot Projects

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- Develop a system using public transportation to deliver food and protective personnel equipment (PPE) to low income immigrant families. (Note: This funding source cannot be used for direct services such as the bus or food, but can be used to set up the system.
- Expand access to paid leave because of health benefits it could bring to low-wage essential or vulnerable workers.
- Support undocumented immigrants to receive support services (income, food, housing, utilities, education, employment, health) that reduce their vulnerability.
- Reduce exposure to air pollution in overburdened communities. Studies have suggested that chronic air pollution significantly worsens sequelae from infection with SARS CoV-2 (the virus that causes the illness COVID-19).
- Work with employers and groups of workers to expand job security such as right of return to jobs, provision of benefits, systems to maintain safety and distancing in the workplace, etc.



# Submission Instructions – 1. Application Cover Page

- Refer to Attachment 1 (P. 27)
- Complete form in Adobe

VI. Attachments  
Attachment 1: Application Cover Page

<b>Organization's Name</b>	<b>Primary Contact</b>
<b>Address</b>	<b>Phone Number</b>
<b>City, State Zip</b>	<b>Email</b>

<b>Brief Description of Project (200 word limit)</b>

<b>Priority Population(s)</b>	<b>Geographic Target(s)</b>
<b>Amount Requested (Indicate Tier)</b>	<b>Subcontractors (if applicable)</b>
Requested:	
Tier:	

<b>Non-funded or In-kind Partners (if applicable)</b>

**Entity Eligibility**

- o Are you a 501(c)(3) organization?  
Yes  No   
501(c)(3) #: \_\_\_\_\_
  - o If no, are you fiscally sponsored by a 501(c)(3) organization?  
Yes  No  NA
- For proposals with subcontractors:
- o Are subcontractors 501(c)(3) organizations?  
Yes  No   
501(c)(3) #(s): \_\_\_\_\_
  - o If no, are subcontractors fiscally sponsored by a 501(c)(3) organization?  
Yes  No  NA





# Submission Instructions –

## 2. Narrative

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Narrative includes:

1. Dollar amount requested (minimum \$50,000 – maximum \$300,000)
  - Tier 1: \$50,000 - \$99,999
  - Tier 2: \$100,000 - \$199,999
  - Tier 3: \$200,000 - \$300,000
2. Category or categories that the activities fall under
3. Priority population(s) to be served and description of their challenges
4. Region(s) to be served and description of the region
5. Description of the Applicant's successful previous work with priority populations
6. Description of the cultural and linguistic competency of the Applicant organization
7. Description of the collaboration with other organizations or entities addressing the same or similar issues, which includes how collaboration partners and/or subcontractors will contribute to the success and effectiveness of the project. Partners may be non-funded or in-kind partners.



# Submission Instructions –

## 2. Narrative Cont.

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Data statistics on the disproportionate risks to the chosen priority population(s)

- Data is optional if prioritizing any population(s) listed in the Priority Populations List
- If the Applicant's priority population is NOT listed in the Priority Populations List, the Applicant is REQUIRED to provide either 1) **data** on disproportionate prevalence or risk and/or 2) **information** to demonstrate the disproportionate risk of COVID-19 for the selected population.
- RFA includes links of potential data sources to use which include:
  - [Healthy Places Index](#)



# Submission Instructions –

## 3. Root Cause Analysis (5 Why's)

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- This analysis helps identify the root cause of a problem and determines the relationship between different root causes of a problem.
- Length: Less than 1 page

1. *Why is Jenny sick?* Because she has an infection in her foot.
2. *But why does she have an infection?* Because she has a cut on her foot and it got infected.
3. *But why does she have a cut on her foot?* Because she was playing in the empty lot next to her apartment building and there was some broken glass that she stepped on.
4. *But why was she playing in an empty lot?* Because her neighborhood is run down, and there is no park, playground or sidewalk.
5. *But why isn't there a park or playground nearby?* Because they weren't planned for when the city she lives in was designed, the city now doesn't have enough funds to construct one, and there are no requirements that developers help build one when they develop there.



# Submission Instructions –

## 4. Logic Model (aka Theory of Change, Road Map, Causal Chain, Sequence of Events)

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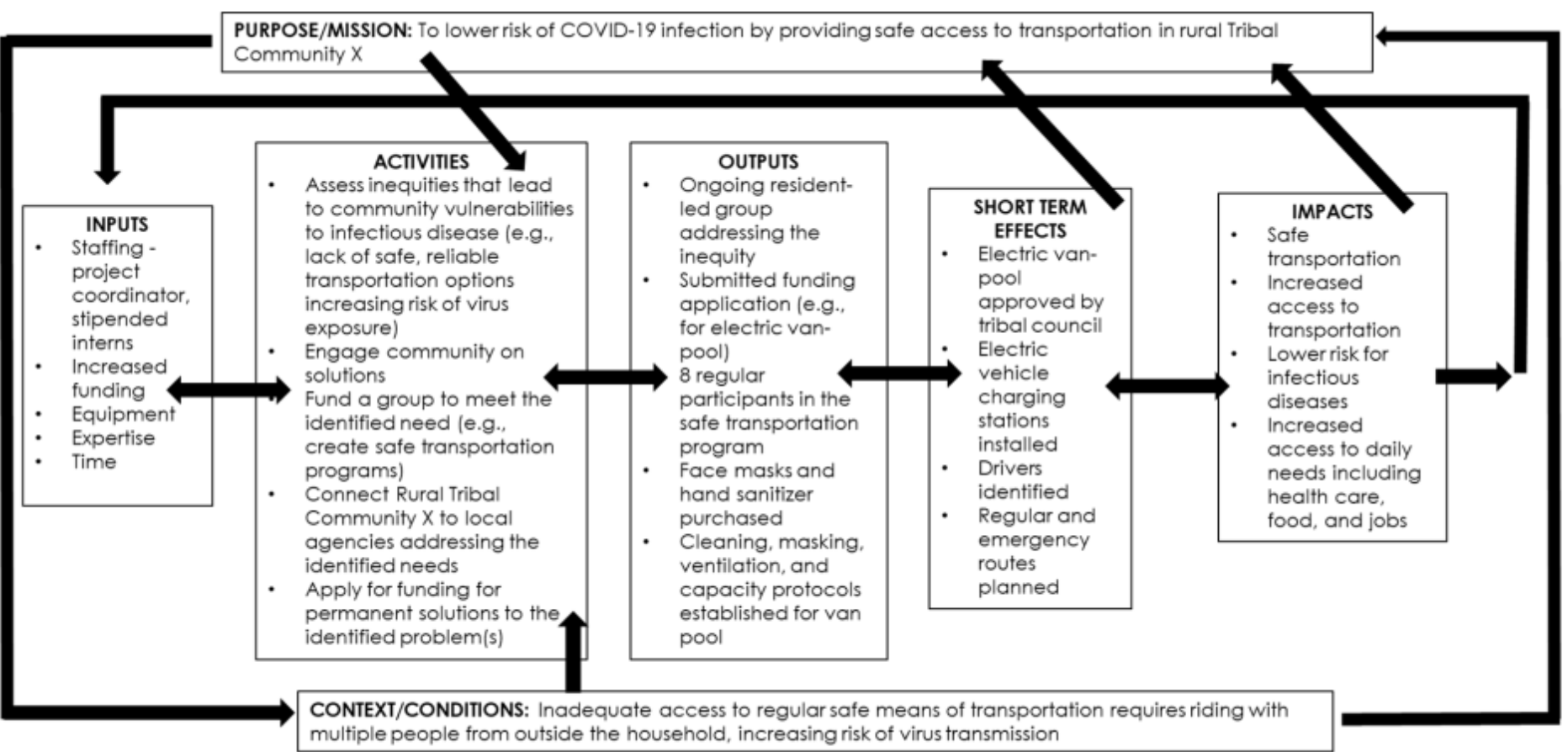
- Length: One page or less
- Applicants must explain how the proposed activities will address underlying inequities in living conditions and ultimately result in lower risk of infection or harm from COVID-19 in the priority population(s) being served.
- This exercise can be completed using either words (in chart form or paragraph), graphics, or a mix of both.
- RFA includes links on logic model components and examples





# Submission Instructions –

## 4. Logic Model (aka Theory of Change, Road Map, Causal Chain, Sequence of Events)





# Submission Instructions –

## 5. Record of Experience in Program Management

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- Applicants must describe their previous experience in monitoring and reporting program performance and preparing reports describing program results.
- 1.5 – 2 years of combined experience of staff and the organization
- Awarded entities will be required to provide quarterly reporting on progress and performance of activities with regards to the program objective and spending



# Submission Instructions –

## 6. Program Staffing

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- CBOs must describe the background, professional experience, including the length of time worked on projects to create policy, system, or environmental changes, and the qualifications of the staff and subcontractors (or a recruitment and hiring plan).



# Submission Instructions –

## 7. Administrative/Fiscal Experience

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- CBOs will include the following:
  1. Overall Administrative and Fiscal Experience:
    - Describe the Applicant's current administrative staffing pattern for grant management activities
    - Describe the background and qualifications of key administrative staff, including their experience with monitoring government funds and overseeing/managing admin/contractual functions of subcontractors/consultants
  2. Fiscal and Contract/Grant Compliance
    - > Describe the Applicant's performance within the last three (3) years with the management of government and/or non-government funds and activities
  3. Audit History
    - > Describe audit history of the last 3 years
      - If no audit was ever completed, you may include documentation of a mini audit questionnaire
      - If neither were ever completed, please note that in the RFA. The organization may still apply for funding as this will not affect eligibility.



Applicants will complete the Excel attachment (not the Word document) of this budget template.

Program Budget	Budget	Description
Personnel Costs		
Benefits @ X% of Personnel Costs		X% of Personnel Costs
Non-Personnel Costs		
Rent Costs (\$500 max/month)		
Indirect Costs @ X% of total allowable direct cost		X% of Direct Costs
Travel and Per Diem Costs		
Subcontracting Costs  (Please provide a breakdown of subcontractor costs if there are multiple subcontractors, and if this information is available)		
Evaluation Budget @ X% of Project Budget (Optional)		X% of Project Budget
<b>Total</b>		

# Submission Instructions – 8. Budget Overview

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Refer to Attachment 2: Budget Overview and the Excel file  
Must complete the Excel File





# Submission Instructions –

## 9. Letter of Support(s)

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### One Letter is REQUIRED FROM LHJ

1. Describe the capacity of the Applicant
2. Describe the Applicant's ability to fulfill the fiduciary and grants management functions (e.g., meet grant obligations, meet deadlines, complete required reports, prepare timely accurate invoices)
3. Describe the engagement of the Applicant and the LHJ
4. Only 1 of these letters is needed from lead submitted for joint applications
5. Potential Authors:
  1. LHJ Director, Assistant Director, Health Officer or Deputy Health Officer, COVID-19 Response or Infectious Disease Manager, Equity Manager or Equity Office

### Second Letter is OPTIONAL

1. Same contents as above
2. Potential authors can be from but are not limited to:
  1. LHJ, City, Community Partner

Length: 1 page per letter



# Submission Instructions – 10. 501(c)(3) certification

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A copy of a current IRS determination letter indicating nonprofit or 501 (c)(3) tax exempt status.

For an organization fiscally sponsored by a 501(c)(3) organization, please provide the documentation indicating nonprofit or 501(c)(3) status of the fiscal sponsor.

Please provide same documentation for subcontractors.



# Submission Instructions –

## 11. Evidence of commercial general liability insurance.

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- The minimum amount of coverage is one million (\$1,000,000)
- If the Applicant does not currently have general liability insurance and is selected as an awardee, the Applicant **MUST** obtain this in order to enter into a Grant Agreement with CDPH OHE.
  - Does not have to be obtained before proposal submission





# Submission Instructions

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- Proposals must be submitted to [ELCCovidHealthEquity@cdph.ca.gov](mailto:ELCCovidHealthEquity@cdph.ca.gov) by 5pm March 2, 2021, as reflected in the RFA Time Schedule.
- Proposals MUST be submitted in two (2) files: 1) Submission Package (PDF or Word) and 2) Budget Overview (Excel). Subject line must be Organization Name: Project Title.
- Submission Length: Total to not exceed 20 pages



# Review Process

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## **Stage One: Administrative and Completeness Screening**

- Internal screening review for on-time submission and compliance with administrative requirements and completeness
- Late/incomplete applications will be disqualified
- Applications submitted from ineligible entities will not be reviewed
- Conducted by CDPH staff (OHE, Racial-Health Equity Action Team)

## **Stage Two: Application Scoring**

- Application scored based off rubric to determine responsiveness to the RFA requirements.
- Conducted by Racial-Health Action Team and Advisory Workgroup



# Submission Tips

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- Read the RFA thoroughly
- Review the Prescreening Checklist (Att 3) and the Scoring Rubric (Att 4)
- When developing your proposal, make sure it meets the components stated in the scoring rubric
- Make sure you have all items on the Prescreening Checklist before submission



# Q&A Sessions

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- CDPH cannot answer any individual questions or meet with an applicant after the RFA is posted
- 2 Q&A written sessions will be held
- Written questions must be submitted to [ELCCovidHealthEquity@cdph.ca.gov](mailto:ELCCovidHealthEquity@cdph.ca.gov) by 5pm January 28<sup>th</sup> (Session 1) and February 11<sup>th</sup> (Session 2).
- Responses to the written questions will be posted on the OHE RFA Webpage on February 2<sup>nd</sup> (Session 1) and February 16<sup>th</sup> (Session 2)

\*\*\*If you have a question that we cannot answer in today's webinar, we will provide a response in the Session 1 Q&A posting



# Questions?

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- Please submit your questions in the chat box
- If you have a question that we cannot answer in today's webinar, we will provide a response in the Session 1 Q&A posting