Rural Health Clinic Vaccine Confidence Program

Funding Opportunity Number: HRSA-21-142

June 2, 2021

Lindsey Nienstedt
Public Health Analyst
Federal Office of Rural Health Policy (FORHP)

Nancy Gaines
Lead Grants Management Specialist
HRSA Office of Federal Assistance Management

Vision: Healthy Communities, Healthy People
Notice of Funding Opportunity available through Grants.gov
Instructions included in HRSA’s SF-424 Application Guide
• Zoom Webinar Link: https://hrsa-gov.zoomgov.com/j/1604108840
• Call-In Number: 833 568 8864
• Webinar/Participant ID: 160 410 8840
• Accessing recorded session:
  ✓Available on the Rural Health Clinic Vaccine Confidence (RHCVC) Program webpage and linked in the NOFO.
• Questions
  ✓Use of Q&A feature
Agenda

• Federal Office of Rural Health Policy (FORHP)
• Navigating Grants.gov
• Notice of Funding Opportunity (NOFO)
• Award Information
• Application & Submission Information
• Award Administration Information
• How to Apply
• Q&A
Federal Office of Rural Health Policy (FORHP)
Policy Research Division

Community-Based Division
- Pilot Programs for Rural Communities
  - Expanding the Community Health Gateway
- Public Health Programs
  - Black Lung and Radiation Exposure

Hospital-State Division
- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Policy Research Division
- Policy and Regulatory Analysis
- Research
- RHC COVID-19 Response Programs

Office for the Advancement of Telehealth
- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability

Rural Strategic Initiatives Division
- Rural Communities Opioid Response Program
- Rural Tribal COVID-19 Response Program
Navigating Grants.gov

Step 1
Navigating Grants.gov

Step 2

VIEW GRANT OPPORTUNITY

HRSA-21-142
Rural Health Clinic Vaccine Confidence Program
Department of Health and Human Services
Health Resources and Services Administration

Select Grant Opportunity Package

PLEASE READ BEFORE APPLYING!
If you view and complete your application package using Grants.gov downloadable PDF forms, you MUST have Adobe Reader installed. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader. If more than one person is working on the PDF forms, ALL applicants must be using the same Adobe Reader version. Click for more information on Adobe Reader Compatibility.

Opportunity Package(s) Currently Available for this Funding Opportunity:

<table>
<thead>
<tr>
<th>CFDA</th>
<th>Competition ID</th>
<th>Competition Title</th>
<th>Opportunity Package ID</th>
<th>Opening Date</th>
<th>Closing Date</th>
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<td>Rural Health Clinic Vaccine Confidence Program</td>
<td>PKG00267381</td>
<td>05/26/2021</td>
<td>06/23/2021</td>
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</table>
Navigating Grants.gov

Step 3

[Image of the Grants.gov website showing the 'VIEW GRANT OPPORTUNITY' page with opportunity package details and a list of package forms.]
Navigating Grants.gov

Step 4

Click on the following link(s) to download the related document(s):

<table>
<thead>
<tr>
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<th>Last Updated Date/Time</th>
<th>File Size</th>
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<td>Your DUNS_RHCVC_Proof_of_Eligibility</td>
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Notice of Funding Opportunity

What’s Inside?

- Program Funding Opportunity Description
- Award Information
- Eligibility Information
- Application and Submission Information
- Application Review Information
- Award Administration Information
- Agency Contacts
- Other Information
Notice of Funding Opportunity

Summary

- Notice of Funding Opportunity available through Grants.gov
- SF-424 Application Guide
- Award Amount: Anticipated $50,000 for one year per RHC.
- HRSA will award grants to all eligible RHCs that submit an acceptable and fundable application.
- Application Due: June 23, 2021
- Program Start Date: July 1, 2021
- Program End Date: June 30, 2022
- One Year
- Application Length Suggestion: 10-15 pages
  - The application must include the project abstract, project and budget narratives, and attachments.
  - You may submit applications fewer than 10 pages and greater than 15 pages so long as the requested information is included and is relevant to this funding opportunity.
Program Funding Opportunity Description

Purpose

Purpose of the Funding Opportunity

- Fund **ALL eligible RHC applicants** to address gaps in the COVID-19 vaccination rate by offering support and resources.
- Improve vaccine confidence and counter vaccine hesitancy in rural communities.
- Fund a broad range of efforts to improve health care in rural areas that reinforce basic messages about prevention and treatment of COVID-19 and other infectious diseases.
A grant is a way the government funds your ideas and projects to provide public services and stimulate the economy. Grants support critical recovery initiatives, innovative research, and many other programs listed in the Catalog of Federal Domestic Assistance (CFDA).
Award Information

Summary of Funding

• Estimated $50,000 per RHC
• Award amounts may be higher or lower than $50,000 per RHC depending on the number of RHCs that apply for the RHCVC Program. This is not guaranteed.
• Organizations that own and operate multiple RHCs may apply for up to $50,000 per RHC. The organization should submit ONE application for all RHCs owned and operated under the EIN/TIN.
  ▪ For example: An organization that owns and operates three RHCs can apply for a total of up to $150,000 on one application.
  ▪ Organizations may choose to distribute funds equally to RHC sites or pool funds to achieve program goals. HRSA will confirm applicant Employer Identification Number (EIN) and CCN to verify eligibility.
  ▪ HRSA will use the number of verified CCNs included in your application to calculate the number of RHCs and the total award amount for your application.
Award Information

Eligible Applicants

• ALL Medicare-certified RHCs and organizations that own and operate Medicare-certified RHCs.

• Eligible applicants include public, nonprofit, or for-profit Medicare-certified RHCs or organizations that own public, nonprofit, or for-profit Medicare-certified RHCs.

• Organizations should apply using their EIN/TIN and include all RHC CCNs.

• A CCN may only be included on one application. If HRSA receives multiple applications that include the same CCN, HRSA may disqualify one or more applications as duplicates.
Eligibility Information

Additional Considerations

Cost Sharing/Matching

• Not required for this program

HRSA will not consider:

• Applications that do not meet the deadline: June 23 at 11:59 PM.

• Multiple applications from the same organization

HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.
Suggested application length: 10-15 pages
- What is most important is that you provide the information requested in the notice.
- You may submit applications fewer than 10 pages and greater than 15 pages so long as the requested information is included and is relevant to this funding opportunity.

Remember to also refer to the HRSA-SF-424 Application Guide as referenced throughout the NOFO.
Application and Submission Information

Project Abstract

Purpose: Brief, high-level summary of who you are and what you propose to do.

Use the Standard OMB-approved Project Abstract Summary Form 2.0 included in the Grants.gov workspace application package. Do not upload the abstract as an attachment.

Include the following information in the Project Abstract Summary Form:

• Funding Opportunity Number: HRSA-21-142
• CFDA: 93.912
• Applicant Name: The name of the organization submitting this grant
• Descriptive Title: [RHC or Organization Name] Vaccine Confidence Project
• Project Abstract (a bulleted list is acceptable):
  ▪ Name or Names of RHCs included in this application
  ▪ Applicant organization website, if applicable
  ▪ Brief description of your planned activities
  ▪ Brief description of your project goal
Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract (as submitted) will be made available to public websites and/or databases including USA Spending.gov.

Descriptive Title of Applicant's Project

[HHS or Organization Name] Vaccine Confidence Project

Project Abstract

- [Name or Names of RHCs included in this application]
- [Applicant organization website, if applicable]
- [Brief description of your planned activities] Activities include: vaccine promotion, information dissemination to rural residents about how and where to get vaccinated, coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitant populations, and increased rural community and individual patient literacy on benefits of broad vaccination and the safety of vaccines to more quickly allow for continued re-openings of businesses and schools.

- [Brief description of your project goal] Help our RHC service area/rural communities make informed decisions about their health and COVID-19, improve health care in rural areas, and reinforce basic messages about prevention and treatment of COVID-19 and other infectious diseases.
1. Methodology
   ▪ Provide a description of how you propose to increase vaccine confidence and vaccine accessibility for your community, RHC service area, and/or patient population.

2. Work Plan
   ▪ See Appendix A for required work plan format and examples. You can tailor the suggested activities and approaches to fit your community and/or patient population. You can include additional activities not listed in these examples and you are not required to include all of the example activities.

3. Organizational Information
   ▪ Provide information about the person who will be responsible for managing this award (Project Director). The person you identify will be the main point of contact with HRSA staff upon award. You must also include information to verify the eligibility of the RHC or RHCs included in this application in Attachment 1.
Application and Submission Information

Project Narrative Section 1: Methodology & Interest in Increased Funding (pg. 6)

• You are encouraged to use the same description language in the methodology section as used in the project abstract.

• If you are willing and able to accept increased funding above the $50,000 per-RHC anticipated funding amount, you MUST include a statement at the beginning of your methodology section.
  ▪ “[Your Organization Name] is willing and able to accept increased funding for the Rural Health Clinic Vaccine Confidence Program.”

• Applications which lack this statement of interest in increased funding will receive $50,000 per RHC and will not be considered for increased funding.

• Applications with the statement of interest do not need to include an increased funding amount.

• You are not at a competitive advantage or disadvantage if you choose to include the increased funding statement.
 HEADER: METHODOLOGY

• [Your Organization Name] is willing and able to accept increased funding for the Rural Health Clinic Vaccine Confidence Program.

• [Your Organization Name] Vaccine Confidence Project planned activities include: vaccine promotion, information dissemination to rural residents about how and where to get vaccinated, coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitant populations, and increased rural community and individual patient literacy on benefits of broad vaccination and the safety of vaccines to more quickly allow for continued re-openings of businesses and schools.

• [Your Organization Name] Vaccine Confidence Project goal is to help our RHC service area/rural communities make informed decisions about their health and COVID-19, improve health care in rural areas, and reinforce basic messages about prevention and treatment of COVID-19 and other infectious diseases.
**HEADER: WORK PLAN**

- See additional suggested vaccine confidence activities to include in your RHCVC work plan in Appendix A of the NOFO.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
<th>TIMELINE</th>
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</thead>
<tbody>
<tr>
<td>EMPOWER HEALTHCARE PERSONNEL</td>
<td>Promote vaccine confidence to RHC staff with listening sessions and regular communication</td>
<td>Ongoing basis, July - September</td>
</tr>
<tr>
<td>EMAIL DISTRIBUTION</td>
<td>Email mailing list and fundraising partners with vaccine availability and confidence messaging.</td>
<td>Monthly, July - December</td>
</tr>
<tr>
<td>ENGAGE LOCAL PARTNERS</td>
<td>Make vaccine confidence presentations at least twice a month to local partners including school board, city hall, PTA, and VFW.</td>
<td>Monthly, July - December</td>
</tr>
<tr>
<td>TRANSPORTATION TO PATIENT VACCINE APPOINTMENT</td>
<td>Set up a ride scheduling service to transport people to vaccination appointments. Set up a home visiting resource car that clinic staff can use to visit and vaccinate homebound patients.</td>
<td>As needed, July - December</td>
</tr>
</tbody>
</table>
**HEADER: ORGANIZATIONAL INFORMATION**

• Provide information about the person who will be responsible for managing this award (Project Director). The person you identify will be the main point of contact with HRSA staff upon award. You must also include information to verify the eligibility of the RHC or RHCs included in this application in Attachment 1.

• Note: If the Project Director or other staff members paid through this award are also paid through other federal awards, the full-time equivalent (FTE) for those staff members may not exceed 1.0 FTE across all awards.
Application and Submission Information

Proof of Eligibility Example (Attachment 1)

<table>
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<th>B</th>
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<td>RHC_City</td>
<td>RHC_State</td>
<td>RHC_Zip_Code</td>
<td>RHC_County_Name</td>
<td>RHC_EIN</td>
<td>RHC_CCN</td>
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<td>100 Pinetree Road</td>
<td>Scarborough</td>
<td>ME</td>
<td>04007</td>
<td>Cumberland</td>
<td>012345678</td>
<td>058699</td>
</tr>
<tr>
<td>Example RHC, please delete</td>
<td>200 Oak Street</td>
<td>Abbot</td>
<td>ME</td>
<td>04006</td>
<td>Piscataquis</td>
<td>012345678</td>
<td>123456</td>
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</tbody>
</table>
Application and Submission Information
Data Sources and Resources for your Application (pg. 17)

• Program Planning Data Sources
  ▪ Vaccine Hesitancy for COVID-19: State, County, and Local Estimates (HHS/ASPE April 2021)
• Other HHS-Funded COVID-19 Vaccine Outreach
  ▪ We Can Do This, COVID-19 Public Education Campaign
  ▪ We Can Do This, Rural Community Toolkit
  ▪ Vaccinate with Confidence
• CDC Photo Gallery (today’s webinar pictures)
• Assume that HRSA will fund awards at $50,000 per RHC
• Organizations that own or operate multiple RHCs should submit their budget for the TOTAL amount.
  ▪ For example: An organization that owns and operates three RHCs can apply for a total of up to $150,000 on one application and should submit a budget for $150,000.
• Follow the instructions in Section 4.1. iv. and v. of HRSA SF-424 Application Guide (pg. 18-31) for the budget and budget narrative (may differ from Grants.gov)
• Reminder:
  ▪ Total Project or Program Costs are the total allowable costs incurred by the recipient to carry out HRSA-supported project
• Salary Limitations
  ▪ Funds and program income generated by HRSA awards may not be used to pay salaries in excess of the salary rate limitation ($199,300 in 2021).
Application and Submission Information

Budget Narrative (pg. 7-8)

• Purpose
  ▪ How you will use the funding over the 1-year period of performance (from July 1, 2021 to June 30, 2022)
  ▪ Aligns with the needs and activities you identified in the Project Narrative portion of your application

• You may request reimbursement of allowable costs incurred retroactive to March 15, 2021.

• If you have received any other CARES Act or Paycheck Protection Program and Health Care Enhancement Act funding for COVID-19 response from HRSA or other federal sources, including Provider Relief Fund Payments and RHC COVID-19 Testing Program Payments, briefly explain how the work you will do with the RHCVC Program funding will supplement and align with (but not duplicate) those funded activities.
Application and Submission Information

Budget Narrative (pg. 7-8, Appendix B)

• Required budget categories (as applicable) include:
  ▪ Personnel
  ▪ Fringe Benefits
  ▪ Travel
  ▪ Equipment (Note: You should classify items with a unit cost of $5,000 or more and a useful life of 1 or more years as Equipment.)
  ▪ Supplies (Note: You should classify items with a unit cost of less than $5,000 per item as Supplies.)
  ▪ Contractual
  ▪ Other Direct Charges
  ▪ Indirect Charges
• Budget narrative example can be found in Appendix B of the NOFO
In the limited context of the COVID-19 public health emergency, a health care provider offering or providing a reward or incentive in connection with the beneficiary receiving the COVID-19 vaccine (either one or both doses) would be sufficiently low risk under the Federal anti-kickback statute and Beneficiary Inducements CMP if the following safeguards were met:

1. the incentive or reward is furnished in connection with receiving a required dose of a COVID-19 vaccine (which could include either one or two doses, depending on vaccine type);
2. the vaccine is authorized or approved by the Food and Drug Administration as a COVID-19 vaccine and is administered in accordance with all other applicable Federal and State rules and regulations and the conditions for the provider or supplier receiving vaccine supply from the Federal government;
3. the incentive or reward is not tied to or contingent upon any other arrangement or agreement between the entity offering the incentive or reward and the Federal health care program beneficiary;
4. the incentive or reward is not conditioned on the recipient's past or anticipated future use of other items or services that are reimbursable, in whole or in part, by Federal health care programs;
5. the incentive or reward is offered without taking into account the insurance coverage of the patient (or lack of insurance coverage) unless the incentive or reward is being offered by a managed care organization and eligibility is limited to its enrollees;
6. the incentive or reward is provided during the COVID-19 public health emergency.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.
Application and Submission Information

Funding Restrictions (pg. 11-12)

• You may request funding for a period of performance of one year. HRSA anticipates that RHCVC awards will be approximately $50,000 per RHC per year (inclusive of direct and indirect costs).

• You cannot use funds under this notice to build or acquire real property, construction or major renovation, or alteration of any space.

• All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

• You are required to have the necessary policies, procedures, and financial controls in place to ensure compliance with all legal requirements and restrictions applicable to the receipt of federal funding.

• HRSA’s Standard Terms apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for more information regarding funding restrictions.
## Application and Submission Information

### Application Components (pg. 10)

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<td>Attachments [V1.2]</td>
<td>Use form to attach Proof of Eligibility as Attachment 1</td>
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<tr>
<td>Project/Performance Site Location(s) [V3.0]</td>
<td>Complete form in Grants.gov</td>
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<td>Project Narrative Attachment Form [V1.2]</td>
<td>Use form to upload your Project Narrative document</td>
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<td>Grants.gov Lobbying Form [V1.1]</td>
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<td>Budget Narrative Attachment Form [V1.2]</td>
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<td>Key Contacts [V2.0]</td>
<td>Complete form in Grants.gov</td>
</tr>
<tr>
<td>Project Abstract Summary [V2.0]</td>
<td>Complete form in Grants.gov</td>
</tr>
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Award Administration Information
Award Notice/Notice of Award (pg. 13)

- Notice of Award (NOA) issued mid-July, 2021.
- Period of Performance: July 1, 2021 to June 30, 2022.
- Oversight: HRSA staff will review program requirements and grants processes with RHCs within two weeks of the Notice of Award and conduct quarterly check-ins with recipients.
- See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.
Reporting Award recipients must comply with [Section 6 of HRSA’s SF-424 Application Guide](#) and the following reporting and review activities:

1. **Federal Financial Report.** The Federal Financial Report (SF-425) will be required no later than October 30, 2022 for the one-year budget period ending June 30, 2022. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through the Payment Management System. HRSA will provide more specific information in the NOA.

2. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

3. **Final performance/closeout report(s).** Organizations are required to submit performance data and information to HRSA at the end of the period of performance to enable HRSA to determine the impact of the activities and RHCVC Program more generally. Further instructions for this report will be provided during the period of performance.
How to Apply

Summary

Register in 3 different systems using EIN/TIN (one registration per EIN/TIN)

- DUNS
- SAM
- Grants.gov

Follow instructions in SF-424 Application Guide

Applications must be complete and validated by Grants.gov prior to the deadline to be considered.
How to Apply
Registration

Must register in 3 different systems

<table>
<thead>
<tr>
<th>System</th>
<th>Why is it important?</th>
<th>Website</th>
<th>Support</th>
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</thead>
<tbody>
<tr>
<td>Data Universal Number System (DUNS)</td>
<td>DUNS numbers are required to identify organizations and it tracks how federal grant money is allocated.</td>
<td><a href="https://www.dnb.com/duns-number/get-a-duns.html">https://www.dnb.com/duns-number/get-a-duns.html</a></td>
<td><a href="https://support.dnb.com/">https://support.dnb.com/</a> 1-844-225-9892 <a href="mailto:customerlearning@dnb.com">customerlearning@dnb.com</a></td>
</tr>
<tr>
<td>Grants.gov</td>
<td>Submit grant applications</td>
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<td><a href="https://gditshared.servicenowservices.com/hhs_grants">https://gditshared.servicenowservices.com/hhs_grants</a> 1-800-518-4726 <a href="mailto:support@grants.gov">support@grants.gov</a> 24 hours a day 7 days a week.</td>
</tr>
</tbody>
</table>
The 3 step registration process can take up to 3 weeks

DUNS • SAM • GRANTS.GOV

START NOW!

• SF-424 Application Guide – Link found throughout NOFO
• Registration is FREE!
How to Apply

Step 1: Dun & Bradstreet Number (DUNS)

• Your organization must have a DUNS Number.
• Register with DNB at http://fedgov.dnb.com/webform
• Requires EIN/TIN from IRS and organization information
• You will be issued a DUNS Number
• ~1 – 2 business days
How to Apply

Step 2: System for Award Management (SAM)

- Your organization must register with the System for Award Management (SAM).
- Use DUNS to register with SAM at www.SAM.gov
- Establish E-Business Point of Contact (EBiz POC): Individual who oversees all activities for organization within Grants.gov and approves the AOR
- ~7-10 business days after registering, including submitting notarized letter to SAM
How to Apply
SAM and Grants.gov

- Organization data and EBiz POC information are transferred from SAM to Grants.gov
- People within the organization are able to register with Grants.gov and then add a profile to associate with organization
How to Apply
Step 3: Grants.gov
Each organization has one EBiz POC

EBiz POCs assigned in SAM.gov

EBiz POC assigns roles:
AOR or Workspace Manager

Users with Standard AOR role can submit applications
One organization can have many users with AOR role

Users with Workspace Manager role can create workspaces

Refer to Workspace Roles page for more detailed information
How to Apply

Reminders

- Read NOFO for all the details
- Register in DUNS, SAM and Grants.gov ASAP (or make sure your information is current)
- Review application to make sure you have included the required information

- Submit application in Grants.gov by June 23, 2021 at 11:59 p.m. ET

HRSA suggests submitting applications to Grants.gov at least 3 calendar days before the deadline (June 20, 2021).
Application Review Information

Application Scoring

1. Proof of Eligibility, Attachment 1
2. Methodology
3. Work Plan
4. Organizational Information
5. Budget Narrative
6. Budget, SF-424A budget forms

• The RHCVC Program will use a review process that funds ALL ELIGIBLE ENTITIES that submit complete applications and have an acceptable assessment of risk.
• HRSA will review and assess each application for completeness and eligibility using the above review elements.
Application Completeness Checklist
Appendix C

☐ Have I read this NOFO thoroughly and referred to the SF-424 Application Guide where indicated?

☐ Is my organization a Medicare-certified RHC or an organization that owns and operates Medicare-certified RHCs and therefore eligible to apply for this funding opportunity?

☐ Am I applying to the correct funding opportunity number for the RHCVC Program HRSA-21-142)?

☐ Does my proposed project increase vaccine confidence and accessibility for my community and/or patient population as specified in this NOFO?

☐ Does my application request a total of $50,000 per RHC, understanding that the total award amount may be higher or lower depending on the number of applicants?

☐ Have I completed all forms and attachments as requested in Section IV of this NOFO and in the SF-424 Application Guide?

☐ Have I provided the information requested in this NOFO in 10-15 pages or less?

☐ Will I apply at least 3 calendar days before the deadline to accommodate any unforeseen circumstances?

☐ Have I received confirmation emails from Grants.gov noting validation of successful submission?
RHC Vaccine Confidence Program Communication

• Questions
  ✓ RHCVaxConfidence@hrsa.gov

• HRSA RHC Vaccine Confidence Program Webpage
  ✓ https://www.hrsa.gov/coronavirus/rural-health-clinics/confidence

• Subscribe to RHC Vaccine Confidence Program Listserv for HRSA updates.
  ✓ https://list.nih.gov/cgi-bin/wa.exe?SUBED1=RHC-VAX-CONFIDENCE-PROGRAM&A=1
Contact Information

Lindsey Nienstedt
Public Health Analyst
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)
Email: RHCVaxConfidence@hrsa.gov
Phone: (301) 443-0835

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations (OFAM)
Health Resources and Services Administration (HRSA)
Email: RHCVaxConfidence@hrsa.gov
Phone: (301) 443-5382
Can we brand materials we develop with our logo?

Yes.* You may put your provider logo on materials you develop. HRSA requires grant recipients acknowledge HRSA when describing projects or programs funded in whole or in part with HRSA funds. Information and suggested language can be found here.

Do I need to register for DUNS, SAM, and Grants.gov for each RHC owned by my organization?

No. Organizations that own or operate multiple RHCs should register with DUNS, SAM, and Grants.gov using their EIN.

Does the RHCVc Program include other infectious diseases such as childhood immunizations, flu, and pneumococcal vaccines?

Yes. You may use grant funds to promote other infectious disease vaccines and combat general vaccine hesitancy.

*All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.
Can we use RHCVC Program funds to record a PSA?

Yes.* RHCs may distribute/host/participate in a PSA to educate people about the importance of vaccination and basic prevent measures to prevent COVID-19. See Appendix A of the NOFO for more details.

Can we use RHCVC Program funds to purchase equipment for vaccine appointments and community outreach activities?

Yes.* As long as the expense is allowable, allocable, and reasonable. Equipment (e.g. van for transportation) are permitted expenses so long as the equipment need, type and cost is reasonably justified and the equipment will be used for the RHCVC Program for the duration.

Can we partner with a local organization for RHCVC Program outreach?

Yes. Community partnerships are encouraged and an allowable use of RHC Vax Confidence Program funds. List the local organization in your budget narrative as a subrecipient. See the SF-424 Application Guide and Appendix A of the NOFO for more details.

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