Local Health Department Vaccine Equity Partnerships Funding (VEPF) Program Application Guidance

April 5, 2021

Contents

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Date: Wednesday, March 31, 2021

To: Local Health Directors

From: Deidre S. Gifford, Acting Commissioner

Re: COVID-19 Vaccine Equity Rapid Grant Funding For Local Health Departments/districts and Community Organizations

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Dear Local Health Director:

In accordance with Governor Lamont's concerted efforts to break down all barriers to vaccine access, the Department of Health (DPH) is pleased to announce the Vaccine Equity Partnership Funding (VEPF) program for local health departments/districts to enhance Equity Partnerships for the CoVID-19 Vaccination. Connecticut is committed to deploying COVID-19 vaccines equitably in communities with health and economic inequities.

The preliminary data analyzed by the DPH demonstrates inequities in the deployment of the COVID-19 vaccine in communities of color and vulnerable populations across Connecticut. When looking at eligible residents over the age of 55 years as of March 22nd, 60% of White eligible residents have received a first dose of a COVID-19 vaccine, 44% of Black eligible residents have received a first dose (a 16% coverage gap) and 47% of Hispanic eligible residents have received a first dose (a 13% coverage gap). These findings underscore an urgency to address inequalities and close the gap as the State ramps up capacity to the roll-out of open enrollment vaccinations.

Permissible Use of VEPF Funding

The VEPF Program is designed to address the inequities by a grassroots movement of community engagement. The DPH will use the VEPF funding to:

- Implement Equity Partnerships with local health departments/districts, community organizations, and providers in high CDC Social Vulnerability Index (SVI) communities. These partnerships will be tailored to achieve high penetration through door-to-door canvassing, out-bound calling and mobile vaccine clinic outreach.
- Hire human resources for Vaccine Equity work, including but not limited to, community health workers, door-to-door canvassers, call center staff, data analysts and technical support.

- Develop platforms and networks for vaccination education and awareness, including but not limited to, paid advertising, media, language bank services and trusted messenger forums.

Rapid Grant Amount

The state budget for VEPF program is **$33.3** million. The grant amounts to be received by each eligible local health department will based on the detailed level of programming (2) and High SVI (3) demographic.

Rapid Grant Eligibility

The VEPF funding is non-competitive and locally directed. The funding will be made available to all local health departments/districts who apply and who have formed a partnership with a minimum of 1 provider partner and 1 community group partner. Local health departments/districts that submit qualifying applications are guaranteed to receive funding to support your equity partnerships and will have discretion to use funding within the Local Health Department and/or with equity partners. We want this program to help you fill the unmet need in your communities with vaccine inequities.

Rapid Grant Process

The DPH's goal is to quickly get the funds to the local communities to support your Equity Partnerships. To start the grant process, DPH invites you to participate in a grant information session on April 5nd, 2021. The program for the information session will be communicated separately. This session will be followed by application submission by April 15th, 2021. Awards will be made on April 23rd, 2021 and the following week, and projects are expected begin within the last week of April, 2021. The goal is to align vaccine equity partnerships activities with the state-wide roll-out of equity initiatives.

Full information, including VEPF program description and grant application guidelines, a grant calendar, among other materials, will be posted at https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/LHD-Funding-Guidance. Please send questions about the grant informational session to the DPH's Vaccine Equity team, led by Heather Aaron, Deputy Commissioner, to Agnes Nabasirye at agnes.nabasirye@ct.gov or Millicent Cripe at millicent.cripe@ct.gov.

We look forward to your participation in the Vaccine Equity Partnership Funding Program.

Sincerely,

Deidre S. Gifford, MD, MPH
Commissioner

c: Heather Aaron, Deputy Commissioner

BACKGROUND AND PURPOSE

This guidance is intended to provide details regarding $33.3 million being made available as part of the Vaccine Equity Partnership Funding Program (VEPF).

Vaccine Equity Partnership Funding Program Overview

According to the Centers for Disease Control and Prevention (CDC), health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

The preliminary data analyzed by the DPH show gaps in coverage in the deployment of the COVID-19 vaccine in communities of color and vulnerable populations across Connecticut. When looking at eligible residents over the age of 55 years as of March 22nd, 60% of White eligible residents have received a first dose of a COVID-19 vaccine, 44% of Black eligible residents have received a first dose (a 16% coverage gap) and 47% of Hispanic eligible residents have received a first dose (a 13% coverage gap). These coverage gaps are particularly troubling, given data from the CDC that shows Black/African American and Hispanic/Latino persons are 1.8-2.3 times more likely to die from COVID-19 than White, Non-Hispanic persons (CDC). These findings underscore an urgency to address inequities and close the vaccine coverage gap as the State ramps up capacity to the roll-out of open enrollment vaccinations.

Connecticut is committed to addressing these COVID-19 vaccine coverage gaps in communities of color and other vulnerable populations. In accordance with Governor Lamont's concerted efforts to break down all barriers to vaccine access, the Department of Public Health (DPH) is establishing the Vaccine Equity Partnership Funding (VEPF) program for Local Health Departments/Districts (LHDs) to form Equity Partnerships with providers and community organizations to work together to support equitable COVID-19 vaccination coverage. The VEPF program will focus exclusively on ensuring COVID-19 vaccines reach communities of color and vulnerable populations; general COVID-19 response funding will also be provided to all LHDs.

Objectives

- Strengthen local leadership and coordination in leveraging community partnerships to enhance effectiveness and efficiency of vaccination programs to close vaccine coverage gaps for communities of color and vulnerable populations.
- Increase awareness, education, and outreach to address vaccine access barriers in communities of color and vulnerable populations.

The VEPF Program is designed to address inequities in COVID vaccine coverage. The overarching goal is to meet people where they live and engaged by people they trust. To this end, Connecticut DPH is supporting Local Health Departments in forming Equity Partnerships with their providers, which serve as essential vaccinators for their communities, and community organizations, which serve as embedded and trusted community partners. Community leaders understand the needs of Connecticut's diverse population better than anyone, including communities who have been hardest-hit in the COVID-19 pandemic. Leaders ranging from clergy, business, community-based organizations, and local elected officials are uniquely positioned to reach and activate their communities.

VACCINE EQUITY PARTNERSHIPS ACTIVITIES SUPPORT

The DPH will provide three types of support for the Equity Partnerships to achieve these goals: 1) Rapid Funding Support; 2) State Campaign and Outreach Services; and 3) State Help and Support Services.

Rapid Funding Support

The VEPF Program has a total budget of $33.3 million to allocate to eligible Local Health Departments. VEPF funding is part of the generous federal funding support the state has received and which continues to be essential to helping Connecticut through this unprecedented global health crisis. The rapid VEPF funding will support equity projects that will be conducted over a four-month period, from May to August. Please note that all LHDs will also receive a base amount of funding on a per-capita basis for general COVID-19 activities that do not need to have an equity focus. This funding will be available to LHDs over a longer time frame for a broader range of initiatives, including contact tracing, outreach for COVID-19 containment, and COVID-19 testing.

The VEPF funding is non-competitive and locally directed. Local Health Departments that submit qualifying applications—which requires forming partnerships with a minimum of 1 provider partner and 1 community group partner—are guaranteed to receive funding to support your Equity Partnerships and will have discretion to use funding within the Local Health Department and/or pass through funding to community Equity Partners to execute activities. The DPH's goal is to quickly get the funds to the local communities to support your Equity Partnerships. We want this program to help you fill the unmet need in your communities.

Qualifying applications will have at least 4 components: (1) narrative responses to a set of questions related to the VEPF program; (2) a workplan with planned activities and outputs over the four-month VEPF period; (3) letters from your Equity Partners confirming that they will do the activities described in your plan; (4) a detailed budget with justifications, which documents how LHDs intend to use funding and how Equity Partners will use any funding that will be passed through (see provided Excel template).

The grant amounts to be received by each eligible Local Health Department will based on the detailed level of programming (2) and High SVI (3) demographic. The VEPF funding is designed as an emergency resource to get the vaccine to communities of color and vulnerable population. Recipients are expected to demonstrate impactful programming in the 4 months from May to August 2021.

Allowable Costs for COVID Vaccine Equity Partnership Funding (VEPF) (*4 month timeline*)

1. **Personnel dedicated to VEPF-relevant activities**
    a. **I**ncluding but not limited to, vaccine equity coordinators, community health workers, door-to-door canvassers, call center staff, data analysts and technical support
    b. These may be contract/ temporary positions
2. **Expenses for outreach / assistance to VEPF-relevant populations**
    a. Including but not limited to, door-to-door canvassing, outbound calling
3. **Platforms/networks for vaccination education and awareness targeted towards VEPF-relevant populations**
    a. Including but not limited to, paid advertising, media, language bank services and trusted messenger forums
4. **Vaccine delivery networks to VEPF-relevant populations**

   a. These should complement, but not duplicate, other DPH vaccine delivery efforts (e.g., FEMA mobile units)
5. **Pass-through funding for Equity Partners**
   a. Including both providers and community groups, who are well-positioned to rapidly execute vaccine equity activities.

Allowable Costs for All COVID Response (*3 year timeline*)

1. General personnel, including full-time, overtime, contract, and others
2. COVID-19 testing supplies / services, including but not limited to, laboratory equipment, laboratory maintenance contracts, specimen collection materials, test kits, reagents, consumables, courier service contracts, software to assist with laboratory resource management (e.g., inventory management software, temperature notifications, biosafety training)
3. Hardware / software supporting electronic laboratory and surveillance data exchange and monitoring and evaluation measures (e.g., GIS software, visualization dashboards, cloud services)
4. Quarantine and isolation support necessary for preventing the spread of COVID-19, including but not limited to wraparound services such as hoteling, food, laundry, mental health services
5. Health communications materials and education services, if they do not duplicate activities covered by other CDC funding mechanisms
6. Renovations and minor construction (e.g., alteration of less than 50% total square footage of an existing structure) in unique cases where conditions do not currently allow for safe, effective testing and/or delivery of effective public health services
7. Leasing/purchasing vehicles for the purposes of mobile testing, providing public health services in underserved areas, etc.
8. All the allowable vaccine equity costs above are allowed here as well.

Please note that the above list covers the anticipated, most relevant costs but may not represent a full list of allowable costs. Contact DPH.VEPFInbox@ct.gov with specific questions as necessary.

All costs shall be in compliance with CFR Part 225 Federal Uniform Guidance and Cost Principles. All funds are subject to state and federal audit.

State Campaign and Outreach Services to Augment Equity Partnerships

The state has also contracted or will be contracting for several outreach campaigns that will be coordinating their activities with LHD and Equity Partnership activities in the highest SVI communities. Equity Partnerships may also apply for funding to run similar campaigns in their area, and can connect with DPH for guidance on how to best launch such efforts. See Appendix 3 for more details on these state-contracted partners.

Mobile Clinics

The FEMA Mobile Clinics and the Griffin Mobile vans are being set up in locations close to communities with vaccine inequalities. The FEMA mobile clinics are operation for 60 days, their locations and dates being defined with Local Health Departments. The state has contracted with Griffin Health, which will be standing up 35 mobile units over the course of April. These mobile units will be closely coordinated with both canvassing efforts described below and will coordinate with Local Equity Partnerships on the best locations in high SVI

jurisdictions and coordinating outreach to ensure the mobile units successfully increase access for communities of color and vulnerable populations.

Door- to-Door Canvassing

The DPH is contracting with Grossman Solutions for a campaign to meet people where they are and ensure they have all the information they need to get vaccinated. Using a door-to-door canvass as the anchor, in the model of get-out-the-vote efforts, canvassers will reach people in their homes, make it simple to get appointments, and answer questions they have. These efforts will coordinate with Local Partners to saturate the communities in which they live by collaborating with small businesses, local leaders, influencers and organizations, many of whom have been working non-stop since the onset of the pandemic to heal people and resolve this crisis. Local partners will draw on established communications efforts and resources to strengthen and complement the in-person touch being added.

Outbound calling program

The state will be looking to contract to begin an outbound calling program to directly reach out to residents for vaccine appointment scheduling. When this service is available, the program will coordinate with Local Health Departments, with the LHDs expected to work with their community partners to assess and vet all appropriate locations. The location will foster community outreach and education. An example of such center could be a senior center. This area would be centrally located for easy transportation to congregate setting and inner-city housing.

State Help and Support Services for Equity Partnerships

All Equity Partnerships and coordinators will receive tailored support from DPH and other partners, including the following:

Data and Analytics Support

The Department of Public Health will be able to support Equity Partnership with data needs around vaccination in their communities. DPH will also work with providers to emphasize the importance of sharing data with Local Health where they are working, so that all vaccine deployment work in a town can be coordinated.

Community Awareness and Education

DPH is investing in communications and outreach activities, including targeted trusted messenger forums, speaker bureaus, and paid advertising, as part of the efforts to address vaccine hesitancy and access issues related to social, health, economic disparities. DPH is funding paid advertisements, media, and PSAs, which seek to be accessible and reach communities of color and other vulnerable populations. Materials are translated into up to 7 different languages, and ads are purchased across a range of media platforms that reach target communities. The state has also contracted with other organizations to conduct Trusted Messenger Forums, which use a “train the trainer” model to inform community leaders for organizations across the state around the COVID-19 vaccine rollout and mobilize them in outreach efforts serving Connecticut’s population, particularly its most vulnerable. Please refer to Appendix 3 for more details on these services and how they can support the work of local Equity Partnerships.

Additionally, the state has a team of Community Outreach Specialists (COS), who work in contact tracing and have specialized community knowledge/skills (e.g., bilingual). They work in 11 high SVI towns, and may begin to have additional capacity assist with outreach around equitable vaccination in those locations. They will continue to coordinate their work with LHDs, dependent on local needs (e.g., conducting virtual educational workshops and presentations).

APPLICATION DETAILS AND SUBMISSION PROCESS

The DPH's goal is to quickly get the funds to the local communities to support your Equity Partnerships. To start the grant process, DPH invites you to participate in a grant information session on April 5nd, 2021. The program for the information session will be communicated separately. This session will be followed by application submission by April 15th, 2021. Awards will be made on April 23rd, 2021 and the following week.

The Authorized Official should acknowledge receipt of this guidance by submitting a Note to DPH.VEPFInbox@ct.gov, expressing intent to apply for VEPF funding by Friday, April 9th. This information will inform VE/LH sections efforts to align application review resources for quick rapid granting. The acknowledgement must be submitted on the recipient's official agency letterhead.

VEPF Required Application Components

Qualifying applications will have at least 4 components:

(1) Narrative responses to the following set of questions related to the VEPF program;
   a. Describe the communities that your Equity Partnership is going to target for increased access to the COVID Vaccine (if available, data can greatly enhance this response; however, we know that you understand your communities best, and your description of the particular communities that your effort will target can suffice)
   b. Describe the unique circumstances and barriers facing those communities that your Equity Partnership is designing its plan to tackle
   c. List the provider and community group partners that you are working with (minimum of 1 provider and 1 community group partner; we recommend seeking more partners)
   d. Describe why you chose each of the partners that you listed above. Please include some justification, such as past records of success in partnering, strong connections with communities of color and vulnerable populations, or proven capabilities in a certain service area.
   e. Name the person who will act as the coordinator for the work of the Equity Partnership. This coordinator can be contracted with grant funding, designated from existing staff of Local Health if they have sufficient capacity, or performed by someone at an Equity Partner.

(2) A detailed workplan with planned activities and the selected outputs that Equity Partnerships will measure and monitor (*see Appendix 1 for examples*)

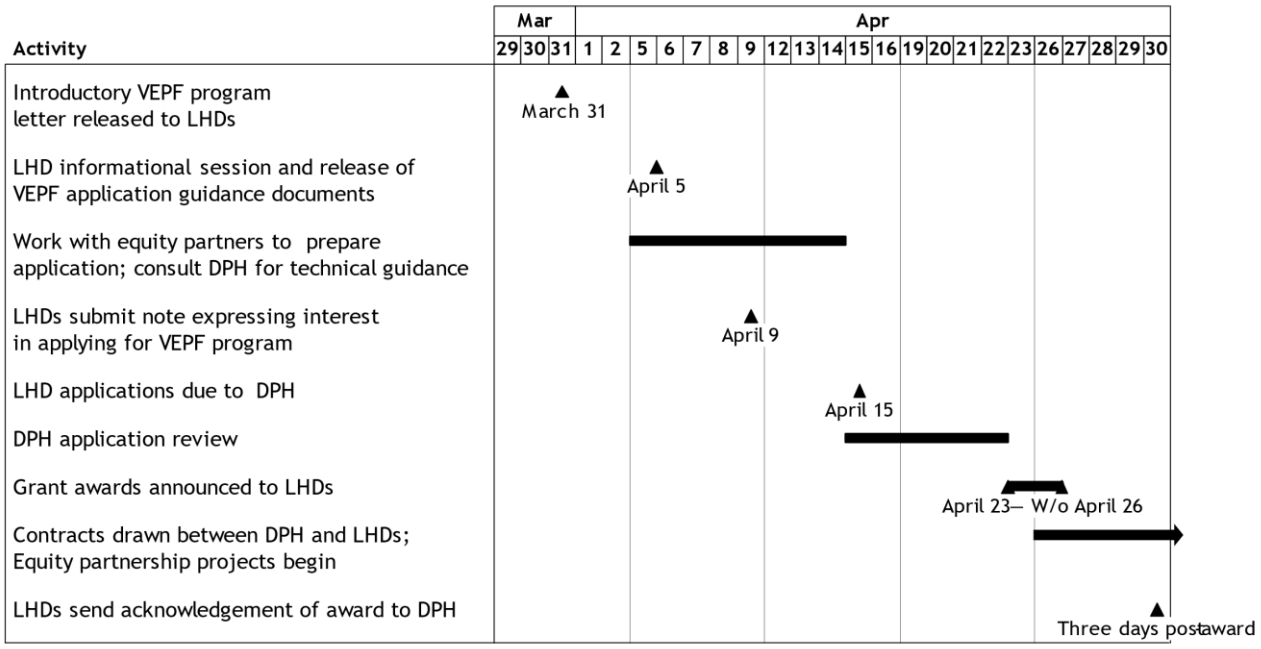
(3) Letters from your Equity Partners confirming that they will perform the role described in your workplan (*see Appendix 3 for partner suggestions*)

(4) A detailed budget and justifications, which documents both how LHDs intend to use funding and how Equity Partners will use any funding that will be passed through (*please use provided Excel budget template*).

VEPF Funding Application Review and Awarding Process

Upon application submission on April 15th, 2021, materials will be reviewed by a multi-disciplinary DPH committee with knowledge in varied areas including Connecticut COVID-19 Vaccine distribution, grant and federal budget management, and health equity expertise and feedback will be provided and discussed with the eligible applicants. Any necessary or recommended changes may be agreed upon between the eligible applicant and DPH and documented through DPH.VEPFInbox@ct.gov; and any agreed upon changes must be captured in DPH's grant system of record, as necessary.

VEPF Funding Timeline



Within three (3) days of receipt of the Notice of Award (NOA), the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note to DPH.VEPFInbox@ct.gov. The acknowledgement must be submitted on the recipient's official agency letterhead

Performance Measurement and Reporting

Recipients will be required to provide, at monthly progress reports. These reports should include the following information:

- programmatic performance information (following examples included in Appendix 1)
- financial expenditure information (following process described in Appendix 2)

As appropriate and necessary, DPH may request additional information from LHDs. Wherever possible, DPH will utilize existing data sources to complement and reduce reporting burden on recipients. Reports should be submitted by the timeline laid out in Appendix 2.

Peer to Peer Learning

Equity Partnership coordinators will also be invited to participate in monthly, facilitated learning cohorts by DPH. These sessions will help fellow coordinators exchange lessons learned with other VEPF program participants. Peer-to-peer learning is well-documented as a highly effective tool for knowledge sharing, skill building, and leadership development (see here or here). DPH hopes these cohorts will serve as valuable resources to share best practices, problem-solve issues that arise, and celebrate milestones achieved.

APPENDIX 1: SAMPLE WORK ACTIVITIES & OUTPUTS

The following document contains samples of eligible activities and corresponding outputs that can be used by local public health departments and districts to complete the Vaccine Equity Partnerships Funding (VEPF) application.

The intent of the publication is to provide Local Health Departments/Districts with examples of types of eligible activities and corresponding outputs that may be adapted for their applications. The sample activities and outputs are not all-inclusive.

Laying out your application in logical sequence so that your activities and corresponding outputs are aligned will expedite the review and approval process by the Department of Public Health. It is expected that proposed activities will be specific to each health department and its communities, measurable (and reportable at the end of the year), achievable in the first funding period, relevant and applicable to the funding source. Outputs should be simple and easily measured.

It is also worth noting that the application proposals should reflect the work that will be performed as a result of receiving or using the funds. For example, if a Community Health Worker is supporting other COVID-19 activities that are not in direct support of the vaccine equity work, and that CHW is supported by VEPF funds, then do not include that work in the application proposal for your health department or district.

The following pages contain activities and corresponding outputs for each of the 3 categories listed below in the VEPF funding application. Please consider formatting your proposals similarly.

Number all of your work plan activities and outputs/outcomes, so that they correspond. Develop outputs/outcomes that align with each activity. Doing so will reduce your administrative burden for the contract; result in rapid reporting and closeout, and delivery of funds for subsequent budget periods.

Category 1: Enhance/develop the LHD's and community partners' capacity to quickly acquire human resources for Vaccine Equity work including but not limited to, vaccine equity coordinators, community health workers, door-to-door canvassers, call center supervisors and representatives, data analysts and technical support.

Sample Activities and Outputs—

- **Activity 1**: Recruit and deploy staff adequately support vaccine equity services in the city.
    - **Output 1**: Metrics on total number of hires, time-to-fill, and total cost per hire.

Category 2: Enhance/develop and implement Equity Partnerships with Local Health Departments, community organizations, and providers with connections to communities of color and vulnerable populations, including but not limited to; Home Care Agencies, Churches, community Action Agencies, Community Foundations and providers, i.e., hospitals, FQHC, Pharmacies.

Sample Activities and Outputs—

- **Activity 1**: Lead new and existing partnerships with community organizations, DPH contractors and providers to perform door-to-door canvassing
    - **Output 1a**: Number of homes canvassed
    - **Output 2b**: Number of DPH/LHD approved canvassing materials and guidelines

- **Output 3c**: Number of recipients scheduled and vaccinated as result of canvassing efforts

- **Activity 2**: Lead new and existing partnerships with community organizations, DPH contractors and providers to conduct outbound calling/ texting/ emailing.
  - **Output 2a**: Number of families/individuals contacted via outbound calls/ texts/ emails.
  - **Output 2b**: Number of DPH/LHD approved outbound calling materials/guidelines
  - **Output 2c**: Number of families/individuals scheduled and vaccinated as result of outbound calling

- **Activity 3**: Lead local community partners, DPH contractors, providers and pharmacies to promote and host mobile vaccine clinics for COVID-19.
  - **Output 3a**: Number of mobile/pop-up clinics hosted or arranged by [the Local Health Department/district]
  - **Output 3b**: Number of people vaccinated for COVID-19
  - **Output 3c**: Number of people that received one or two doses, or as appropriate per the manufacturer, of COVID-19 vaccine

Category 3: Enhance/develop platforms and networks for vaccination education and awareness, to promotion vaccine equity activities, including but not limited to, paid advertising, media, language bank services and trusted messenger forums.

- **Activity 1**: Publish PSAs in local print media, advertising, language bank services, Radio spots, TV spots, Ads including messaging, conducted to promote vaccine equity programs and availability of vaccination [include location by town(s), or for specific populations]
  - **Output 1a**: Types of media where messaging was broadcast/published
  - **Output 1b**: Number of media types and PSAs published and in which publications, dates
  - **Output 1c**: Languages of PSAs (CLAS standards)

APPENDIX 2: FINANCIAL EXPENDITURE REPORTING GUIDELINES

1. Reporting for VEPF will be on a monthly basis. All other COVID-19 funds reports can be submitted quarterly, as you have been reporting. Local health departments are required to submit expenditure reports to the State of Connecticut Department of Public Health's Vaccine Equity and Local Health Section (VE/LH Section) as follows:

Vaccine Equity Partnership Funding (VEPF) Program (4 months)

Monthly Report Period Schedule	Date of Report Submission
May 1-31st 2021	June 30th, 2021
June 1-30th 2021	July 31st, 2021
July 1-31st 2021	August 31st, 2021
August 1-31st 2021	September 30th, 2021

All Non-Equity COVID-19 Funding Reporting (Year 1)

Quarterly Report Period Schedule	Date of Report Submission
May 1st , 2021 – July 31st, 2021	August 31st, 2021
August 1st , 2021 – Nov 31st, 2021	December 31st, 2021
Dec 1st, 2021 – Feb 28th, 2022	March 31st, 2022

Expenditures shall be reported for the current period and cumulatively.

2. Local health departments/districts must submit expenditure reports on a timely basis. If there is to be an unavoidable delay in submitting a report, the local health department should notify the VE/LH Section at DPH.VEPFInbox@ct.gov and explain the reason for the delay.
3. If no program activities are conducted or if no money is spent during any given report period, the financial expenditure report(s) must still be submitted stating such.
4. With the exception of subcontractor expenditures, financial reporting shall be done in the CORE system used by CT DPH. The below forms are examples of the types of information that we will need to see in these monthly reports.

State of Connecticut – Department of Public Health

EXAMPLE FINANCIAL EXPENDITURE REPORT FORM: Overall Budget *(Please use CORE system for reporting)*

Local Health Department/District:				**Reporting Period:**			
PROGRAM: COVID-19 Vaccine Equity Partnerships Funding Program				**Funding Year:** May 2021 -			
FUNDING:				**FINAL REPORT:** No: ☐ Yes: ☐			
	(1)	(2a)	(2b)	(2c)	(2d)	(3)	(4)
		May 1st-31st, 2021	June 1st-30th, 2021	July 1st-31st, 2021	August 1st-31st, 2021		
Budget Line Items	**Award**	**Period 1 Expenses**	**Period 2 Expenses**	**Period 3 Expenses**	**Period 4 Expenses**	**Expenses To Date**	**Balance Remaining**
1. Salary and Wages							
2. Fringe Benefits							
3. Office Supplies							
4. Contractual							
5. Equipment							
6. Other							
a.							
b.							
c.							
d.							
e.							
TOTAL							

CERTIFICATION: I certify that the above data is correct, based on an official accounting system and records, consistently applied and maintained, and that expenditures shown have been made for the purpose of, and in accordance with applicable contract terms and conditions.

Project Director's Signature	Title	Date
Financial Officer's Signature	Title	Date

State of Connecticut – Department of Public Health
EXAMPLE FINANCIAL EXPENDITURE REPORT FORM: **Salary/Wages and Over Time Detail Sheet**
(Please use CORE system for reporting)

Local Health Department/District:			**Reporting Period:**	
PROGRAM: COVID-19 Vaccine Equity Partnerships Funding Program			**Funding Year:** May 2021-	
Salary/Wages (if applicable):				
Employee Name	**Job Title**	**Date Started/ Date Ended**	**Current Expenditure**	**Cumulative TOTAL**
Over Time (if applicable):				
Employee Name	**Job Title**	**Date Started/ Date Ended**	**Current Expenditure**	**Cumulative TOTAL**

Subcontractor Reporting Guidelines

Local health departments/districts shall provide reports of subcontractor activities and expenditures to the State of Connecticut Department of Public Health with details described below. This reporting will not be done through CORE. An example template is included as **Subcontractor Financial Expenditure Report Form.** We will follow up with additional detail as reporting deadlines approach.

A) For subcontractors providing services on a budget basis, subcontractor reports should provide the following information on the **Subcontractor Financial Expenditure Report Form** that is included in this packet.

1) Contractor name.
2) Reporting period.
3) Subcontractor name.
4) Funding year.
5) Report of Subcontractor expenditures in line item detail as on the approved subcontractor budget.
6) For personnel line items, list both name and position/title.
7) Dated signature of subcontractor's Project Director.
8) Dated signature of contractor's Financial Officer and Program Director indicating contractor review and approval of the subcontractor expenditures as reported.

B) For subcontractors providing services on a fee-for-service basis, the contractor's summary of subcontractor service should provide the following information:

1) Contractor name.
2) Reporting period.
3) Subcontractor name.
4) Funding year.
5) Subcontractor's invoice number and/or date of invoice.
6) Date of payment, check number and amount.
7) Patient name (if applicable).
8) Patient ID number (if applicable).
9) Date(s) of service.
10) Type of service provided.
11) Unit cost for service provided.
12) Reimbursement received from other payers (if applicable).
13) Amount, net of reimbursements, charged to DPH contract. (if applicable).
14) Dated signature of subcontractor's Project Director.
15) Dated signature of contractor's Financial Officer and Program Director indicating contractor review and approval of the subcontractor expenditures as reported.

C) For subcontractors providing services on an hourly rate basis, subcontractor reports should provide the following information:

1) Contractor name.
2) Reporting period.
3) Subcontractor name and Social Security or Federal Identification Number.
4) Funding Year.
5) Subcontractor statement that subcontractor provided X hours of services for the purpose of _____ in the capacity of _____ and was paid at the rate of $XX.00 per hour.
6) Subcontractor's hours and dates of services may be listed on the statement **or** time sheets may be attached.
7) Dated signature of subcontractor.
8) Financial Officer and Program Director indicating contractor review and approval of the subcontractor expenditures as reported.

State of Connecticut – Department of Public Health
EXAMPLE SUBCONTRACTOR FINANCIAL EXPENDITURE REPORT FORM

Local Health Department/District:				**Reporting Period:**			
SUBCONTRACTOR:				**Funding Year:** May, 2021-			
PROGRAM: COVID-19 Vaccine Equity Partnerships Funding Program				**FINAL REPORT: No:** ☐ **Yes:** ☐			
FUNDING:							
	(1)	(2a)	(2b)	(2c)		(3)	(4)
		May, 2021	June, 2021	July, 2021	August, 2021		
Budget Line Items	**Award**	**Period 1 Expenses**	**Period 2 Expenses**	**Period 3 Expenses**		**Expenses To Date**	**Balance Remaining**
TOTAL							

CERTIFICATION: I certify that the above data is correct, based on an official accounting system and records, consistently applied and maintained, and that expenditures shown have been made for the purpose of, and in accordance with applicable contract terms and conditions.

Subcontractor Project Director's Signature	Title	Date
Financial Officer's Signature	Title	Date
Project Director's Signature	Title	Date

APPENDIX 3: EQUITY PARTNERS RECOMMENDATIONS AND REQUIREMENTS

To complete a qualified application, LHDs must create formal partnerships with at least 1 community group and at least 1 healthcare provider in their jurisdiction. We hope that these formal Equity Partnerships will act as a platform that you can use to apply for additional, upcoming federal funding around health equity, which will further allow you to build your equity programming.

Requirements for Equity Partners:

LHDs will be able to choose their partners at a local level. There are key requirements for the Equity Partners:

- Eligible partners include any organization that is an registered business (including for- and non-profit entities) in the state of CT.
- The LHD should provide information justifying partner selection, such as evidence of past results, history of partnerships, possession of proven capabilities, or connections to communities of color and vulnerable populations

The partners should submit letters to be attached to your application that confirms the partner intends to fulfill the role described in your application. Letters of recommendation from partners are also welcome, but not required, to strengthen applications.

Equity Partner Suggestions:

While DPH will not prescribe who LHDs should form partnerships with, we are including non-exhaustive lists of potential types of partners that the LHD could seek to engage.

Potential Community Group Partners

Community group category	Comments
Community Action Agencies	We strongly suggest that LHDs engage with their CAAs, which have strong relationships with communities of color and vulnerable populations through their work in direct social service provision and mobilization of community resources. The CAAs also have expertise developed through the recent Census process that may be translatable to vaccine outreach work, and would be particularly valuable in any outbound calling efforts. You can find details on your jurisdiction's CAA through this Connecticut Association for Community Action (CAFCA) webpage
Local United Ways of Connecticut	We strongly suggest that Equity Partnerships also explore partnerships with their local United Ways, which have extensive experience working

	with local non-profits, and have the local expertise about which non-profits would best serve as trusted messengers for communities of color and vulnerable populations. They also have expertise in making micro-grants to non-profits with strong community influence but smaller budgets. There are 15 United Ways covering Connecticut state; details are available at this link.
Local non-profits	A range of community non-profits may be suitable partners, especially those who are trusted by specific communities of color or vulnerable populations to be targeted in your equity work, such as: • Non-English speaking communities • Undocumented persons • Uninsured persons • Individuals with disabilities
Community centers, schools, and libraries	These partners can be important trusted spaces that are accessible for the communities that the Equity Partnerships will be trying to reach and where those communities already feel comfortable going
Faith-based organizations	Faith-based organizations can play important roles in both acting as trusted messengers to overcome vaccine hesitancy and as spaces for pop-up clinics
Foundations	State-based foundations in Connecticut often run programming and have strong connection with local organizations they fund and experience bringing those different organizations together

Potential Provider Categories

Provider category	**Comments**
Hospitals / Health Systems	Hospitals and health systems in your jurisdiction may be the highest volume vaccine providers, and as supply begins to exceed demand, can collaborate with the Equity Partnerships to expand outreach efforts and reach populations that may have faced barriers to accessing vaccine deployment earlier.
Federally Qualified Health Centers	FQHCs can be some of the strongest partners, often due to accessible locations and expertise serving unserved communities.
Pharmacies	Local Health can look to partner with local branches of pharmacies that have convenient locations in targeted communities. Pharmacies

	may also have the capacity to create "strike teams" who can bring vaccine access to communities facing barriers

State-Contracted Partners:

In addition to the Equity Partnerships that you will form at the local level, the state has begun contracting with different groups for campaign and outreach work. These partners will be working only in our highest SVI towns and jurisdictions, and they will be coordinating their activities (described below) with the local Equity Partnerships in those areas. All Equity Partnerships may apply for funding to run similar efforts in their communities.

Door-to-Door Canvassing, Grossman Solutions

Grossman Solutions will be running door-to-door canvassing campaigns in the highest SVI towns in Connecticut, and will run its canvasses in coordination with mobile unit deployments described below, so that canvassers can help spread awareness and schedule people to the mobile units. In addition, Grossman has the budget of a range of promotional activities that they will seek to coordinate with Local Health efforts, including: (1) identifying community partners within target neighborhoods; (2) Assisting in turnout to vaccination locations; (3) Coordinating messaging around vaccination; (4) Identifying potential hosts for virtual events; (5) Holding outreach events timed to match nearby canvass/vaccination efforts; (6) Spreading the word on hiring opportunities for canvassers; and (7) potentially sharing data and technology, and providing technical assistance to LHDs establishing their own outreach efforts

Contact person: Ron Pierce, ron@grossmansolutions.com

Mobile Units, Griffin Health and FEMA

Griffin Health will be standing up 35 mobile units over the course of April. 10 units will go live this week, and the rest will follow by the end of April. In addition, Connecticut has received FEMA mobile units for vaccine distribution. These mobile units will be closely coordinated with both canvassing efforts described above, and coordination with the Local Equity Partnerships will be managed through Grossman Solutions.

Outbound Calling

The state is looking to contract with a partner to run outbound calling to residents for vaccine appointment scheduling. We will share information with LHDs as these plans are finalized, and that effort will be coordinated with you as well.

Trusted Messenger Forums and Public-Facing Events

The state has contracted with Ethical Influence to conduct "Trusted Messenger Forums," which uses a "train the trainer" model to support leaders from community organizations across the state. Community leaders understand the needs of Connecticut's diverse population, including communities who have been hardest-hit in the COVID-19 pandemic. In outreach, these leaders have advocated for access to rollout information, messaging and communications resources, and ideas on how the state and vaccinators can mitigate access barriers. These forums endeavor to inform community leaders on the

COVID-19 vaccine rollout and mobilize them in outreach efforts serving Connecticut's population, particularly its most vulnerable.

The state has contracted with Health Equity Solutions to host public-facing education events for communities across the state. The HES events range in size and are sometimes for large audiences of members of the public who want to learn more about the vaccine. Using trusted community representatives and experts, HES is focusing outreach on the faith-based community and education-based networks to reach the widest audiences. The collective experience of Health Equity Solutions team and its partner project team members brings a unique blend of expertise and skillsets to address the vaccination challenge in Connecticut.

Equity Partnerships looking to host trusted messenger forums or public-facing education events can reach out to DPH.VEPFInbox@ct.gov to be connected to Carter Johnson (Ethical Influence) or Dr. Tekisha Everette (Health Equity Solutions). Depending on availability, they may be able to host an event, or share resources to help Equity Partnerships to conduct their own events.

Other Partner Idea Resources

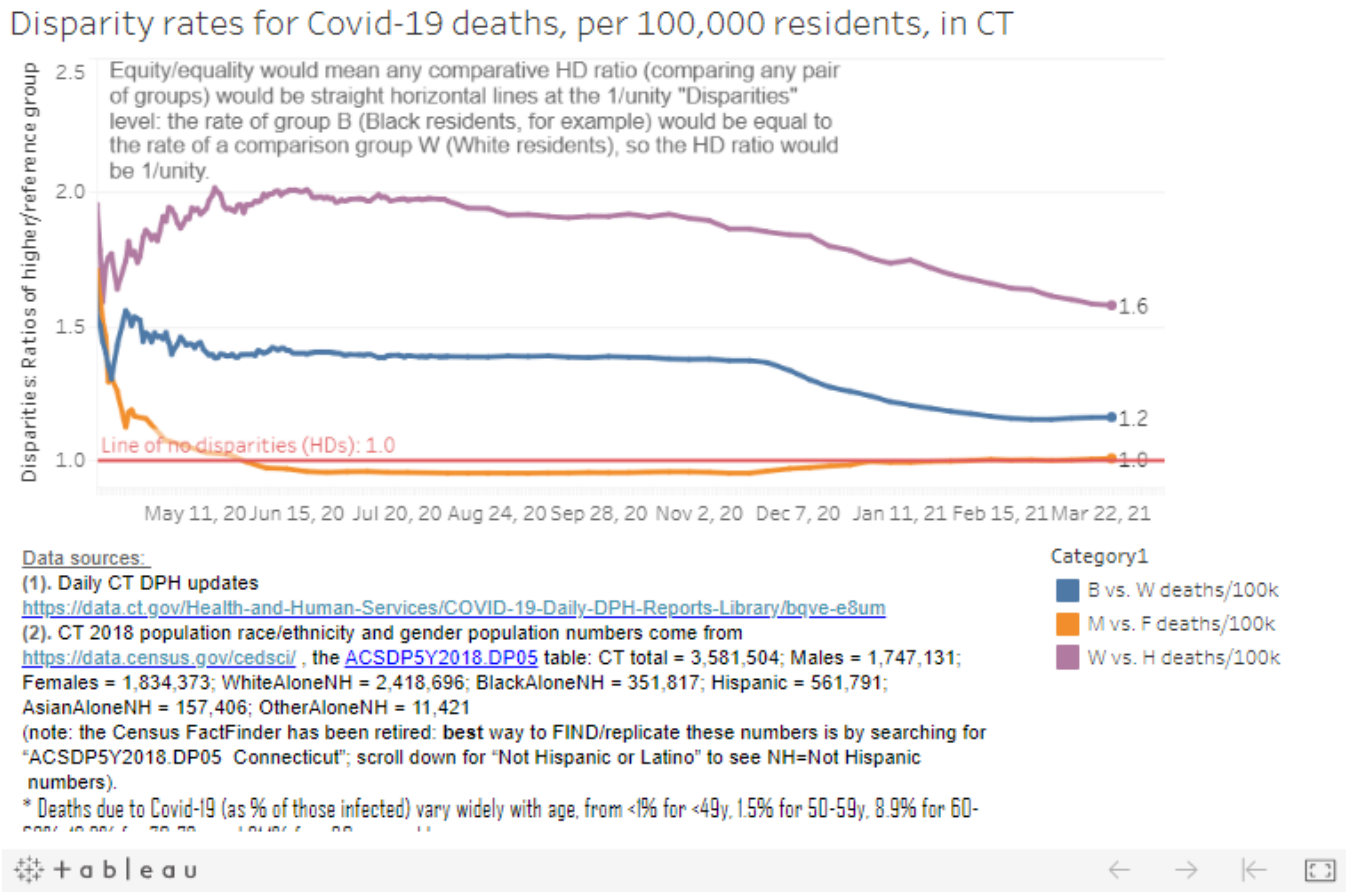
ESF-15 Diverse Communities Taskforce

The Diverse Communities Outreach Working Group/Task Force is run by the CT Division of Emergency Management and Homeland Security (DEMHS); this group activates during large scale/long term disasters to ensure messaging is accessible by as many communities as possible and that messaging is reaching everyone.

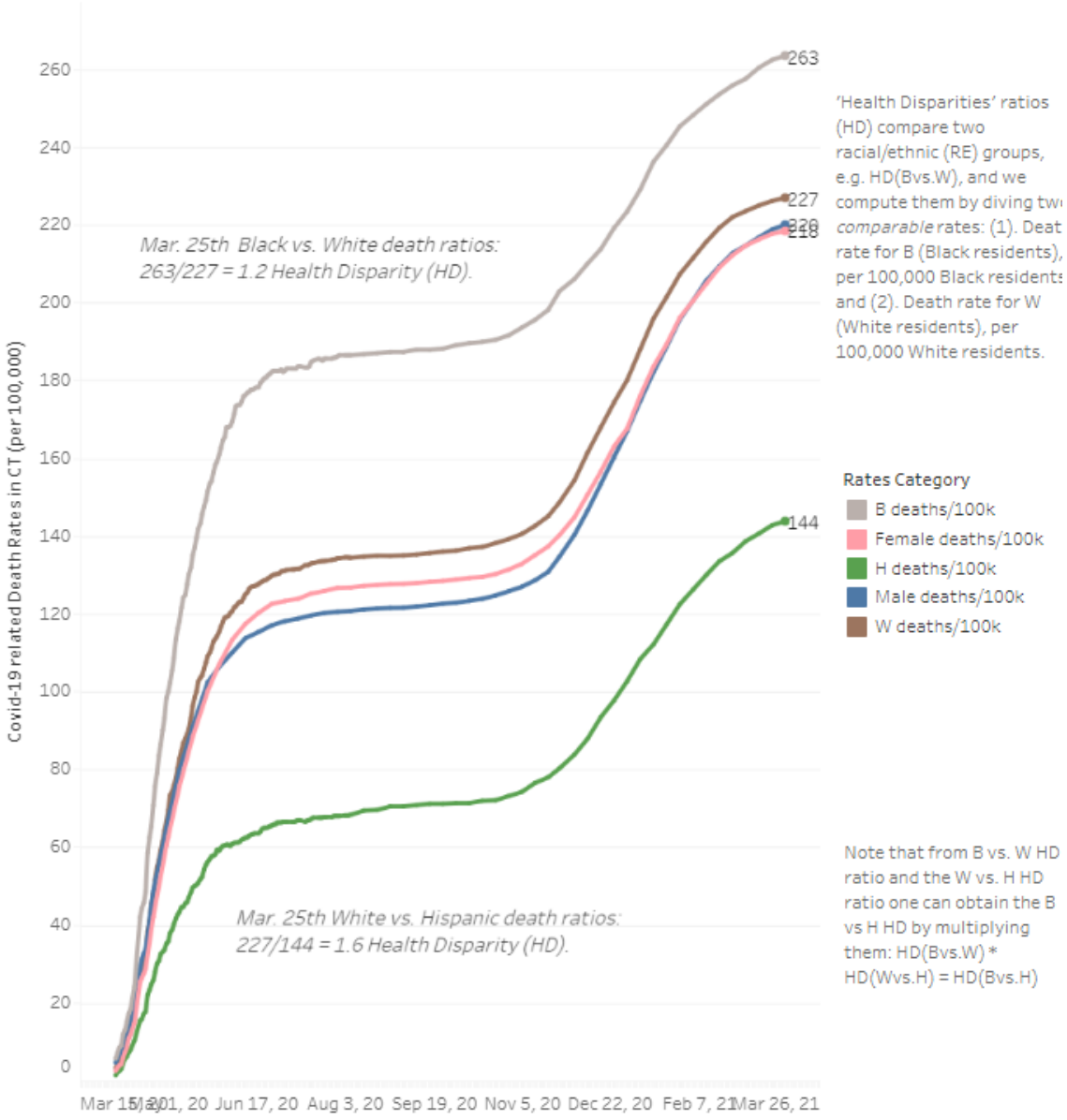
The Taskforce has put together a Diverse Communities Outreach list, which include media channels, community organizations, advocacy groups, faith groups, social service providers, and more. This list is available on the ESF-15 site at this link, and may provide ideas for partners who have a demonstrated interest in equitable COVID-19 response activities.

APPENDIX 4: RACE AND ETHNICITY DISPARITIES IN COVID-19 DEATHS

The VEPF program is a necessary response to vaccine coverage gaps, especially given the stark disparities in the impact of COVID in different racial and ethnic communities. The worst impacts of COVID-19 have been borne and continue to be borne by communities of color, as shown by the graphs below from the [University of Connecticut's Health Disparities Institute](#).



Death rates (per 100,000 residents) by gender and race/ethnicity (RE)



APPENDIX 5: FREQUENTLY ASKED QUESTIONS

Overall

1. **What is the purpose of these VEPF funds?**
    - The Vaccine Equity Partnership Funding (VEPF) program was launched to support local health departments (LHDs) in their COVID-19 vaccine distribution efforts to communities of color and vulnerable populations in their jurisdiction. The program has a particular emphasis on supporting the LHDs that serve the communities with highest CDC Social Vulnerability Index (SVI).
        - The Department of Public Health (DPH) anticipates additional, future funding will be made available to support health equity beyond the context of COVID-19. DPH hopes that VEPF program partnerships can become platforms for continued collaborations between local health departments and their communities, which will be well-positioned to apply for additional funding.

2. **What requirements are there of my Equity Partners?**
    - Eligible partners include any organization that is a registered business (including for- and non-profit entities) in the state of CT. Equity Partners must also have demonstrated success or proven capabilities engaging with local communities, particularly of high CDC Social Vulnerability Index (SVI).
    - Equity Partners should submit signed letters confirming they will perform the role described in your VEPF application workplan
    - Please note that workplan and budget should include both LHD and Equity Partner activities, particularly if LHDs plan to pass through funding to their Equity Partners

3. **How can I develop these partnerships, if I do not have existing relationships with potential partners in my community?**
    - The VEPF program was designed to support the creation of new partnerships between local health departments/districts and their communities. DPH hopes these partnerships can help increase the capacity of our local health departments and expand their presence in underserved communities.
    - Should you benefit from additional technical assistance and counsel regarding potential community partners in your area, DPH is happy to assist. Please contact DPH.VEPFInbox@ct.gov; a member of our team will reach out. Further, a starter list of partnership ideas is available in the appendix under Appendix 3: “Equity Partner Recommendations and Requirements.”

4. **How will VEPF efforts be coordinated with the state’s other vaccine equity efforts (namely, FEMA mobile vaccination units, Griffin Hospital vans, and Grossman Solutions Door-to-Door Canvassing)?**
    - VEPF program is designed to supplement and expand upon locally-driven efforts to reach vulnerable populations. The FEMA units, Griffin Hospital Vans, and Grossman Solutions will be reaching out to LHDs and equity partnerships before they begin operation in any area. We encourage our LHDs to coordinate efforts with these outreach initiatives to maximize access for your communities.

- LHDs' point of contact for each of these programs, should you have pre-emptive questions or would like to form partnerships, is listed below:
  - To coordinate with FEMA mobile vaccination units, please contact DPH.VEPFInbox@ct.gov
  - To coordinate with Grossman Solutions, please contact ron@grossmansolutions.com
- Questions regarding distribution schedule, expected supply, and other related questions can be sent directly to the relevant point-of-contact above.

Timing

1. **What is the start date that funds will be eligible for?**
   - Awards will be made between April 23rd, 2021 – April 30th, 2021. Projects will be expected to begin May 1st.
   - While applications with later start dates are still welcome, funding will be prioritized for applications that can be acted on as soon as possible.

2. **For what time period do I complete my budget for?**
   - Budget and performance periods will span a maximum of 4 months (May 1st-August 31st, 2021). All activities should occur within this period of time. We expect rapid responses to improve the vaccine deployment in hard-to-reach communities.
   - Please see financial expenditure report template in Appendix 2 for specific dates.

3. **When will applications close / Is there a deadline to apply?**
   - Our deadline for applications is April 15th, 2021. Equity partnerships are essential to vaccinating our communities. We are encouraging aggressive timelines to implement these partnerships. DPH is not planning on extending this deadline. However, should you have difficulties meeting this date, please contact DPH.VEPFInbox@ct.gov

Fund allocation / usage

All costs shall be in compliance with CFR Part 225 Federal Uniform Guidance and Cost Principles. Additionally, LHDs must follow GAAP (Generally Acceptable Accounting Principles) rules. All funds are subject to state and federal audit.

1. **In my local municipality, another department is conducting equity outreach. Can a portion of this grant be used by that department to support the health department mission?**
   - Funding will be provided to all local health departments and therefore the funding will be allocated that community. The intent of this funding is to build partnerships and capacity within the local health departments.

2. **What supplies can be purchased using VEPF funds (e.g., gloves, Zoom subscription)?**
   - All supply purchases must support vaccine equity activities, as outlined in your application. A thorough justification must be provided in your application as to why the purchase is necessary and how the purchase supports the local health department's COVID-19 vaccine equity activities.

3. **The guidance suggest that we may "hire human resources." Do these positions need to be city staff positions (salary and fringe), or may they be contracted?**

- New positions do not have to be full-time (salary and fringe). New positions may be contracted. In fact, given the need to rapidly disburse VEPF funds, DPH encourages applicants to consider contracted human resources.
- Any contracted positions would be considered subcontractors. The LHD must provide a justification for the services and/or activities that the subcontractor will perform that support equity activities. The budget must also be completed indicating the name of subcontractor, rate of pay and/or funding detail for the services being provided.
- Note that VEPF funds may also be used by LHDs' Equity Partners to fund human resources.

4. **Can funding be used to provide additional staff with laptops and cell phones?**
   - Funding can be used to provide new staff with laptops and cell phones.

5. **Do I have to have hire new positions funded by VEPF prior to applying, or can we hire these human resources after the grant is approved?**
   - You can hire or contract human resources after the funding application is approved. When completing the application, include the position title you would be hiring / contracting for.

6. **We would like to use several of our existing staff to work extra hours beyond their normal work schedules for the COVID-19 response. Would these extra hours worked beyond their normal work hours / duties be eligible for VEPF funds?**
   - The intent of this funding is to build capacity at local public health departments. While overtime is acceptable, solely utilizing funds to support overtime is not meeting the intent of the funding source. For example, we recognize that an existing public health nurse may need to work extra hours to train new outreach staff. Under such circumstances, extra hours worked above and beyond their normal work hours (e.g., overtime) and work duties are allowed.

7. **Is it allowable to use both the VEPF grant monies as well as other COVID-19 grant monies to pay the salary of new staff?**
   - VEPF grant monies may only fund staff salaries for work/duties associated with activities in your VEPF application. Recipients must indicate the FTE percentage dedicated to VEPF-relevant activities in their applications.

8. **Right now, we are facing budget shortfalls that could result in workforce reductions. Can we use VEPF funds to cover the budget shortfalls?**
   - If an employee is being laid off due to budget shortfalls, they may be funded on VEPF program as long as the work/duties assigned are associated with activities in your VEPF application. Documentation of local budget reductions must be provided to DPH.

9. **Can we use VEPF funds to pay for "Earned Time-Off" – vacation, sick and holiday pay?**
   - VEPF funds can pay for Earned Time Off for VEPF-funded project staff, only.

10. **Can we use VEPF funding to provide a stipend/gift cards to volunteers or other community members?**

- Yes, volunteers can receive a stipend / gift card. Please include that as an other line item in your budget and budget justification.

APPENDIX 6: HHS COVID COMMUNITY CORPS

APPENDIX 7: FEMA EQUITY GUIDANCE

COVID-19 Community Corps

Today marks the launch of the national volunteer COVID-19 Community Corps, a U.S. Department of Health and Human Services (HHS) initiative to galvanize trusted messengers in the fight against COVID-19. Please help increase confidence in COVID-19 vaccines and encourage measures to slow the spread of the disease among your community by sharing your commitment to the COVID-19 Community Corps.

Below are sample social media posts to be paired with the attached graphics.

Please use the **hashtag *#WeCanDoThis*,** and **tag HHS in your posts**.

Graphics (.png files, attached):

- WCDT_CCC_Square – Post (for post on all social media channels)
- WCDT_CCC_Landscape – Cover Photo (Twitter, Facebook, Instagram, LinkedIn Cover Photos)
- WCDT_CCC_Vertical – Story (Facebook and Instagram Stories)

Twitter

Sample Tweets:

- We are a proud member of the @HHSgov COVID-19 Community Corps and invite you to join us in the fight to protect America's health #WeCanDoThis → hhs.gov/COVIDCommunityCorps
- @HHSgov COVID-19 Community Corps wants your help to ensure all Americans are vaccinated! #WeCanDoThis Sign up → hhs.gov/COVIDCommunityCorps
- Join us in partnering with @HHSgov to increase vaccine confidence through the COVID-19 Community Corps #WeCanDoThis → hhs.gov/COVIDCommunityCorps
- Vaccination is our best tool we have to defeat the pandemic #WeCanDoThis Join @HHSgov COVID-19 Community Corps → hhs.gov/COVIDCommunityCorps

Facebook and LinkedIn

Sample Facebook and/or LinkedIn Post:

- We're proud to be a founding member of the national volunteer COVID-19 Community Corps! Visit hhs.gov/COVIDCommunityCorps today to learn more and join us in the fight to protect America's health. #WeCanDoThis

Facebook Profile Photo Frame:

- Go to www.facebook.com/profilepicframes
- Search for 'We Can Do This' and select the frame you want to use
- Click 'Use as Profile Picture' to save

Instagram

Sample Instagram Post:

- We're proud to be a founding member of the national volunteer COVID-19 Community Corps! Learn more and join us in the fight to protect America's health – Link in Bio. #WeCanDoThis

FEMA

Equitable COVID-19 Response and Recovery

Recipient and Subrecipient Job Aid

A. Introduction

The Equitable COVID-19 Response and Recovery Recipient and Subrecipient Job Aid (Job Aid) provides the steps Recipients and Subrecipients must take to document that pandemic response and recovery efforts are conducted in an equitable manner to communities of color and other underserved populations, including sexual orientation and gender identity minority groups, persons with disabilities, those with limited English proficiency, and those living at the margins of our economy. The Job Aid includes specific procedures to ensure equitable medical care and vaccine administration consistent with equitable pandemic response and recovery, per FEMA Policy #104-21-0004: Coronavirus (COVID-19) Pandemic Medical Care Eligible for Public Assistance (Interim) (Version 2), hereinafter called the Medical Care Policy.[1]

B. Equity Considerations for All COVID-19 Work

Recipients and Subrecipients must prioritize limited resources to ensure an equitable pandemic response.[2] The following items are elements Recipients and Subrecipients may consider to ensure equitable allocation of resources:

- Using the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI) or similar value to determine highest-risk communities;
- Considering communities disproportionately affected by the pandemic, in terms of infection rates, hospitalization, and mortality; and
- Strengthening data collection efforts to substantiate that COVID-19 aid is reaching the highest-risk communities and underserved populations.

Recipients and Subrecipients are required to comply with applicable provisions of laws and authorities prohibiting discrimination, including but not limited to:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, color, or national origin (including limited English proficiency)
- Sections 308 and 309 of the Stafford Act, which require the impartial and equitable delivery of disasters services and activities, without discrimination on the grounds of

[1] *FEMA Policy #104-21-0004: Coronavirus (COVID-19) Pandemic Medical Care Eligible for Public Assistance* (Medical Care Policy) Section C.3.k., March 2021.
[2] Medical Care Policy Section B.3.c.

race, color, religion, nationality, sex, age, disability, English proficiency, or economic status[3]

- Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on disability
- Title IX of the Education Amendments Act of 1972, which prohibits discrimination based on sex in education programs or activities
- Age Discrimination Act of 1975, which prohibits discrimination based on age
- U.S. Department of Homeland Security regulation 6 C.F.R. Part 19, which prohibits discrimination based on religion in social service programs
- 2 C.F.R 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart D – Post Federal Award Requirements § 200.300 Statutory and national policy requirements.

FEMA will monitor compliance for all COVID-19 Work in accordance with 44 C.F.R. Part 7. Of note, Recipients and Subrecipients must:

- Provide assurances of compliance with nondiscrimination requirements;
- Retain compliance information;
- Submit and retain complete, accurate, and timely reports; and
- Respond to requests for information.[4]

C. Equitable Vaccine Administration Requirements

In addition to the requirements in Section B, FEMA will take additional steps to ensure compliance for vaccine-related work.

1. Vaccine Information Requirements

Each Recipient or Subrecipient requesting PA funding for vaccination efforts and associated activities must substantiate how equity was considered as part of its vaccine administration strategy.[5] Upon submittal of a vaccination-related project application, the respective Recipient or Subrecipient must certify that vaccine-related efforts consider equity and advance supporting highest-risk communities.

[3] Title 44 Code of Federal Regulations (C.F.R.) § 206.11 and Medical Policy Section B.3.d.
[4] 44 C.F.R. Part 7.
[5] Medical Care Policy Section B.3.c

Each Recipient or Subrecipient will submit social vulnerability scores and information to substantiate an equitable vaccine administration strategy, as detailed in Section 5. The equitable vaccination information must address each of the Recipient's or Subrecipient's vaccine administration sites.[6] Appendix A: Equitable Vaccine Administration Information Submission Templateincludes a template that may be used to submit the information (Template). One template may be submitted for all of a Recipient's or Subrecipient's sites, even if the Recipient or Subrecipient has or will submit multiple projects. The Template has three sections:

- Section 1: Recipient/Subrecipient Information
- Section 2: Equitable Vaccine Administration Strategy
- Section 3: Site-Specific Information

Recipients or Subrecipients may use their own template provided it includes the same level of detail and information. They should upload the information in the Applicant Profile section of FEMA's Public Assistance (PA) Grants Portal.

Recipients and Subrecipients shall collect race, ethnicity, and disability status data, as outlined in the Medical Care Policy[7] to determine whether target populations are being reached. These data should be collected and used to identify target populations but should **not** be submitted to FEMA. In the case of a complaint, audit or questionable compliance, FEMA may request statistical or summary information based on collected data, such as percent of each type of population. FEMA will **not** request, and Recipients and Subrecipients should not submit to FEMA, personally identifiable information[8] to determine compliance with equitable pandemic response requirements.

2. Timeframes to Submit Information

When to submit the information to FEMA will vary based on the status of vaccination operations and FEMA funding. Recipients and Subrecipients are grouped as follows to differentiate between which deadlines apply to which Recipients and Subrecipients:

[6] Medical Care Policy Section C.3.k.ii.
[7] Medical Care Policy Section C.3.k.i.
[8] Personally Identifiable Information is defined by OMB Memorandum M-07-1616 and refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

- Group 1: Recipients or Subrecipients that completed all their vaccination work and that:
    a) FEMA has obligated funding, must submit the information within 30 days of the issuance of the Medical Care Policy
    b) Have applied for, but FEMA has not yet obligated funding, must submit the information within 30 days of the vaccine-related obligation
    c) Have not yet applied for FEMA funding, must submit the information with their initial request for FEMA vaccination funding

  FEMA reviews Group 1 submissions once for completeness and compliance. As work is complete, there is no overall need from Group 1 to submit ongoing 30-day reporting. FEMA may request additional information as necessary.

- Group 2: Recipients or Subrecipients that have not yet completed all of their vaccination work and that:
    a) FEMA has obligated funding, must submit the information within 30 days of the issuance of the Medical Care Policy
    b) Have applied for, but FEMA has not yet obligated funding, must submit the information within 30 days of the initial vaccine-related obligation
    c) Have not yet applied for FEMA funding, must submit the information within 30 days of the initial vaccine-related obligation

  Group 2 must submit ongoing updates every 30 days until the completion of vaccination work. FEMA reviews Group 2's submissions monthly for completeness, and quarterly for compliance.

3. Review Process

FEMA reviews submissions for completeness and compliance. Failure to comply "could result in funding reductions and/or delays".[9]

[9] Medical Care Policy B.3.c

4. Identifying Target Populations

Recipients and Subrecipients shall collect race, ethnicity, and disability status data, as outlined in the Medical Care Policy.[10] The collection of this information should be used to:

- Identify the highest-risk communities;
- Evaluate whether the highest-risk communities and underserved populations are being reached;
- Refine or improve the strategy, as needed; and
- Demonstrate compliance with the delivery of COVID-19 aid in an equitable manner.

5. Vaccine Administration Information

All Recipients or Subrecipients must submit the following information to FEMA to demonstrate equitable vaccine administration:[11]

- The score on the CDC's Social Vulnerability Index or similar social deprivation, disadvantage, or vulnerability composite index;
- A description of how the location of the site(s)—relative to other candidate locations—best advances FEMA's focus on supporting the highest-risk communities; and
- A strategy to operationalize equitable access at each site, including but not limited to:
  - A plan for community outreach and engagement, both before and during implementation;
  - A registration process that advances equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups;
  - Equitable physical design of the site, including transportation and accessibility considerations; and
  - A plan for ongoing evaluation and continuous improvement to ensure equitable access.

Additionally, Recipients or Subrecipients in Group 2 must provide updates to this information to FEMA every 30 days.

[10] Medical Care Policy Section C.3.k.i..
[11] Medical Care Policy Section C.3.k.ii.

a. Social Vulnerability Scores

Recipients and Subrecipients must provide a score, such as the Centers for Disease Control and Prevention Social Vulnerability Index (CDC SVI) for each proposed site.[12] The CDC SVI specifies that "socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status, or housing type and transportation." The approach should provide specifics, as appropriate. The Recipients and Subrecipients may choose an alternate score, so long as the score follows the criteria outlined in the Medical Care Policy.

b. Outreach and Engagement

Recipients and Subrecipients must describe their approach to community outreach and engagement, both before and during implementation.[13]

The CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Section 12: COVID-19 Vaccination Program Communication[14] includes a framework for developing communication objectives, targeting audiences, messaging considerations, and communication channels. In addition, the CDC has published "COVID-19 One-Stop Shop Toolkits" that can assist with communication strategies.[15]

Communications to disseminate public information should include translation and interpretation services as necessary[16].

The following questions are elements Recipients and Subrecipients may consider when describing their approach to community outreach and engagement:

- How does the outreach and engagement strategy specifically support access to vaccinations for the highest-risk communities and underserved populations?
- What outreach and engagement strategies do you intend to utilize to reach high-risk communities and underserved populations (e.g. leverage community leaders and community-based organizations)?

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[12] Medical Care Policy Section C.3.k.ii.a.
[13] Medical Care Policy Section C.3.k.ii.c.1.
[14] CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations Version 2.0, Section 12, October 2020.
[15] CDC COVID-19 One-Stop Shop Toolkits, February 2021
[16] Stafford Act, Section 403(a)(3)(F) and (G); and as described at Chapter 2:VI.B. Emergency Protective Measures (Category B) at page 58 of the PAPPG (V3.1).

- How are you ensuring your community engagement events are accessible to individuals with disabilities, limtied english proficiency, and those living at the margins of our economy?
- In what ways does the outreach and engagement strategy address vaccine confidence?

c. Registration Process

Recipients and Subrecipients must provide a registration process that advances equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups.[17] The following questions are elements Recipients and Subrecipients may consider when describing their registration process:

- How does your vaccine registration process address digital disparity with online registration (e.g internet access, computer access, etc.) or other limiting access factors to registration?
- What information or support is provided for registrants to meet their scheduled vaccine appointment (e.g. discussion of rural areas lack of access to public transportation, etc.)?
- Is your registration system advancing equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups?

d. Vaccine Site Selection

Recipients and Subrecipients must submit a description of how the location of each site - relative to other locations – best advances a focus on supporting the highest-risk communities. This may also include a comparison of vaccination rates for demographic groups by geographic area[18] to identify populations likely to have access barriers in receiving a vaccine, such as:

- Socioeconomic status barriers;
- Household composition;
- Individuals with disabilities who are home based;
- Minority status and limited English proficiency; and

[17] Medical Care Policy Section C.3.k.ii.c.2.
[18] Medical Care Policy Section C.3.k.ii.b.

- Housing and transportation barriers, to include crowding or group quarters, access to a vehicle, and mobile homes.

The following should also be provided for each site:

- The location (address or coordinates);
- Vaccine site type, per FEMA's Community Vaccination Centers Playbook;
- Site Status (active, planned, or closed);
- Site capacity (doses/day); and
- Actual site throughput (doses provided over the past 30 days).

e. Site Accessibility

Recipients and Subrecipients must also ensure that the vaccine site is accessible, as outlined in the FEMA Civil Rights COVID Vaccine Checklist[19] and the Medical Care Policy.[20] Factors of accessibility design include consideration of transportation avenues to and from the site and accessibility of the physical design of the site itself. Site accessibility considerations may also include provisions made to use mobile sites or provide transportation to populations with accessibility constraints. The following questions are elements Recipients and Subrecipients may consider in describing their site accessibility approach:

- How are you ensuring access to information at the vaccine site for individuals with disabilities and/or limited English proficiency?
- What assistive technology is your site utilizing for individuals with disabilities?
- How are you ensuring that your site, or a portion thereof, is compliant with Americans with Disabilities Act[21] accessibility requirements and for individuals requiring additional assistance (e.g. older individuals and individuals with cognitive disabilities)?
- How are you ensuring that your site is accessible by public transportation?

[19] FEMA Civil Rights COVID Vaccine Checklist: "Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts," 3/21/20 (fema.gov).
[20] Medical Care Policy C.3.k.ii.c.
[21] Americans with Disabilities Act of 1990,AS AMENDED with ADA Amendments Act of 2008.

f. Evaluation and Continuous Improvement

Recipients and Subrecipients should include a discussion of their evaluation methods and approach to continuous improvement related to equitable vaccination efforts.

The following questions are elements Recipients and Subrecipients may consider when describing their plan for evaluation and continuous improvement:

- How are you evaluating your approach to equitable vaccine administration?
- What tactical adjustments are you making based on your evaluation? Tactical adjustments may include, but are not limited to: adjusting the physical design of vaccination sites to promote accessibile design, increasing transportation options to and from vaccination sites to promote equitable access, adjusting registration processes to advance equity and prioritize highest-risk and underserved communities etc.
- What is working well to promote equitable vaccine distribution?

Equitable Vaccine Administration Information Submission Template

How to Use this Template

Recipients and Subrecipients may use this template for submitting information to FEMA. To submit this information to FEMA, Recipients and Subrecipients upload this template (or their own template or report that contains the same information and level of detail) to the Applicant Profile in Grants Portal.

Group 1 Recipients or Subrecipients may use this template to provide the information one time.

Group 2 Recipients or Subrecipients may use this template to provide the information initially and every 30 days thereafter to provide any updates, improvement, or refinements to the strategy, updated status of sites, and to capture any newly established sites. If there are no changes, the information must still be provided with a statement that there are no changes since the last submittal.

Equitable Vaccine Administration Information		
Section 1: Recipient/Subrecipient Information		
Declaration #	Recipient Name Subrecipient Name	FEMA PA Code
Section 2: Equitable Vaccine Administration Strategy		
Overview of Strategy	*Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)*	
Outreach and Engagement	*Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)*	
Registration Process	*Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)*	

Physical Site Design and Access	*Narrative (If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)*
Evaluation and Continuous Improvement Plan	*Narrative (If this is a subsequent 30-day submittal, please define any changes to the plan)*

Section 3: Site–Specific Information

(If this is a subsequent 30-day submittal, please define any refinements/improvements derived from the ongoing evaluation)

Associated FEMA Project #	Site	Name	Location	Status	Index Used	Vulnerability Score	Site Type	Site Capacity	Throughput	Additional site-specific details regarding: • Outreach and Engagement • Registration Process • Physical Site Design • Evaluation and Continuous Improvement	Equitable Selection Considerations
ID	*ID*	*Text*	*Address GPS*	☐ *Planned* ☐ *Active* ☐ *Closed*	*CDC, SoVI, Other*	*Numeric Value*	*I-V*	*Doses/day projected for the next 30 days*	*Doses/day in the past 30 days*	*Narrative*	*Select all that apply:* ☐ Community outreach and engagement was conducted for this site. ☐ Site location is accessible. ☐ Registration process addresses digital disparity and/or other limiting factors to registration. ☐ Site collects data on demographic information as detailed in the Medical Care Policy. ☐ Site location supports highest-risk communities and underserved populations. ☐ Acted on results of evaluation and continuous improvement.