

**Community Health Representatives to  
Increase COVID-19 Vaccine Access in  
California Tribal Communities**

**NOTICE OF FUNDING OPPORTUNITY  
For Tribal Health Programs  
Fiscal Year 2022-2024**



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**Important Dates**

Application Due Date: **August 1, 2022**

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California Rural Indian Health Board, Inc.

# Community Health Representatives to Increase COVID-19 Vaccine Access in California Tribal Communities

<b>Funding Opportunity Title:</b>	Community Health Representatives (CHR) to Increase COVID-19 Vaccine Access in Tribal Communities
<b>Due Date for Applications:</b>	August 1, 2022
<b>Estimated Number of Awards:</b>	19
<b>Estimated Award Amount</b>	\$71,400 per year (2 years)
<b>Cost Sharing/Match Required:</b>	No
<b>Period of Performance:</b>	August 15, 2022 – June 30, 2024
<b>Eligible Applicants</b>	Eligible applicants include all California Tribal Health Programs (THP)

## I. Program Funding Opportunity Description

### 1. Purpose

The purpose of the program is to establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19. Strategies that mobilize Community Health Representatives (CHR), including community outreach workers, patient navigators, and social support specialists, to educate and assist individuals in accessing and receiving COVID-19 vaccinations. The program intends to address persistent health disparities by offering support and resources to vulnerable and medically underserved communities, focusing on American Indian and Alaska Natives (AIAN) and individuals living in California Tribal communities with high social vulnerability. Funds are being administered by the California Rural Indian Health Board, Inc. (CRIHB) on behalf of the California Department of Public Health.

## II. Award Information

### Summary of Funding

CRIHB estimates \$2,713,200 to be available to fund approximately 19 recipients expected to complete their activities within August 15, 2022 through June 30, 2024. You may apply for a ceiling amount of up to \$142,800 total cost (includes both direct and indirect, facilities and administrative costs). This is a one-time funding opportunity with no expectation of additional funds after the performance period ends.

## III. Eligibility Information

All California Tribal Health Programs (THP) are eligible to apply. Each accepted proposal will be funded up to \$142,800 over the period of performance. Up to 19 programs will be accepted.

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## IV. Application and Submission Information

Your application will include the following elements:

### 1. Project Narrative

The project narrative should provide a clear description of how you propose to meet the needs of the most vulnerable and medically underserved communities and populations, as you directly engage with them to educate and assist them in receiving the COVID-19 vaccine. Please specify the proposed target population, project activities, and timeline.

Project activities may include but are not limited to:

1. Developing and sharing of vaccine-related outreach and culturally competent education materials;
2. Conducting face-to-face outreach as appropriate;
3. Making phone calls or other virtual outreach to community members for education and assistance;
4. Providing information on the closest vaccine locations;
5. Organizing pop-up vaccination sites;
6. Making vaccine appointments for individuals;
7. Making vaccine reminder calls/texts; and
8. Arranging for transportation and childcare assistance to vaccine appointments, as needed.

### 2. Budget/Budget Justification

In addition to the information provided in the project narrative, you must submit a budget and budget narrative for the period of performance. The budget can vary based on your community needs and your proposed approach. The funding request should align with the needs and activities you identified in the project narrative portion of your application.

### 3. Funding Guidelines

- Staff salaries, supplies, and operating expenses
- Funds may be used to pay for a vaccination outreach and education efforts by CHRs
- Funds may not be used to purchase food

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## 4. Grant Period

August 15, 2022 – June 30, 2024

## VI. Award Administration Information

### Reporting

- a. **Progress Reports.** The recipient must submit a progress report to CRIHB monthly, including both quantitative data and brief narratives to capture project progress to date. Award recipients will be asked to provide the number of individuals directly assisted, and/or the number of individuals that received vaccine outreach and education. Further information will be available in the notice of award, if funded.

## VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this request for proposals by contacting: Christy Tonel, MPH at [ctonel@crihb.org](mailto:ctonel@crihb.org).

# Community Health Representatives to Increase COVID-19 Vaccine Access in California Tribal Communities

## VIII. Application Cover Page

Name of Organization: \_\_\_\_\_

Address of Tribal Health Program: \_\_\_\_\_

Organization's Federal Tax Identification Number: \_\_\_\_\_

Name and Title of Primary Contact: \_\_\_\_\_

Primary Contact Telephone: \_\_\_\_\_

Primary Contact E-mail: \_\_\_\_\_

Name and Title of the Person Who Will Supervise CHR: \_\_\_\_\_

\_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_

Person Authorized to Sign, If Different Than Primary Contact: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Period: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of the Chief Executive Officer

\_\_\_\_\_  
Date

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## Proposal Narrative

### A. Service Area/Target Population

**A1. Please describe the location and vulnerable target population(s) your project will be focused on. Add a demographic overview, if possible.**

**A2. Does your Tribal Health Program (THP) provide health care services in any of the following counties? All THPs are eligible to apply. The counties listed below are sustained COVID-19 hot spots and will be given additional consideration.**

- |                                    |   |                                   |
|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Amador    | <input type="checkbox"/> Lake           | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Butte     | <input type="checkbox"/> Mendocino      | <input type="checkbox"/> Sonoma   |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Modoc          | <input type="checkbox"/> Tehama   |
| <input type="checkbox"/> Humboldt  | <input type="checkbox"/> Mono           | <input type="checkbox"/> Tulare   |
| <input type="checkbox"/> Inyo      | <input type="checkbox"/> San Bernardino |                                   |
| <input type="checkbox"/> Kern      | <input type="checkbox"/> Shasta         |                                   |

**A3. What are the needs and barriers to COVID-19 vaccination of the population to be served?**

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## B. Project Approach

**B1. Tell us how you plan to address the identified needs of the population and assist people in receiving the COVID-19 vaccination?**

**B2. Please include a timeline for the completion of vaccination activities between August 15, 2022-June 30, 2024.**

Activity	Timeframe Month/Year	Staff Responsible	Location(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

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## C. Budget

C1. Please provide a 24-month budget and budget narrative that explains how the requested budget aligns with the activities and project timeline being proposed. Use this template as a guide - make necessary additions/changes to complete your project budget.

<u>Category</u>	<u>Costs Year 1</u>	<u>Costs Year 2</u>
1. Personnel	\$	\$
• Title of Staff (% FTE)	\$	\$
2. Fringe Benefits (% Rate)	\$	\$
•	\$	\$
		\$
3. Travel	\$	\$
4. Supplies (describe item/amount)	\$	\$
•	\$	\$
5. Contractual	\$	\$
6. Other (_____) (Please itemize)	\$	\$
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$</b>

C2. Please describe how each line item addresses the proposed project activities.

-End of Application-